

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

PRINTED: 10/23/2013

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 NOV 06 2013 B. WING	(X3) DATE SURVEY COMPLETED 10/15/2013
NAME OF PROVIDER OR SUPPLIER AMIE HOLT CARE CENTER			STREET ADDRESS CITY STATE ZIP 497 W LOTT BUFFALO, NY 14204	
(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 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 an addressable fire alarm system shared with the attached hospital. The facility had a capacity of 50 certified Medicaid beds with a census of 41.	K 000		
K 052 SS=D	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 facility staff interview, the facility failed to ensure 1 of 7 fire alarm system components was tested. The findings were:	K 052	Amie Holt Care Center will ensure that the all of the fire alarm components are tested semi-annually for load voltage test by: A) A load voltage test was completed on Oct. 24, 2013. B) Educate maintenance staff on the need to ensure that the all of the fire alarm components are tested semi-annually for load voltage. C) The Maintenance Manager will be responsible for the aforementioned actions. D) The Maintenance Manager will develop a Performance Improvement tool to monitor for compliance with the semi-annual testing for load voltage. E) The Maintenance Manager will report to the safety committee semi-annual on the completion of the semi-annual testing for load voltage.	11/30/2013 11/13/13 A

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.

LOC MODIFIED & ACCEPTED W/ KENT WARD, NHA, ON 11/13/13

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NAME OF PROVIDER OR SUPPLIER AMIE HOLT CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 497 W LOTT BUFFALO, WY 82834 11/13/13		
(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 052	Continued From page 1 Review of the fire alarm system testing records showed the fire alarm panel semi-annual load voltage test was last completed on 2/25/13, more than six months ago. On 10/15/13 at 12:15 PM, maintenance technician #1 could not explain why the test had not been conducted. Reference NFPA 101, 2000 Edition, 19.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition; Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 1. Charge Test, ... annually (Replace batteries every 4 years.) 2. Discharge Test, ... annually (30 minutes) 3. Load Voltage Test, ... semi-annually	K 052			
K 062 SS=D	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 facility staff interview, the facility failed to ensure sprinkler heads were maintained with the same activation point in 2 of 4 smoke compartments. The findings were: Observation of the sprinkler system on 10/15/13 between 9 AM and 10:30 AM showed the pantry, activities room, and tub room all had sprinkler	K 062	Amie Holt Care Center will ensure that the all automatic sprinklers heads are maintained with the same activation point by: A) Licensed sprinkle installer will replace the sprinkler heads to have the same activation point. B) Educate the maintenance on the need to ensure that the all automatic sprinkler heads are maintained with the same activation point within a compartmented space. C) The Maintenance Manager will be responsible for the aforementioned actions. D) The Maintenance Manager will report to the safety committee when the sprinkler heads are replaced.	11/13/13	

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K 062	Continued From page 2 heads with different activation points. Each room had standard response and quick response sprinkler heads. On 10/16/13 at 9:32 AM, maintenance technician #1 reported he was unaware all of the sprinkler heads in a compartment were required to have the same activation point. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.	K 062			