DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2005
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
	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/19/2005

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 Surveyor #: 18185 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		
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.	K 018	K-18---All corridor doors will be maintained with a gap of 1/8th of an inch or less. Rooms #03,#11,#34,#38,#46 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 do not exceed 1/8th inch. Maintenance Director will monitor for compliance. ADDITIONS & ACCEPTANCE OF THIS POC WITH RON NELSON, NHA, ON 10/18/05 @ 4:30pm VIA TELECONFERENCE 11/3/05	11-18-05

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

Ron Nelson — Administrator — 10-12-05

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	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations on 9/19/05, the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. The following corridor doors had gaps between the top edge of the doors and the door frames which were greater than the allowed 1/8th of an inch. a. At 11:00 AM, resident room #03 b. At 11:13 AM, resident room #11 c. At 12:07 PM, resident room #34 d. At 12:10 PM, resident room #38 e. At 12:21 PM, resident room #46	K 018		
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		

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K 029	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations on 9/19/05, the facility failed to provide 5 of 12 hazardous areas with complete separation in accordance with NFPA 101 Section 19.3.2.1 and 19.3.5.4. The findings were: 1. The following hazardous locations had corridor doors which were not equipped with self-closing devices: a. At 11:24 AM, the medical records store room #25 b. At 11:59 AM, store room #24 2. The following hazardous locations had doors equipped with self-closing devices which were impeded from closing by wood wedges: a. At 1:22 PM, the kitchen pantry b. At 1:29 PM, the maintenance repair shop c. At 1:37 PM, central supply	K 029	K-29---Hazardous areas will be protected according to NFPA 101 code. Room #24 and #25 will not be used for storage. The kitchen pantry, the maintenance repair shop and central supply doors will not be impeded by wood wedges. Maintenance personnel will do routine inspections of all of these doors. Maintenance Director will monitor for compliance.	~~11-18-05~~ 11/3/05
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1, 19.2.1 This STANDARD is not met as evidenced by: Based on observations and staff interview on 9/19/05, the facility failed to maintain an egress corridor system unobstructed and accessible at all times in accordance with NFPA 101 Section 19.2.1 and 7.1.10.1. The findings were:	K 038	K-38---The facility will maintain an egress corridor system unobstructed and accessible at all times. The four beds will be moved from the Pine corridor. The three chairs will be moved from the corridor by room #42. The Facility Managers will do routine inspections of all corridors The Administrator will monitor for compliance	10-7-05

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K 038	Continued From page 3 1. At 11:49 AM, the means of egress in the Pine corridor was obstructed by four beds. Maintenance staff reported the beds had been put their the day before for temporary storage. 2. At 12:16 PM, the means of egress in the south Spruce corridor by resident room #42 was obstructed by three chairs.	K 038	K-46---The facility will maintain emergency lighting of at least 1½ hour duration. The emergency lighting system will be tested for 1 1/2 hour yearly. Maintenance personnel will keep a log of the testing. Administrator will monitor for compliance.	10-31-05
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 record review on 9/19/05, the facility failed to test the emergency battery light system in accordance with NFPA 101 Section 7.9.3. The finding was: 1. At 2:40 PM, review of maintenance records revealed the annual 90 minute emergency battery light test had not been conducted in the past two years.	K 046		
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	K 050	K-50---The facility will conduct quarterly fire drills in accordance with NFPA 101. The facility has conducted quarterly fire drills on each shift since April 1, 2005 and will continue every quarter. The Safety Officer will keep a log of each fire drill. Administrator will monitor for compliance.	10-11-05

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K 050	Continued From page 4 This STANDARD is not met as evidenced by: Based on record review on 9/19/05, the facility failed to conduct quarterly fire drills on each shift in accordance with NFPA 101 Section 19.7.1.2. The finding was: 1. At 2:55 PM, review of the fire drill records revealed the second shift had not conducted a fire drill during the first quarter of 2005.	K 050		
K 051 SS=D	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	K-51---The facility will test the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The low voltage test on the annunciator's batteries will be tested every six months according to code. The monthly fire alarm receiver test has been conducted monthly since April of 2005 and will be tested monthly from now on. Maintenance staff will keep a log of the required tests Maintenance Director will monitor for compliance.	10-11-05

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K 051	Continued From page 5 This STANDARD is not met as evidenced by: Based on record review and staff interview on 9/19/05, the facility failed to test the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The findings were: 1. At 2:10 PM, review of the maintenance records revealed the load voltage test on the annunciator's batteries had not been performed in the last 6 months as required by the Code. Maintenance staff reported he did not have record of the test being performed in the past two years. 2. At 3:00 PM, review of the maintenance records revealed the monthly fire alarm receiver test had not been conducted during March of 2005.	K 051	K-56---The facility will insure that all required areas of the building will have sprinklers The facility will have sprinklers installed in all required areas of the building including the two walk-in refrigerator units, the exterior roof above the front entrance, the three south exits, the three north exits, the entrance from the parking lot and the exterior over the basement exit. A time limited waiver has been applied for extending the time of completion to June 30, 2006. Administrator will monitor for compliance PLAN APPROVAL BY STATE HEALTH DEPARTMENT & FINAL INSPECTION.	6-30-06
K 056 SS=F	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 on 9/19/05, the facility	K 056		

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K 056	Continued From page 6 was not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The findings were: 1. At 12:42 PM, the exterior roof over the patio area outside of the resident lounge on Cedar hall was wider than 4 feet, constructed of combustible material and did not have sprinkler coverage. 2. At 1:15 PM, the two walk-in refrigerator units in the kitchen did not have sprinkler coverage. 3. At 4:05 PM, the exterior roof above the front entrance was wider than 4 feet, constructed of combustible material and did not have sprinkler coverage. 4. At 4:12 PM, the exterior roofs over the three south exits and the three north exits were wider than 4 feet, constructed of combustible material and did not have sprinkler coverage. 5. At 4:18 PM, the exterior roof over the entrance from the parking area and the exterior roof over the basement exit were wider than 4 feet, constructed of combustible material and did not have sprinkler coverage.	K 056	K-62---The facility will maintain the installed sprinkler system in accordance with NFPA 25 Section 2-2.1.1. The facility will replace the sprinkler heads with visible signs of corrosion: Both the sprinkler heads in the men's shower room near nurses station #2 and one of the four sprinkler heads in boiler room #3. Maintenance personnel will do routine inspections of all sprinkler heads for visible signs of corrosion on a regular basis. Maintenance Director will monitor for compliance.	12-10-05 11/3/05
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 on 9/19/05, the facility failed to maintain the installed sprinkler system in accordance with NFPA 25 Section 2-2.1.1. The findings were: 1. The following locations had sprinkler heads	K 062		

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K 062	Continued From page 7 with visible signs of corrosion: a. At 11:21 AM, both sprinkler heads in the men's shower room near nurses station #2. b. At 12:31 PM, one of four sprinkler heads in boiler room #3.	K 062		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation on 9/19/05, the facility failed to restrain 1 of 12 oxygen cylinders in accordance with NFPA 99 Section 4-3.1.1.1. The finding was: 1. At 12:40 PM, the oxygen storage room had 1 "E" size oxygen cylinders that was not restrained from falling.	K 076	K-76---The facility will restrain all oxygen cylinders in accordance with NFPA 99 Section4-3.1.1.1. The one of 12 cylinders has been restrained from falling. Maintenance personnel will do routine inspections of oxygen storage room. Maintenance Director will monitor for compliance.	10-11-05