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

PRINTED: 03/13/2013
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
	535045	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/27/2013

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 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 sprinklered, single story building of Type II (111) construction built in 1995. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 100 certified Medicare and Medicaid beds with a census of 83.	K 000		
K 050 SS=E	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 observation, facility policy, and staff interview, the facility failed to ensure facility staff members were familiar with emergency procedures on 1 of 3 shifts. The findings were: Observation of the fire drill on 2/27/13 at 2:50 PM showed the simulated fire was placed in the 400	K 050	K050 The facility shall ensure that facility staff members are familiar with emergency procedures and that corridors will be cleared of items to prepare for resident evacuation. This will be accomplished by, A. The staff has been instructed that all corridors must be clear of items during a fire in an effort to prepare for residents evacuation. B. All patients, residents, visitors, and staff members have the potential to be affected by the lack of familiarity with emergency procedures and failure to clear the corridors of items during a fire. C. The Plant Operations Director or designee will perform monthly drills to ensure that staff are following emergency procedures and are removing items from the corridor during the drills. Education will also be provided to all nursing, dietary and housekeeping staff regarding emergency procedures.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cheri Bernander | TITLE: VP Resident Care Services | (X6) DATE: 3/21/13

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/ ROD GLEASON, PLANT OPERATIONS DIRECTOR, ON 4/1/13.

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K 050	Continued From page 1 hall. Further observation showed two carts were left in the 400 hall throughout the fire drill. Review of the facilities fire plan showed the Evacuation section stated " Clear corridors of attended items to prepare for resident evacuation ". On 2/27/13 at 2:56 PM the plant operations director reported staff members were instructed to remove items from the corridor upon hiring and during monthly fire drills. He could not explain why the staff member had not removed the carts.	K 050	K050 Cont. D: The Plant Operations Director will aggregate monthly data and report results to the Administrator, the Care Center Medical Director, and the Safety Committee monthly, and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance.	
K 075 SS=D	NFPA101-LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure soiled linen receptacles had adequate separation in 1 of 8 smoke compartments. The findings were: Observation of the beauty shop on 2/27/13 at 1:07 PM showed a soiled linen cart and a trash collection cart were stored side by side. At the time of the observation maintenance technician	K 075	Completion Date 04/12/2013 K075 The facility shall ensure that soiled linen and trash collection receptacles have a separation of 8 square feet. A. The maintenance technician immediately separated the soiled linen cart and trash collection receptacle. B. All residents, staff, and visitors have the potential to be affected by failure to ensure the soiled linen cart and trash cart have adequate separation.	

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K 075	Continued From page 2 #1 reported he was unaware the receptacles required a separation of 8 square feet.	K 075	K075 Cont. C. The Plant Operations Director or designee will perform monthly visual inspections to ensure the soiled linen cart and trash collection cart are separated by at least 8 square feet. The staff will be educated regarding the need to ensure the soiled linen cart and trash collection cart require a separation of 8 square feet. D. The Plant Operations Director will aggregate random monthly data and report results to the Administrator, and the Care Center Medical Director, and the Safety Committee monthly and Quality Council, quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date 04/12/2013	
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 1 of 8 smoke compartments. The findings were: Observation of the electrical system on 2/27/13 between 1 PM and 2 PM showed the following locations had temporary electrical adapters replacing fixed permanent wiring: a. The fan in resident room #113 was plugged into an extension cord. b. The lamp resident room #108 was plugged into an extension cord. On 2/27/13 at 1:19 PM the maintenance technician #1 could not explain why the aforementioned extension cords had not been noticed and removed during the weekly housekeeping safety inspections. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or	K 147	K147 The facility shall ensure that electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2. This will be accomplished by,	

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K 147	Continued From page 3 similar openings (4) Where attached to building surfaces	K 147	K 147 Cont. A. The extension cord in room #113 was removed immediately upon discovery during the facility tour. A. The extension cord in room #103 was removed immediately upon discovery during the facility tour. B. All residents, staff, and visitors have the potential to be affected by the failure to ensure temporary electrical wiring does not replace permanent fixed wiring. C. The Housekeeping Director or designee will perform monthly visual inspections to ensure there is no temporary wiring to replace permanent fixed wiring. D. The Housekeeping Director will aggregate random monthly data and report results to the Administrator, the Care Center Medical Director, and the Safety Committee monthly and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	04/12/2013