STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535030	A. BUILDING 01 - NEW HORIZONS CARE CI B. WING _____	02/22/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1115 LANE 12 LOVELL, WY 82431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 MAR 22 2006 Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type II (111) two story building with a complete supervised automatic wet sprinkler system and fire alarm system K6: Date of Plan Approval: 1991 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=85;SNF/NF=85 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections and an FSES "NFPA" National Fire Protection Association Tag K-017 can be obviated by the Fire Safety Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write an "F" in the Providers Plan of Correction column and the Complete Date column to accept the FSES. If the facility wants to fix the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates.	K 000	ADDITIONS & MODIFIED POC ACCEPTED WITH BARB SCHUMANN, HUMAN RESOURCES DIRECTOR, ON 3/31/06 @ 3PM VIA TELECONFERENCE	
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically	K 017	F	F

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

Peter Bottas — CEO — 3-20-06

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 017	Continued From page 1 permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the integrity of the corridor/use area separation in accordance with NFPA 101 Section 19.3.6.2.1. The findings were: 1. On 02/22/06 at 10:15 AM, the first and second floor corridor walls were not continuous from floor to underside of floor or roof deck. The walls terminated above the lay in ceiling tile, and the open area above the corridors and resident rooms were used as an air plenum for the ventilation system. This deficiency can be obviated by the Fire Safety Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write an "F" in the Providers Plan of Correction column and the Complete Date column to accept the FSES. If the facility wants to fix the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates.	K 017		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 018		

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K 018	Continued From page 2 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 finding was: 1. On 02/22/06 at 9:56 AM, the corridor door to resident room #237 had a latch bolt which would not insert into the strike plate of the door frame, preventing the door from latching.	K 018	Door latch on Room number 237 has been adjusted so it will latch. All doors have been checked to make sure they latch. We will add this to our Preventative Maintenance List. Doors will be checked on a monthly basis to insure that they latch. Other Nursing Home personnel, i.e., Housekeeping, Nursing, etc, will be instructed to complete a work order to notify Maintenance of any doors that fail to latch properly. To be monitored and completed by Maintenance Department.	02-24-06
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	K 027	I, we have put a metal strap on the Fire Door to have less than 1/8 inch gap. We have checked the rest of the doors to make sure they meet these requirements. This will	

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NEW HORIZONS CARE CENTER	1115 LANE 12 LOVELL, WY 82431

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K 027	Continued From page 3 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 18 smoke barrier doors in accordance with NFPA 101 Section 19.3.7.3 and 8.3.4.1. The finding was: 1. On 02/22/06 At 10:51 AM, the first floor double smoke barrier doors leading to the assisted living facility had a gap greater than the allowed 1/8 th of an inch between the meeting edges of the two doors.	K 027	be added to our Preventative Maintenance List, to be checked on a monthly basis To be completed and monitored by Maintenance.	03-08-06
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	K 029	This latch has been adjusted so the door will latch. All other doors have been checked to make sure they latch. This has been added to our Preventative Maintenance List. To be monitored and completed by Maintenance.	02-24-06

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 029	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, the facility failed to separate 1 of 12 hazardous areas from other spaces by smoke-resistant doors in accordance with NFPA 101 Section 19.3.2.1. The finding was: 1. On 02/22/06 at 11:12 AM, the self-closing device on the corridor door to store room #3204 did not fully latch the door into the door frame with each self-closing operation.	K 029		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	Request Waiver This was not required at the time the building was licensed. 25 to 30 strobes need to be replaced at a cost of $25.00 to $30.00 each. In addition, other required parts will add approximately $400.00 labor costs that are not included. Request to use FSES to obviate this deficiency, Modification Request time limited waiver sent. PLAN SUBMITTAL 4/14/06 START PROJECT 5/5/06 FINAL INSPECTION REQUESTED 5/22/06 PROJECT COMPLETION/APPROVAL 6/5/06	03/31/06 03/31/06

