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

PRINTED: 11/05/2008
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 B. WING	10/22/2008

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 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 (III) construction built in 1964, 1986 and 1996. The building was equipped with a supervised automatic wet sprinkler system and addressable fire alarm system.	K 000		
K 050 SS=F	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, review of policies and procedures and staff interview the facility failed to ensure a fire drill was conducted in a safe manner. The findings were: Observation during a fire drill on 10/21/08 at 2:13 PM revealed staff failed to transport portable ABC fire extinguishers to the location of the announced fire. Review of the facility fire plan (revised 2003) stated, "All employees entering a secured area	K 050	The facility will ensure that fire drills are conducted in a safe manner. The fire alarm coordinator will inservices employees on the need to take fire extinguishers to the location of a fire during fire drills. This requirement is currently in our policies but has not been required during drills. The Chairperson of the Safety Committee will monitor compliance with this requirement for each fire drill. The Safety Officer (or his designee) will monitor this via direct observation during drills. Results of this monitoring will be reported in the Safety Committee meeting.	

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.

Approved without changes 11/19/08 @ 2:22 PM.

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K 050	Continued From page 1 should obtain a fire extinguisher and take it to the secured area with them." Interview with the facility maintenance manager at the time of the drill revealed he was unaware employees were required to take fire extinguishers to the location of a fire. He also stated he would notify the facility employee responsible for conducting fire alarms of this requirement.	K 050	Compliance will be reported via a performance improvement monitor.	12/01/08
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 34 of 34 fire alarm indicators were individually tested during the previous year. The findings were: Review of facility fire alarm records on 10/21/08 at 3:48 PM revealed the 34 individual fire alarm indicators were last tested on 1/17/07. The facility maintenance manager stated the indicators were tested on 1/30/08 but the individual indicator results were not transferred to the correct form.	K 052	The facility will ensure that individual fire alarm indicators are properly tested and reported. The Maintenance Manager will be responsible for ensuring the tests are conducted properly and are properly recorded. The Chairpeson of the Safety Committee will be responsible for ensuring compliance. A performance improvement monitor will be established to monitor compliance.	11/15/08
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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K 062	Continued From page 2 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 the fire sprinkler system was properly maintained. The findings were: Observation on 10/22/08 at 8:22 AM revealed the escutcheon on the wall mounted sprinkler head in the employee locker room had come away from the wall approximately one half inch. The maintenance manager stated at the time he was "unaware the sprinkler head had moved that far away from the wall."	K 062	The facility will ensure that the automatice sprinkler system is maintained in reliable operating condition and are periodically tested and inspected. The sprinkler head in the employees locker room will be repaired so that it does not extend 1/2 inch from the wall. The Maintenance Manager will be responsible for inspecting the system and ensuring the system is properly maintained. A performance improvement monitor will be established to monitor compliance.	11/15/08