STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/20/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(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 (NFPA). The facility was a fully sprinkled single story building of Type V (000) construction built in 1961. The building was equipped with a supervised automatic wet sprinkler system with four antifreeze loops and a zoned fire alarm system.	K 000	K029/D 1. The three unsealed pipe penetrations have been repaired. 2. After each contractor visit, Maintenance director will check for pipe penetrations and repair as necessary. 3. Penetrations will be audited monthly per the Preventative Maintenance program by the Maintenance Director. 4. Results of the PM program will be brought to the monthly QA & A meeting for review, comments, and recommendations. 5. Compliance Date: 3/6/09	
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: Based on observation and staff interview the facility failed to ensure hazardous areas were separated from resident use areas in one of six smoke compartments. The findings were: Observation on 1/20/09 at 10:51 AM revealed the boiler room had three unsealed pipe penetrations.	K 029	Susan Jenson Accepted POC 2/18/09 with changes to K62 @ 3:55pm	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lyneca Patterson — TITLE: Administrator — (X6) DATE: 2/13/09

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.

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Wyoming Dept. of Health
FEB 25 2009
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Office of Healthcare Licensing and Surveys

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

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
	535025	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/20/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

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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 (NFPA). The facility was a fully sprinkled single story building of Type V (000) construction built in 1961. The building was equipped with a supervised automatic wet sprinkler system with four antifreeze loops and a zoned fire alarm system.	K 000	K029/D 1. The three unsealed pipe penetrations have been repaired. 2. After each contractor visit, Maintenance director will check for pipe penetrations and repair as necessary. 3. Penetrations will be audited monthly per the Preventative Maintenance program by the Maintenance Director. 4. Results of the PM program will be brought to the monthly QA & A meeting for review, comments, and recommendations. 5. Compliance Date: 3/6/09 POC ACCEPTED 2/10/09, DOCS SIGNED COPIES PAGE 18 RECEIVED.	
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: Based on observation and staff interview the facility failed to ensure hazardous areas were separated from resident use areas in one of six smoke compartments. The findings were: Observation on 1/20/09 at 10:51 AM revealed the boiler room had three unsealed pipe penetrations.	K 029		

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.

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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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

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K 029	Continued From page 1 Interview with the environmental service director at the time of observation revealed a contractor had removed asbestos insulation from around the aforementioned pipes two months earlier.	K 029	K062/E 1. Sprinkler heads in the corridors next to rooms #51, #39, #38, and #15 have been repaired so that they are not obstructed by fluorescent lights. Sprinkler head in room #29 has been ~~cleaned and the wall texture compound~~ removed. The two sprinkler heads under the front entrance canopy have been replaced. 2. Sprinkler heads will be checked for placement, cleanliness, and corrosion. 3. Sprinkler heads will be checked monthly per Preventative Maintenance program and identified issues corrected. 4. Results of the PM program will be brought to the monthly QA & A meeting for review, comments, and recommendations. 5. Compliance Date: 3/6/09	
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 not obstructed, corroded or painted in three of six smoke compartments. The findings were: 1. Observation on 1/20/09 between 11 AM and 3 PM revealed the sprinkler heads in the corridors near resident rooms #51, #39, #38 and #15 were obstructed by fluorescent lights. The bottom of the lights were lower than the sprinklers were located and within 12 inches of the sprinklers. Interview with the environmental services director on 1/20/09 at 11:29 AM revealed sprinkler heads were not routinely inspected for obstructions. 2. Observation on 1/20/09 at 12:05 PM revealed the sprinkler in the restroom of resident room #29 was covered with wall texture compound. Interview with the environmental service director at the time of observation revealed the room was renovated a month before the survey. He further reported that sprinkler heads were not covered while the areas was textured or painted.	K 062		

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K 062	Continued From page 2 3. Observation on 1/20/09 at 12:50 PM revealed the two sprinkler heads under the front entrance canopy were corroded.	K 062		