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

PRINTED: 01/03/2013
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
	53A002	A. BUILDING 01 - MAIN BUILDING 01 B. WING	12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 the 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. The facility was a fully sprinkled single story building of Type V (111) construction with a basement which was built in 1964, 1986 and 1996. The building was equipped with a supervised automatic wet sprinkler system and addressable fire alarm system shared with the attached hospital. The facility had a capacity of 50 certified Medicaid beds with a census of 42.	K 000		
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 observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 4 smoke compartments. The findings were: Observation of the electrical system on 12/18/12 between 1:30 PM and 2:30 PM showed extension cords were used in the following areas: 1) The telephone in resident room #305 2) The Christmas tree in the main dining room On 12/18/12 at 1:32 PM maintenance worker #1 could not explain why the aforementioned extension cords had not been noticed and removed during the monthly safety inspection.	K 147	Amie Holt Care Center will ensure that temporary electrical adapters do not replace permanent fixed wiring. Removing the extension cord for the telephone in room #305. Removing the extension cord for the Christmas tree in the main dining room. Staff will be educated on not using extension cords in the facility. The DON will be responsible for this education. The Maintenance Manager will be responsible for the aforementioned actions. The Safety Chairperson will be responsible for compliance during the quarterly safety inspections.	01/10/13

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

Administrator 1/14/13

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.

POC accepted w/ Kent Ward, NHA on 1/16/13

RECEIVED
WY Dept of Health
JAN 16 2013
Healthcare Licensing and Surveys

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