STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING 01 B. WING _____	11/03/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVENUE H POWELL, WY 82435

(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 this 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 (NFPA). The facility was a fully sprinkled single story building of Type II (111) construction built in 1995. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility has a capacity of 100 certified Medicare and Medicaid beds.	K 000	PoC ACCEPTED W/ POD EDITED. CED, DD 12/02/09.	
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 record review and staff interview the facility failed to ensure all sprinklers were not obstructed in 1 of 8 smoke compartments. The findings were: Observation on 11/03/09 at 11:46 AM showed two ceiling mounted sprinkler heads in the south penthouse were obstructed by ventilation ductwork. The sprinklers were not visible from ground level as they were located 6 inches from the edge of the ductwork and were 1- inch from the top of the ductwork. At the time of observation maintenance staff reported they were aware	K 062	K062 The facility shall move the obstructed sprinkler heads in the south penthouse to meet code requirements. A. The engineering technician has scheduled a fire sprinkler contractor to move the sprinklers that do not meet code requirements. B. All residents have the potential to be affected by failing to provide properly installed sprinkler systems.	12/18/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: CED | (X6) DATE: 11-25-09

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.

RECEIVED
Wyoming Dept of Health
NOV 27 2009
Office of Healthcare Licensing and Surveys

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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 record review and staff interview the facility failed to ensure all sprinklers were not obstructed in 1 of 8 smoke compartments. The findings were: Observation on 11/03/09 at 11:46 AM showed two ceiling mounted sprinkler heads in the south penthouse were obstructed by ventilation ductwork. The sprinklers were not visible from ground level as they were located 6 inches from the edge of the ductwork and were 1- inch from the top of the ductwork. At the time of observation maintenance staff reported they were aware	K 062	C. The Director of Plant Operations or his designee shall conduct monthly visual inspections of various departments and make necessary repairs to assure compliance. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis. Completion Date: 12/18/09	

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

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 062	Continued From page 1 obstructions were not permitted within 18 inches of a sprinkler deflector. They also reported the system was inspected annually to ensure sprinklers were not obstructed, but these must have been missed.	K 062		
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 electrical receptacles in all wet locations were protected in 2 of 8 smoke compartments. The findings were: Observation on 11/03/09 between 10 AM and 12 PM showed electrical receptacles in the west wing medication room, north medication room, and north nourishment room were located within 6 feet of sinks. These receptacles were not protected with GFCI (ground fault circuit interrupter) receptacles. Another receptacle in each room was protected with a GFCI receptacle. After tripping the GFCI receptacle in each room, the aforementioned receptacles were still able to supply power. At 10:19 AM maintenance staff reported they had believed the GFCI receptacles were "upstream" of each receptacle in the room and were thus protected by said receptacle.	K 147	K147 The Facility shall ensure electrical receptacles in all wet locations are GFCI protected. A. The Engineering technician has replaced the non-compliant electrical outlets with proper GFCI protected electrical outlets. B. All residents have the potential to be affected by failing to provide proper GFCI protected electrical outlets in wet locations. C. The Director of Plant Operations or his designee shall conduct monthly visual inspections of various departments and make necessary repairs to assure compliance.	11/24/09

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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 electrical receptacles in all wet locations were protected in 2 of 8 smoke compartments. The findings were: Observation on 11/03/09 between 10 AM and 12 PM showed electrical receptacles in the west wing medication room, north medication room, and north nourishment room were located within 6 feet of sinks. These receptacles were not protected with GFCI (ground fault circuit interrupter) receptacles. Another receptacle in each room was protected with a GFCI receptacle. After tripping the GFCI receptacle in each room, the aforementioned receptacles were still able to supply power. At 10:19 AM maintenance staff reported they had believed the GFCI receptacles were "upstream" of each receptacle in the room and were thus protected by said receptacle.	K 147	D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis. Completion Date: 11/24/09	