DEPARTMENT OF HEALTH AND HUMA... SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING 01 - MAIN BUILDING/01 JUL 27 2006 B. WING	07/11/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVNEUE H POWELL, WY 82435 8/1/06

(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 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) single story building with a supervised automatic wet sprinkler system and fire alarm system. K6: Date of Plan Approval: 1995 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=100;SNF/NF=100 K9: The facility meets the Life Safety Code standards based on an acceptance of a Plan of Correction. "NFPA" National Fire Protection Association	K 000	POC ACCEPTED W/ CHRIS COOPER, DIRECTOR OF PLANT OPERATIONS, @ 9/1/06 @ 9:45 AM. K050 The facility shall conduct fire drills to familiarize the staff in emergency situations. A. The Engineering Department shall conduct fire drills to properly train staff on how to respond to emergency situations. B. All residents have the potential to be affected by staff who are not familiar with hot to respond in emergency situations. The Director of Plant Operations is responsible to ensure that fire drills are performed appropriately.	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility staff were not familiar with the emergency actions required under varied fire conditions in accordance with NFPA 101 Section 19.7.1.2.	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE CEO | (X6) DATE 7-26-06

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 050	Continued From page 1 The findings were: 1. Observation on 07/11/06 at 10:08 AM revealed the first responder to the fire drill called out, "Fire," to alert other staff members to the drill instead of "Code Red" as indicated in the facility's fire plan. During the fire drill a housekeeping cart and Hoyer lift were left in the corridor of the compartment where the fire drill was held. Nursing staff reported they knew all carts were supposed to be removed from the corridor during fire drills.	K 050	K050- cont. C. The Director of Plant Operations will monitor fire drill documentation to ensure proper procedures are followed. C. The Engineering Technician shall critique the fire drills with staff to ensure proper understanding of his or her responsibilities. D. Critiques of the fire drills and staff response shall be reported to the Safety Committee quarterly.	
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 5-4.6.4 and 5-6.5.3 respectively. The findings were: 1. Observation on 07/11/06 at 8:15 AM revealed the sprinkler heads in the south tub room were not all of the same type. One of five sprinkler heads was an ordinary response head while the other four heads were Early Suppression Fast-Response. The area did not have a two foot draft curtain separating the sprinkler heads from each other. 2. Observation on 07/11/06 at 9:10 AM revealed the "B" closet in resident room #106 had stored	K 062	K62 The facility shall provide and maintain and automatic sprinkler system in reliable operating condition, to be tested and inspected periodically. A. The Engineering Technician has replaced the mis-matched sprinkler head to assure that all sprinkler heads in this area are the same type.	7/21/06

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K 062	Continued From page 2 items located closer than the allowed 18 inches below the installed sprinkler head deflector.	K 062	K062- cont. A. The Engineering Technician has removed the shelf unit and items stored within 18" (inches) of the closet sprinkler in Room 106-Bed B B. All residents, visitors and staff have the potential to be affected by failure to provide an automatic sprinkler system in a reliable condition. C. The Director of Plant Operations or his designee shall perform monthly visual inspections of various departments to ensure compliance. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis.	7/21/2006
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility failed to provide proof of the flame retardant quality of window curtains in accordance with NFPA 101 Section 10.3.1. The findings were: 1. Observation on 07/11/06 at 9:15 AM revealed the newly installed window covers in resident room #108 did not have flame resistant	K 074	K74 The facility will provide proof of flame retardant quality of widow curtains in accordance with NFPA 101 section 10.3.1.	

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K 074	Continued From page 3 documentation. The maintenance director reported the reflective window covers had been added by a member of the resident's family.	K 074	K074-cont. A. The Engineering Technician has removed the non-approved widow covering in resident room #108. The residents' family member has been notified of the unacceptable situation. B. All residents have the potential to be affected by failure to provide flame retardant quality widow curtains that meet NFPA 101 Sect. 10.3.1. Regulations. C. The Director of Plant Operations or his designee shall perform monthly visualinspections of various departments to ensure compliance. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis.	7/11/2006
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to prohibit open flames in accordance with NFPA 101 Section 13.7.2 Exception (3). The findings were: 1. Observation on 07/11/06 at 7:45 AM revealed the chapel had two candles, which had been burned down to the bases. The facility did not have an open flame policy for religious ceremonies. The maintenance director was not aware open flames were being used in religious services.	K 130		

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8/1/06

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			K130 The facility shall not allow open flame candles for any purpose of decoration. A. The Engineering Technician has removed the burned candles from the chapel. Furthermore the religious organizations that conduct services within this facility have been notified of this situation. B. All residents have the potential to be affected by failure to eliminate open flame candles or have policies in place. C. The Director of Plant Operations or his designee shall conduct monthly visual inspections of various departments to assure compliance. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis.	7/11/06 K130-cont.