FSES will not be accepted for K051 and a new POC will need to be submitted

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K 029	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, the facility failed to separate 1 of 12 hazardous areas from other spaces by smoke-resistant doors in accordance with NFPA 101 Section 19.3.2.1. The finding was: 1. On 02/22/06 at 11:12 AM, the self-closing device on the corridor door to store room #3204 did not fully latch the door into the door frame with each self-closing operation.	K 029		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	Request Waiver This was not required at the time the Building was licensed. 25 to 30 strobes need to be replaced at a cost of $25.00 to $30.00 each. In addition, other required parts will add approximately $400.00 labor costs that are not included. Request to use FSES to obviate this deficiency. FSES WILL NOT BE ACCEPTED FOR THIS TAG & A NEW POC WILL NEEDS TO BE SUBMITTED FOR K-051	

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K 051	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the installed fire alarm system in accordance with NFPA 72 Section 4-4.4.1.1. The findings were: On 02/22/06 at 12:56 PM, during the fire drill it was observed that each pod had four visual fire alarm notification appliances (strobes) which were in the same field of view and were not synchronized.	K 051		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 observations and staff interview, the facility was not fully sprinkled in accordance with NFPA 13 Section 5-13.6.1. The finding was: 1. On 02/22/06 at 10:01 AM , the two story hydraulic elevator did not have sprinkler coverage	K 056	A plan to have a sprinkler installed at the base of the elevator shaft is being submitted to the State. (See attached). Pending approval the spinkler will be installed. A time limited waiver is requested for the above, 60 days for plan approval and 60 days to complete work, for a total of 120 days. To be completed by a licensed contractor. To be monitored by Maintenance. Modification 60 days for plan of approval (04-23-06). Complete work 06-23-06 for a total of 120 days.	03/31/06

Resubmit POC K-056 with actual dates

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5/30/06

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K 051	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the installed fire alarm system in accordance with NFPA 72 Section 4-4.4.1.1. The findings were: On 02/22/06 at 12:56 PM, during the fire drill it was observed that each pod had four visual fire alarm notification appliances (strobes) which were in the same field of view and were not synchronized.	K 051		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 observations and staff interview, the facility was not fully sprinkled in accordance with NFPA 13 Section 5-13.6.1. The finding was: 1. On 02/22/06 at 10:01 AM , the two story hydraulic elevator did not have sprinkler coverage	K 056	A plan to have a sprinkler installed at the base of the elevator shaft is being submitted to the State. (See attached). Pending approval the sprinkler will be installed. A time limited waiver is requested for the above, 60 days for plan approval and 60 days to complete work, for a total of 120 days. To be completed by a licensed contractor. To be monitored by Maintenace. RESUBMIT POC FOR K056 WITH ACTUAL DATES	07-18-06

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K 056	Continued From page 6 at the base of the elevator shaft as required by the Code.	K 056		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 1-4.6, 2-2.6.2, 5-6.4.1.1, and NFPA 25 Section 2-2.1.1. The findings were: 1. On 02/22/06 at 10:21 AM, the sprinkler head in store room #2189 was not installed under a smooth continuous ceiling as required by the Code. Four ceiling tiles were missing. 2. On 02/22/06 at 10:25 AM, the escutcheon plates was missing from one of four sprinkler heads in shower room #2185. 3. On 02/22/06 at 10:37 AM, one of three sprinkler heads in resident room #201 was not a minimum of one inch below the ceiling. 4. On 02/22/06 at 12:23 PM, two of four sprinkler heads above the kitchen ovens had visible signs of corrosion.	K 062	1. The ceiling tiles have been replaced. 2. The escutcheon plate has been replaced with a new one. 3. Maintenance Staff has made adjustments so the sprinkler in room number 201 is one inch below the ceiling. 4. The two sprinklers above the kitchen ovens have been changed. A manual walk through has been made to check all area sprinklers. This has been added to our Preventative Maintenance List, to be checked on a monthly basis. To be completed and monitored by Maintenance.	02-22-06 02-22-06 03-08-06 03-10-06
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130	A plan to install an exit access door in the Speech Therapy Office is being submitted to the State. (See attached). Pending approval, the exit door will be installed.	07-18-06

