STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535043	A. BUILDING _____ 01 - MAIN BUILDING 01 B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinkled two story building of Type V (111) construction built in 1953, 1972, and 1986.The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop and a zoned fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 75.	K 000	K 012 The facility will ensure that all walls are smoke resistant including the ½ inch wall penetrations in the bathroom in room #226. These holes were repaired on 8/16/12 Maintenance personnel will do a visual check of the entire building and will repair all penetrations that are found. The Maintenance Director, or designee, will monitor all areas of the building quarterly and will include this in Facility Preventive Maintenance Program (F.P.M.P.). A report will be given to the Safety Committee Quarterly and will be included in the Safety Committee report to the QAPI Committee each quarter. Completed: 9/23/12	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure walls were smoke resistant in 1 of 13 smoke compartments. The findings were: Observation of resident room #226 on 8/15/12 at 10:57 AM showed there were four unsealed ½ inch wall penetrations in the bathroom. At the time of the observation the maintenance director could not explain why the holes had not been repaired during the monthly safety inspections. Reference NFPA 101, 2000 Edition;	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Ron Nelson | Administrator | 8-30-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

POC Modified & Accepted w/ Ron Nelson, NHA, on 9/5/12.

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K 012	Continued From page 1 19.3.6.2.1* Corridor walls shall be continuous from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces, and they shall have a fire resistance rating of not less than 1/2 hour. Exception No. 1*: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, a corridor shall be permitted to be separated from all other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke.	K 012	K 027 The facility will ensure that the smoke barrier doors are smoke resistant. The self-closing, device on the double smoke barrier doors near room, #247 have been adjusted. The doors now close as they should. Maintenance personnel will check all smoke barrier doors for compliance. The Maintenance Director will set up for routine checks of all the smoke barrier doors through the F.P.M.P. and will report any problems to the Safety Committee quarterly and will be included in the Safety Committee report to the QAPI Committee Each quarter. Completed: 9/23/12	
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 8 smoke barrier double doors were smoke resistant. The findings were: Observation on 8/15/12 at 11:17 AM showed the	K 027		

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K 027	Continued From page 2 self-closing device on one of the smoke barrier double doors near resident room #247 was unable to fully the door into the door frame, with three attempts. At the time of the observation the maintenance director could not explain why the door had not been noticed and adjusted during the quarterly inspections.	K 027	K 029 The facility will ensure that hazardous areas are separated from use areas in all 13 smoke compartments. A self-closing device will be installed on the maintenance shop/office door that will automatically close the door unless held open. Maintenance personnel will check all doors to hazardous areas to see if the self-closing devices are working properly. The Maintenance Director will routinely check self-closures to see if they are working properly. This will be added to the F.P.M.P. plan. The Maintenance Director will report to the Safety Committee quarterly and the Safety Officer will include in the report to the QAPI Committee. Completed: 9/23/12	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 13 smoke compartments. The findings were: Observation of the maintenance shop/office on 8/15/12 at 9:13 AM showed the corridor door was equipped with a self-closing device. Further observation showed the door could be pulled to the full open position and would not close without assistance. At the time of the observation the maintenance director reported he was unaware doors to hazardous areas could only be held	K 029		

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K 029	Continued From page 3 open if they would release with the activation of the fire alarm system.	K 029	K 046 The facility will ensure that the emergency generator will be equipped with a remote emergency stop button located outside of the boiler room. A qualified electrician will install an emergency stop button outside of the room where the emergency generator is located. The Administrator will ensure that the emergency stop button is secure and easily accessible in the event of an emergency. Completed: 9/23/12	
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the emergency generator was equipped with a remote emergency stop button. The findings were: Observation of the emergency corridor lights showed they were supplied with power from the emergency generator. Observation of the generator on 8/15/12 at 10:29 AM showed it was located inside the building in boiler room #2. Further observation showed the generator was not equipped with an emergency stop button. At the time of the observation the maintenance director reported he was unaware an emergency stop button was required. Reference, NFPA 101, 2000 Edition, 19.2.9.1, 7.9.2.3, NFPA 110, 1999 Edition; 3-5.5.6 All Level 1 and Level 2 installations shall have a remote manual stop station of a type similar to the break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.	K 046		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is	K 056		

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K 056	Continued From page 4 installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure 3 of 13 smoke compartments had complete sprinkler coverage. The findings were: Observation of the sprinkler system on 8/15/12 between 10 AM and 3 PM showed corridor sprinklers were installed more than 7 ½ feet from smoke barrier doors in the following locations: a. The sprinkler near resident room #260 was 12 feet from the smoke barrier double doors. b. The sprinkler near resident room #151 was 14 feet 8 inches from the smoke barrier double doors. c. The sprinkler near the vending machine room was 12 feet 6 inches from the smoke barrier double doors. Interview with the maintenance director on 8/15/12 at 2:45 PM revealed he was unaware of the sprinkler gap when the doors were closed and obstructed the next corridor sprinkler head.	K 056	K 056 The facility will ensure that all 13 smoke compartments will have complete sprinkler coverage. The facility will have fire sprinklers installed in to meet regulations. The facility has contracted with Western States Fire Sprinkler Co. to install the needed fire sprinklers. The plan for work needed to be done will be submitted to the Wyoming Department of Health Engineers by October 1, 2012. The estimated time for the State to approve the plans is November 1, 2012. The work will be scheduled to be done between November 1, 2012 and November 20. We will call for a final inspection by November 30. 2012. Administrator will be responsible to see that the work is completed. A waiver until December 12, 2012 has been applied for (see waiver request of August 30, 2012). Annual inspection of the building will be conducted to ensure all areas of the building	

