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

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 _____	7/29/11 06/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(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 two story building with a basement of Type V (111) construction with plan approval in 1953, 1972, and 1986. The building was equipped with a supervised automatic wet sprinkler system and an anti-freeze branch with a zoned fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 73 residents.	K 000	K 017 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Theses tags were corrected on 7-8-11. A licensed electrician was called in to relocate the electrical outlet into the attic space and the two things were plugged into it as to not protrude through the ceiling. An access panel was made for the access to the outlet. It was constructed of a thickness greater than the ceiling thickness to meet fire safety standards. ~~Picture 1 shows this. Picture 2 shows that the 1 in. hole was repaired and sealed to meet fire code as well.~~ The Maintenance Supervisor/designee will look at these areas when any new construction is being done to assure that all new wiring and penetrations are done to meet Life Safety Codes and will provide a report to QAPI monthly if any work is being done that could create a problem.	7/8/11
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017		

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

Ron Nelson — Administrator — 7-25-11

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
JUL 28 2011
Office of Healthcare Licensing and Surveys

P.O.C. accepted with JoAnn Foust, RN, Director of Nursing, on 7/29/11

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 _____	7/29/11 06/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(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 017	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridors in 2 of 13 smoke compartments were smoke resistant. The findings were: 1. Observation of the corridor ceiling at the birch hall nurses' station on 6/27/11 at 1:45 PM showed black low voltage cables had been run through three unsealed 1-inch holes. At the time of the observation, the maintenance director stated he was unaware of the regulation and was unsure of what the wires fed. 2. Observation of the corridor ceiling at nurses' station #2 on 6/27/11 at 3:10 PM showed a data cable had been run through an unsealed 1/2-inch hole above the digital nurse call sign. At the time of the observation, the maintenance director stated he was aware of the hole, but did not know why it was not identified during the last quarterly inspection.	K 017	K 025 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. This tag was corrected on 6-29-11. Dry wall mud was applied to the opening to seal off the holes where the wire is going through. ~~Picture 3 shows the work done~~. The Maintenance Supervisor/designee will do monthly checks and repair any findings that don't meet Life Safety Code and report them to the Administrator. Maintenance Supervisor/designee will monitor any contractors working for the facility to ensure that resealing after the work is completed. Maintenance Supervisor/designee will provide a report to QAPI monthly if any work is being done that could create a problem.	6/29/11
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025		

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 _____	7/29/11 John W. Brennan 06/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(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 025	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke barriers in 1 of 13 smoke compartments were smoke resistant. The findings were: Observation of the smoke barrier above the cedar hall director of nursing office on 6/27/11 at 4:50 PM showed one unsealed 1-inch hole. An electrical conduit and two gray telephone cables were run through the hole. At the time of the observation, the maintenance director stated he could not explain why the hole was not identified on the quarterly inspections.	K 025	K 029 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. #1 was corrected 6-28-11 after the exit. Fire foam was sprayed into the opening between the conduits going into the attic area. Maintenance Supervisor/designee will do monthly checks on possible openings from pipes to reassure that they are sealed. Maintenance Supervisor/designee will use a flash light to check the areas with low light. [redacted] #2 was corrected 6-28-11after the exit. The door closure was adjusted to swing the door to a latching point. Maintenance Department already does a monthly check on door closures and will now check whenever we have a weather change to assure proper door closure functions occur and will notify the administrator of any changes needing to take place if a door can't be adjusted and needs replaced.	6/28/11
K 029 SS=E	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 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas in 2 of 13 smoke compartments were smoke resistant. The findings were:	K 029		

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	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	7/24/11 06/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	603 S 18TH ST LARAMIE, WY 82070

(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)	(X6) COMPLETION DATE
K 029	Continued From page 3 1. Observation of the ceiling in boiler room #2 on 6/27/11 at 2:15 PM showed six electrical conduits were run through one unsealed 3-inch hole. At the time of the observation, the maintenance director stated he was aware of the regulation, but could not explain why the hole was not noticed during the quarterly inspections. 2. Observation of the station #2 clean utility room on 6/27/11 at 3:25 PM showed the automatic closing device attached to the corridor door did not latch into the door frame after three attempts. At the time of the observation, the maintenance director could not explain why the door latch was not noticed during the quarterly inspections.	K 029	K 056 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. This was corrected 6-28-11 after the exit. Maintenance talked to the transportation department people and explained to them that the van could be used under the canopy during the day but no longer could be kept under it at night or during the weekends. The administrator will monitor this area to be sure that the van is no longer stored under the canopy over night or over the weekends.	6/28/11
K 056 SS=D	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 observation and staff interview, the facility failed to ensure 1 of 13 smoke	K 056		

