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
	535053	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	01/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH STREET WHEATLAND, WY 82201

RECEIVED WY Dept of Health FEB 14 2014 Healthcare Licensing

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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. The facility was a fully sprinklered, single story building of Type V (111) construction built in 1965 and the east wing was a single story building of Type II (111) construction with a basement, built in 1978. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 43 certified Medicare and Medicaid beds with a census of 38.	K 000	This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding the deficiencies cited are correctly applied.	
K 025 SS=E	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 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure 1 of 2 smoke barrier walls would resist the passage of smoke. The	K 025	K025- The facility will ensure that all smoke barriers will be resistant to the passage of smoke. The ½ cable penetration in the attic above the physical therapy gym was filled with the appropriate smoke resistant material on 1/27/14. An audit of all smoke barriers in the facility will be conducted by 2/21/14 to ensure that they are resistant to the passage of smoke. Maintenance supervisor or designee will monitor all smoke barriers to ensure that they are	3/10/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	2/14/14

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.

POC ACCEPTED w/ SHANE FALUPI, NHA ON 2/21/14

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K 025	Continued From page 1 findings were: Observation of the east smoke barrier wall on 1/21/14 at 3:51 PM showed a ½ inch cable penetration in the attic space above the physical therapy gym. At the time of the observation, the maintenance supervisor could not explain why the penetration was not noticed and filled during the quarterly safety inspections.	K 025	resistant to the passage of smoke quarterly. All results will be taken to QA&A quarterly for one year for further review and analysis.	
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure exit signs were posted at 1 of 4 required exits. The findings were: Observation of the east activities patio door on 1/21/14 at 12:56 PM showed the sign "Not an Exit" was posted above the door. Further observation showed the travel distance from the main corridor to the patio exterior door was more than 30 feet, as allowed for dead end corridors. The travel distance was 42 feet. The patio sidewalk did lead to a public way. At the time of the observation, the maintenance supervisor reported he was unaware of the travel distance requirements for corridors that were not provided with an approved exit. Reference NFPA 101, 2000 Edition;	K 047	K047- The facility will ensure that all exits have the appropriate signs posted. The "Not an Exit" sign above the east activities door has been replaced with an "Exit" sign on 1/28/14. The Maintenance Supervisor or designee will audit all outside egress to ensure the appropriate signage is in place by 2/21/14. Maintenance Supervisor or designee will monitor all outside egress quarterly to ensure proper signage is in place. All results will be taken to QA&A quarterly for one year for further review and analysis.	3/10/14

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K 047	Continued From page 2 19.2.5.9* Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. A.19.2.5.9 Every exit or exit access should be arranged, if practical and feasible, so that no corridor, passageway, or aisle has a pocket or dead end exceeding 30 ft (9.1 m). (See also Table A.7.6.1.) 19.2.5.10 Existing dead-end corridors shall be permitted to be continued to be used if it is impractical and unfeasible to alter them so that exits are accessible in not less than two different directions from all points in aisles, passageways, and corridors.	K 047		
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 observation, 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	K052- The facility will ensure that the fire system will be tested on a regular basis. The fire damper on the east hall was tested and found to be in proper working order on 1/27/14. An audit was conducted on 1/27/14 to ensure that all of the fire alarm systems are being tested at the required intervals. The Maintenance Supervisor or designee will complete fire damper checks ever 4 years. All results will be taken to QA&A for further review and analysis to ensure compliance was met.	3/10/14

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K 052	Continued From page 3 Observation of the east smoke barrier wall on 1/21/14 at 3:46 PM showed a ventilation duct pipe penetrated the barrier wall. The duct work was equipped with a fusible link fire damper. Review of the fire alarm system testing records showed the aforementioned fire damper had not been tested in the past 4 years, as required. On 1/21/14 at 4:15 PM, the maintenance supervisor confirmed the aforementioned fire damper was not tested on a routine basis. Reference NFPA 101, 2000 Edition, 19.5.2.1, 9.2.1, NFPA 90A, 1999 Edition; 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.	K 052		
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: Based on observation and facility staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 3 smoke compartments. The findings were: Observation of the electrical system on 1/21/14 between 1 PM and 2 PM showed the following rooms had temporary electrical adapters in use: a. The break room refrigerator was plugged into a 6-way power tap. b. The television in resident room #111 was	K 147	K147- The facility will ensure that all electrical wiring is not replaced with power taps. The power tap in the break room, resident room #111, and resident room #115 have been replaced with approved surge protectors on 1/28/14. An audit was conducted of the facility to ensure that no power taps were in use on 1/28/14. Maintenance will conduct monthly rounds to ensure that no power taps are being used in the facility. Results will be taken to QA&A monthly for one year for further review and analysis.	3/10/14

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K 147	Continued From page 4 plugged into a 6-way power tap. c. The oxygen concentrator in resident room #115 was plugged into a 6-way power tap. On 1/21/14 at 1:26 PM, the maintenance supervisor reported he was unaware of the difference between a power tap and a surge protector. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147		