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K 056	Continued From page 5 Review of the sprinkler system testing records on 8/15/12 at 3:10 PM documented that the contractor had noted the sprinkler gaps on the 4/2/12 inspection. The maintenance director could not explain why the sprinkler gap had not been addressed after it was noted on the inspection report. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-1.1 The requirements for spacing, location, and position of sprinklers are based on the following principles: 1) Sprinklers installed throughout the premises 2) Sprinkler located so as not to exceed maximum protection area per sprinkler 5-5.3.1 Maximum Distance Between Sprinklers. The maximum distance permitted between sprinklers shall be based on the centerline distance between sprinklers on the branch line or on adjacent branch lines. The maximum distance shall be measured along the slope of the ceiling. The maximum distance permitted between sprinklers shall comply with the value indicated in the section for each type or style of sprinkler. 5-5.6 Clearance to storage. The clearance between the deflector and the top of storage shall be 18 in. or greater. Table 5-6.2.2 (b) Protection Areas and Maximum Spacing (Standard Spray Upright/Standard Spray Pendent) for Ordinary Hazard Construction Type ... ...All System Type ... ...All Protection Area ... ...130 ft2 Spacing ... ...15 ft	K 056	have fire sprinkler coverage. The Maintenance Director will be responsible and will report to the Quality Assurance committee yearly. Administrator will monitor for compliance. Completed: 9/23/12	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all	K 064		

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K 064	Continued From page 6 health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure portable fire extinguishers were maintained in 1 of 13 smoke compartments. The findings were: Observation of the kitchen on 8/15/12 at 10:33 AM showed the "K" type fire extinguisher was manufactured in 2006. Further observation showed a 5 year hydrostatic test sticker had been attached to the tank dated 5/2011, but the service collar had not been added prior to re-installing the handle/nozzle. At the time of the observation the maintenance director reported he was unaware the collar was required after each hydrostatic test to prove the handle/nozzle had been removed. Reference NFPA 101, 2000 Edition, 19.3.5.6, 9.7.4.1, NFPA 10, 1998 Edition; Table 5-2 Hydrostatic Test Intervals for Extinguishers Wet Agent----------5 years	K 064	K 064 The facility will ensure that all fire extinguishers will be maintained according to regulation including the "K" type fire extinguisher located in the kitchen. The "K" type fire extinguisher located in the kitchen was replaced with a new, 2012, "K" type fire extinguisher. This was done on 8/28/12. Maintenance personnel will check all fire extinguishers monthly for compliance. The Maintenance Director will include any adverse findings in the Safety Committee report to the QAPI Committee. Completed: 9/23/12	
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the kitchen hood vertical	K 069		

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K 069	Continued From page 7 shaft was cleaned on a semi-annual basis. The findings were: Review of the kitchen hood testing records showed the last vertical shaft cleaning occurred on 12/5/11, more than six months ago. On 8/22/12 at 3:15 PM the director of nursing confirmed the shaft for the kitchen hood was last cleaned on 12/5/11. She could not explain why the semi-annual cleaning had not been performed. Reference NFPA 101, 2000 Edition, 19.3.2.6, 9.2.3, NFPA 96, 1998 Edition; 8-3 Cleaning 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease and oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder of other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1 Table 8-3.1 Exhaust system Inspection Schedule Type or Volume of Cooking — Frequency Systems serving high-volume cooking operations such as 24-hour cooking, charbroiling or wok cooking — Quarterly Systems serving moderate-volume cooking — Semi-annually 8-3.1.1 Upon inspection, if found to be contaminated with deposits from grease-laden	K 069	K 069 The facility will ensure that the kitchen hood vertical shaft will be inspected and cleaned according to regulation. The range hood vertical hood shaft was inspected by a qualified inspector on 5/12/12 and remarked that the grease build-up was light. A letter received from Casper Fire Extinguisher Service, Inc. confirms that cleaning was not required at that time. RECORDS WILL BE KEPT FOR FUTURE REVIEW. SEMI-ANNUAL CLEANING CONTRACT MADE 9/5/12 9/23/12	

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K 069	Continued From page 8 vapors, the entire exhaust system shall be cleaned by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Section 8-3.	K 069	K 147 The facility will ensure that temporary electrical adapters do not replace permanent fixed wiring in any smoke compartments including rooms #107, 114, 256. The adapters were removed from all three of these rooms. Facility staff will do an inspection of the building to check for compliance All residents, when they are admitted, are advised of our policy of no extension cords or electrical adapters. Maintenance Director or designee will do periodic room inspections to monitor for compliance. Maintenance Director will report finding to Monthly Safety Committee and will include in the Safety Committee Report to the Quality Assurance Committee. Completed: 9/23/12	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure temporary electrical adapters didn't replace permanent fixed wiring in 2 of 13 smoke compartments. The findings were: Observation of the electrical system on 8/15/12 between 10 AM and 11 AM showed prohibited electrical devices were in use in the following areas: a. A television set was plugged into a 2-way adapter in resident room #107. b. A radio was plugged into a 3-way adapter in resident room #114. c. A fan was plugged into a 3-way adapter in resident room #256. On 8/15/12 at 10:15 AM the maintenance director could not explain why the electrical adapters had not been noticed and removed during the monthly safety inspection. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:	K 147		

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K 147	Continued From page 9 (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147		