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	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	7/29/11 06/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(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 056	Continued From page 4 compartments had complete sprinkler coverage. The findings were: Observation of the canopy at the laundry exit on 6/27/11 at 4:05 PM showed one parked passenger van under the 24ft. by 24ft. steel canopy. At the time of the observation, the maintenance director stated the van was parked nightly under the canopy, and he was unaware of the regulation. Reference: NFPA 13, Standard for the Installation of Sprinkler Systems, 1999 Edition. 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft in width. Exception: Sprinklers are permitted to be omitted where the canopy of roof is of noncombustible or limited combustible construction. 5-13.8.2 Sprinklers shall be installed under roofs or canopies over areas where combustibles are stored and handled.	K 056	K 062 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. #1 was corrected 6-29-11 Maintenance Supervisor/designee walked the whole building to look at all escutcheons and sealed them off. [redacted] Maintenance Department will start doing a check over areas when work is being done in the attics. A monthly QAPI report will be given until this is under control. [redacted] #2 was corrected 7-6-11The three sprinkler heads were changed and also the fourth along that same section of the wall. Maintenance Supervisor/designee will do monthly inspections to locate any sprinkler heads that need to changed and will have them changed promptly. Maintenance Supervisor/designee will give a report to QAPI at the monthly meetings if any changes are needed. [redacted]	7/6/11
K 062 SS=E	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 observation and staff interview, the facility failed to ensure sprinkler heads were maintained in 2 of 13 smoke compartments. The findings were: 1. Observation of the sprinkler head in the mens'	K 062		

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	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	7/29/11 06/28/2011

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 062	Continued From page 5 shower room on 6/27/11 at 2:10 PM showed one unsealed 1/4-inch by 1-1/2-inch gap around the escutcheon. At the time of the observation, the maintenance director could not explain why the gap was not noticed during the annual inspection. 2. Observation in the main dining room on 6/27/11 at 2:25 PM showed three sprinkler heads above the coffee dispensers had green corrosion. At the time of the observation, the maintenance director could not explain why the sprinkler heads were not noticed during the annual inspection. Reference: NFPA 13, Standard for the Installation of Sprinkler Systems, 1999 Edition. 3-2.7.2 Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. NFPA 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1998 Edition. 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged or loaded, or in the improper orientation.	K 062		
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;	K 143		

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	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	7/29/11 06/28/2011

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LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

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K 143	Continued From page 6 (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to furnish staff with the proper safety equipment for transfilling liquid oxygen containers in 1 of 1 liquid oxygen storage room. The findings were: Observation in the liquid oxygen store room on 6/27/11 at 3 PM showed CNA #1 did not use protective gloves while simultaneously transfilling two portable containers. The CNA's legs were exposed and her shoes were made of light weight material. In addition, a protective face shield was not available for use. At the time of observation, the maintenance director and director of nursing stated that they were unaware of the regulations. Reference: Compressed Gas Association, Inc.: CGA P-2.6-2005 Transfilling of Liquid Oxygen Used For Respiration, Chapter 6 " ...NFPA 99C requires ...that personnel use proper safety equipment ...includes safety glasses, goggles or	K 143	K 143 ~~Preparation and/or execution of~~ this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. This was corrected 7-5-11. Maintenance Supervisor has supplied the items we were missing for the Oxygen Room for doing transfer of oxygen to the portables. Nursing Managers and Maintenance Manager will in-service staff on the use of the Personal Protective Equipment. New Hazard assessments will be signed and put on file. All managers will work on reminding the staff to use these safety devices for their own protection. ~~Picture 10 shows the equipment in place that corrects the tag.~~	7/5/11

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	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	7/29/11 John W Brunner 06/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 16TH ST LARAMIE, WY 82070

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K 143	Continued From page 7 face shield; insulated loose fitting gloves; cuffless trousers; and work shoes or boots ... "	K 143	**K147** **Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.** **Theses tags were corrected on 7-8-11. A licensed electrician was called in to relocate the electrical outlet into the attic space and the two things were plugged into it as to not protrude through the ceiling. An access panel was made for the access to the outlet. It was constructed of a thickness greater than the ceiling thickness to meet fire safety standards. ~~Picture 1 shows this. Picture 2 shows that the 1" in. hole was repaired and sealed to meet fire code as well.~~** **The Maintenance Supervisor/designee will look at these areas when any new construction is being done to assure that all new wiring and penetrations are done to meet Life Safety Codes and will provide a report to QAPI monthly whenever work is being done that could create a problem.**	7-8-11
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 electrical cords were not run through structural ceilings in 1 of 13 compartments. The findings were: Observation of the corridor ceiling at the birch hall nurses' station on 6/27/11 at 1:45 PM showed a 110V electrical cord had been fed through a 1-inch hole in the corridor ceiling and plugged into an electrical receptacle. At the time of observation, the maintenance director stated he was unaware of the regulations and was unsure what the cord fed. Reference: National Electrical Code (NEC/NFPA 70) was met. NEC 70, 2011 Edition, Section 400.8: " ...flexible cords and cables shall not be used for ...(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors... "	K 147		