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 _____	09/20/2006

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

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K 000	INITIAL COMMENTS The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a basement protected by a complete wet supervised automatic sprinkler system with an anti-freeze branch and fire alarm system. K6: Date of Plan Approval: 1954, 1972, 1986 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=144;SNF/NF=144 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	POC ACCEPTED W/ Ron Nelson, NHA, on 10/13/06 @ 3:30pm.	

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

Ron Nelson | 10-6-06

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.

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K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. Observation on 09/20/06 between 12 PM and 1 PM revealed the following corridor doors did not fit tight into the frame to resist the passage of smoke. a. Activities closet b. Small conference room c. Resident room #4 d. Resident room #40 e. Resident room #58 f. Resident room #60	K 018	K-018 All corridor doors ill be maintained with a gap of 1/8th of an inch or less. Resident room numbers 4,40,58,60 and the activities closet door and the small conference room door will be adjusted to have a gap of 1/8th inch or less. Maintenance personnel will do routine inspections of all doors in the facility to insure gaps in corridor doors do not exceed 1/8th inch. Maintenance Director will monitor for compliance. 10/31/06	

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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 observations the facility failed to protect 2 of 20 smoke barrier doors in accordance with NFPA 101 Section 19.3.7.3 and 4.6.12.2. The finding was: 1. Observation on 09/20/06 at 2:06 PM revealed the double smoke barrier doors near resident room #29 were equipped with latching devices which were not able to latch the doors into the frames.	K 027	K-027 All smoke barrier doors will be maintained to close properly in accordance with 19.2.2.2.6.. The double smoke barrier doors near resident room #29 will be adjusted to operate according to 19.2.2.2.6. Maintenance personnel will do routine inspections of all smoke barrier doors to insure proper operation. Maintenance Director will monitor for compliance. 9/22/06	

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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 observations the facility failed to separate 5 of 21 hazardous areas from other spaces by smoke-resistant assemblies in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. Observation on 09/20/06 between 1 PM and 2:30 PM revealed the following locations contained an excessive amount of combustible materials without a 1-hour fire resistant physical separation. a. Resident room #24 contained 10 mattresses. b. Resident room #23 contained 5 mattresses and 20 upholstered chairs. c. Resident room #19 contained excessive amounts of construction material. d. The second floor lounge contained files on open shelving units that extended the length of the room. 2. Observation on 09/20/06 at 1:50 PM revealed the kitchen pantry door was equipped with a	K 029	K-029 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 will protect hazardous areas Excessive construction material will be removed from room #19. excessive combustible materials will be removed from rooms #23 and #24. The second floor medical records room door will be replaced with a 1 hr fire rated door and a self-closing device will be installed. The self-closing device on the kitchen pantry door will be adjusted to close the door so it latches. 10/31/06	

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K 029	Continued From page 4 self-closing device that did not able to fully latch the door into its frame.	K 029	K-052	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to test the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The findings were: 1. Review of the fire alarm system testing records on 09/20/06 between 11 AM and 12 PM revealed the annunciator panel, alarm notification appliances, manual fire alarm boxes, and smoke detectors had not been tested in the past 12 months as required by the Code. 2. Review of the fire alarm system testing records on 09/20/06 at 11:20 AM revealed the smoke detector sensitivity test had not been conducted in the past 2 years as required by the	K 052	The fire alarm system required for life safety will be tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system will have an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. The annunciator panel, alarm notification appliances, manual fire alarm boxes, and smoke detectors will be tested at least every 12 months. Sensitivity tests will be conducted on all smoke detectors and every two years thereafter. The fire alarm system supervisory signal will be tested and will be tested quarterly from now on. Maintenance personnel will keep records of all system tests. Maintenance Director will monitor for compliance ~~11/8/06~~	11/4/06

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K 052	Continued From page 5 Code. 3. Review of the fire alarm system testing records on 09/20/06 at 11:25 AM revealed the quarterly supervisory signal had not been tested in the past year. 4. The maintenance director reported there were no other records to review. 5. The housekeeping supply room near the dining room had 2 fire dampers with the motors removed. The maintenance director was not aware of the reason the motors had been removed or the area that the dampers protected.	K 052	K-064 Portable fire extinguishers will be provided in all health care occupancies. The K-type portable fire extinguisher in the kitchen will be replaced and will have a hydrostatic test done every 5 years. Maintenance personnel will do routine inspections of all fire extinguishers to insure proper compliance. Maintenance Director will monitor for compliance. 10/20/06	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all 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 observations the facility failed to maintain and test 1 of 19 portable fire extinguisher in accordance with NFPA 10 Table 5-2. The finding was. 1. Observation on 09/20/06 at 1:44 PM revealed the K-type portable fire extinguishers in the kitchen was manufactured in 2000, and it had not received a five year hydrostatic test as required by the Code.	K 064		

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K 069 SS=D	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 observations the facility failed to maintain the installed commercial cooking equipment and protection system in accordance with the provisions of NFPA 96 Section 3-2.6 and 3-2.7. The finding was: 1. Observation on 09/20/06 at 1:41 PM revealed the grease filters on each side of the kitchen hood were oriented so that the grease could not drain as designed. The filters were installed horizontally instead of vertically.	K 069	K-069 Cooking facilities will be protected in accordance with 9.2.3. New filters will be purchased that will drain vertically. Kitchen personnel will do routine inspections to insure that proper filters are in place Dietary Service Manager will monitor for compliance. 10/31/06	
K 147 SS=D	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 observations the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 110-27 and 400-8. The findings were: 1. Observation on 09/20/06 between 11:30 AM and 2 PM revealed the following location had temporary electrical wiring replacing permanent wiring due to insufficient electrical receptacles: a. The central supply office had one surge protector plugged into another surge protector.	K 147	K-147 Electrical wiring and equipment will be installed and maintained in accordance with NFPA 70. The surge protector plugged in another surge protector will be unplugged and wired appropriately according to code. The surge protector in the laundry will be removed and wired according to code. The electrical cord for the bed in resident room #17 will be repaired. The electrical receptacle in the dining room will be repaired.	

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K 147	Continued From page 7 b. The laundry wash room had a surge protector attached to the wall. 2. Observation on 09/20/06 between 12 PM and 2 PM revealed the following locations had electrical equipment which had been damaged: a. The electrical cord for the bed in resident room #17 was pinched at the plug. b. The electrical receptacle in the dining room supplying power to the delayed egress lock was charred.	K 147	Maintenance personnel will do routine inspections of electrical cords to insure proper usage and to keep in good repair. Maintenance Director will monitor for compliance. 10/3/06	
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to provide a fire watch policy for the loss of water to the automatic sprinkler system for 4 hours in a 24 hour period in accordance with NFPA 101 Section 9.7.6.1. The findings were: 1. Review of the maintenance department's emergency policies revealed the facility did not have a fire watch policy in the event of impairment of the automatic sprinkler system.	K 154		

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K 154	Continued From page 8 2. Maintenance staff reported there were no other records to review.	K 154	K-154 When the automatic sprinkler system is out of service for more than 4 hours in a 24 hour period, a fire watch system will be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. A fire watch policy will be written and all staff will be trained on how to implement it. This policy will be in force anytime the automatic sprinkler system is shut down for 4 or more hours in a 24 hour period. Safety officer will train staff and implement the policy as needed. Administrator will be the back up to the Safety officer and will monitor for compliance. 10/20/06	