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K 130	Continued From page 7 This STANDARD is not met as evidenced by: 19.2.4.3* Not less than two exits of the types described in 19.2.2.2 through 19.2.2.10 shall be accessible from each smoke compartment. Egress shall be permitted through an adjacent compartment(s) but shall not require return through the compartment of fire origin. Based on blue print review and observation, the facility failed to provide exit access through an adjacent compartment that does not require return through the compartment of fire origin in accordance with NFPA 19.2.4.3. The finding was: 1. On 02/22/06 at 10:10 AM, The speech therapy office was within the west smoke compartment as depicted on the blue prints. The speech therapy office did not have an exit access door into the west smoke compartment.	K 130	A time limited waiver is requested for the above, 60 days for plan approval and 60 days to complete the work, for a total of 120 days. To be monitored and completed by Maintenance and or contractor. Modification 60 days for plan of approval 60 days to complete the work for a total of 120 days.	03-31-06 04-23-06 06-23-06
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observations, the facility failed to post areas were oxygen was used or stored with NO SMOKING signs in accordance with NFPA 99 Section 8.6.4.2. The finding was: 1. On 02/22/06 at 9:46 AM, resident room #232	K 141		

K-130 Need to submit new POC with actual dates

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K 130	Continued From page 7 This STANDARD is not met as evidenced by: 19.2.4.3* Not less than two exits of the types described in 19.2.2.2 through 19.2.2.10 shall be accessible from each smoke compartment. Egress shall be permitted through an adjacent compartment(s) but shall not require return through the compartment of fire origin. Based on blue print review and observation, the facility failed to provide exit access through an adjacent compartment that does not require return through the compartment of fire origin in accordance with NFPA 19.2.4.3. The finding was: 1. On 02/22/06 at 10:10 AM, The speech therapy office was within the west smoke compartment as depicted on the blue prints. The speech therapy office did not have an exit access door into the west smoke compartment.	K 130	A time limited waiver is requested for the above, 60 days for plan approval and 60 days to complete the work, for a total of 120 days. To be monitored and completed by Maintenance and or contractor. RESUBMIT NEW POC FOR K-130 WITH ACTUAL DATES.	
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observations, the facility failed to post areas were oxygen was used or stored with NO SMOKING signs in accordance with NFPA 99 Section 8.6.4.2. The finding was: 1. On 02/22/06 at 9:46 AM, resident room #232	K 141	There has been a no smoking sign posted on room number 232. All rooms with oxygen have been checked to make sure they have no smoking signs. This will be added to our Preventative Maintenace List. To be monitored on an on-going basis. Nursing Home personnel will be instructed to notify Maintenance of any rooms where oxygen is used that do not have a "no smoking" sign. To be monitored and completed by	02-24-06

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NEW HORIZONS CARE CENTER	1115 LANE 12 LOVELL, WY 82431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 141	Continued From page 8 had oxygen in use and the corridor door was not posted with a NO SMOKING sign as required by the Code.	K 141	Maintenance.	
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 and staff interview, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 110-27 and 370-25 respectively. The findings were: 1. On 02/22/06, the following locations had damaged electrical cords with exposed inner insulation: a. At 9:41 AM, the electrical cord to the bed monitor in resident room #233 b. At 11:27 AM, the electrical cord to the clock in resident room #340 2. On 02/22/06 at 9:21 AM, the junction box above the emergency generator did not have a cover.	K 147	1a The bed monitor has been removed and repaired. 1b The clock has been removed from the room. 2. The junction box has been repaired with a cover placed on it. We made a manual walk through and checked all areas for these problems. This problem will be added to our Preventative Maintenance List. To be monitored on an on-going basis. Nursing Home personnel will be instructed to monitor all areas for damaged electrical cords, electrical covers, etc. To be monitored and completed by Maintenance.	02-23-06 02-24-06 02-24-06