PRINTED: 03/15/2011
FORM APPROVED
OMB NO. 0938-0391

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
	53A002	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/01/2011

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	K 000		
	Surveyor: 04614 Requirements for the 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 V(111) construction built in 1984, 1986 and 1096. The building was equiped with a supervised automatic wet sprinkler system and addressable fire alarm system.			
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 This STANDARD is not met as evidenced by: Surveyor: 04614 Based on observation and staff interview the facility failed to ensure one hour protection in an existing hazardous generator room. Observation on 3/1/2011 of the basement generator room revealed that a 4 X 8 sheet of	K 029	The facility will ensure one hour protection in an existing hazardous generator room. The plywood wall was replaced by a sheet rock wall without an opening. The Maintenance Manager will be responsible for the aforementioned actions. The Safety Chairperson will monitor compliance during the quarterly safety inspections. This action was completed on 3/4/11.	3/4/11.

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 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 029	Continued From page 1 plywood had been built onto a concrete barrier wall. Centered in the middle of the plywood was a 12 X12 opening that allowed electrical wires to pass through when maintaince projects were required. Maintaince had constructed the plywood wall to prevent the free flow of air and natural elements from drifting in the generator room. This concrete generator room was observed not to have a sprinkler system installed. This untreated wood structure voided the one hour protection required by NFPA 101 19.3.2.1. This was observed by the facility physical environment team at approximately 2:00 PM on 3/1/2011.	K 029		
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: Surveyor: 04614 Based on observation and staff interview, the facility failed to ensure compliance with the national Electric Code NFPA 70 9.1.2 by allowing multiple electrical devices to be plugged into a single surge protector. Resident rooms 300, 306, and 314 were observed at approximately 10:45 PM on 3/1/2011 to have oxygen concentrators plugged into surge procetors along with multiple other electrical devices. This presented a potential fire risk for resident, staff and visitors. The facility physical environment team confirmed the observation.	K 147	The facility will ensure compliance with the national Electric Code NFPA 70 9.1.2. The oxygen concentrators will be plugged directly into wall outlets and not into surge protectors. The Maintenance Manager will be responsible for the aforementioned actions. The Safety Chairperson will monitor compliance during the quarterly safety inspections. The results of the inspections will be reported to the Safety Committee via a performance improvement monitor.	3/04/11