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MAR 06 2014
Healthcare Licensing and Surveys

PRINTED: 02/25/2014
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
	535030	A. BUILDING 01 NEW HORIZONS CARE CENTER B. WING	02/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1111 LANE 12 LOVELL, WY 82431

(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, two-story building of Type II (111) construction built in 1991. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility has a capacity of 85 certified Medicare and Medicaid beds with a census of 74. The facility meets the Life Safety Code standard based on the acceptance of a plan of correction and a Fire Safety and Evaluation System (FSES). Tag K-017 can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES, they can write an "F" in the providers Plan of Correction column and Complete Date column to accept the FSES. If the facility wants to fix the deficiency, they can fill in the Providers Plan of Correction column with the appropriate information and dates.	K 000		
K 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations,	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Rick Schroeder — LNHA — 3-6-14

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/RICK SCHROEDER (DIRECTOR) ON 04/04/14 JW

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K 017	Continued From page 1 waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure corridor walls were continuous from the floor to the roof in 6 of 6 smoke compartments. The findings were: Observation on 2/11/14 between 8 AM and 12 PM revealed the first and second floor corridor walls terminated above the lay-in ceiling tiles. The open space above the corridors and resident rooms were used as an air plenum for the ventilation system. On 2/11/14 at 8:30 AM the maintenance director confirmed the ventilation system was not ducted and the open plenum was used to transfer air. This deficiency can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES, they can write an "F" in the providers Plan of Correction column and Complete Date column to accept the FSES. If the facility wants to fix the deficiency, they can fill in the Providers Plan of Correction column with the appropriate information and dates.	K 017	"F"	

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K 038 K 038 SS=E	Continued From page 2 NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: K-038 Based on observation and facility staff interview, the facility failed to ensure doors in the means of egress are accessible at all times in 2 of 6 smoke compartments. The findings were: 1. Observation of the southeast stair on 2/11/14 at 9:16 AM showed the second floor access door was equipped with a key pad and magnetic lock. Further observation showed the northeast stair was also provided with a key pad and magnetic lock. Interview with the second floor nursing supervisor confirmed the residents in this smoke compartment were not all diagnosed with a clinical need to lock the unit. At the time of the observation, the maintenance director reported he was unaware egress lock could not be installed unless the entire resident population had a clinical need. 2. Observation of the special care unit on 2/11/14 at 9:40 AM showed the two stair doors were equipped with locks for the clinical needs of the residents. Further observation showed the locks were keyed mechanical locks. The keys for these locks were placed in magnetic key boxes on the door frames and not carried by staff members. At the time of the observation, the maintenance	K 038 K 038	(A) Egress doors will be maintained according to NFPA 101 for the safety of our residents and staff. (B) (1) The key pad locks on the southeast and northeast stair will be removed and replaced with a delayed egress lock. (2) The two mechanical locks on the special care unit will be replaced with keypad locks with the code to be accessible to all employees. (C) The delayed egress latch will be inspected for proper operation monthly. (D) The operation of the delayed egress latch will be inspected monthly on the preventative maintenance checklist.	3/30/14 04.03.14 TW

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K 038	Continued From page 3 director reported he was unaware staff members were required to carry the keys. Reference NFPA 101, 2000 Edition; 19.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1: Door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. (See 19.1.1.1.5 and 19.2.2.2.5.) Exception No. 2*: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path. Exception No. 3: Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.	K 038		
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 corroded sprinkler heads were replaced in 1 of 6 smoke compartments. The findings were:	K 062	(A) To insure the safety of staff and residents the fire sprinkler system will be inspected according to NFPA 101. (B) Fire sprinklers will be replaced and will be inspected quarterly. (C) The fire sprinklers will be added to the quarterly preventative maintenance checklist.	3/30/14 04.03.14 TW

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K 062	Continued From page 4 Observation of the kitchen on 2/11/14 at 7:50 AM showed two sprinkler heads were corroded. At the time of the observation, the maintenance director reported the sprinkler system was inspected annually by an outside contractor. The previous sprinkler inspection report, dated 11/20/13, did not indicate any sprinkler heads were corroded. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.5, NFPA 25, 1998 Edition; 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged or loaded, or in the improper orientation.	K 062	(D) The preventative maintenance checklist will be monitored by the maintenance director.	
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99; 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure 1 of 5 emergency generator tests was completed. The findings were:	K 144	(A) To insure the safety of residents and staff generator equipment will be maintained according to NFPA 101. (B) A conductance tester will be purchased and the batteries will be tested weekly. (C) The battery conductance test will be recorded weekly on the generator test log sheet.	3/30/14 04.03.14 TW

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K 144	Continued From page 5 Review of the emergency generator testing logs showed the standby battery were sealed lead acid batteries. Further review showed the facility was not conducting monthly battery conductance tests. On 2/11/14 at 1 PM, the maintenance director reported he was unaware of the battery conductance test requirement. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.3, NFPA 110, 1999 Edition; 6.3.6 Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer ' s specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. NFPA 110, 2005 Edition 8.3.6 Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected weekly and shall be maintained in full compliance with manufacturer ' s specifications. 8.3.6.1 Maintenance of lead-acid batteries shall include the monthly checking and recording of electrolyte specific gravity 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specifics gravity when applicable and warranted.	K 144	(D) The generator test log sheet will be monitored by the maintenance director.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2	K 147		

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K 147	Continued From page 6 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 6 smoke compartments. The findings were: Observation of the electrical system showed the following location had electrical adapters in use: a. Resident room #242 had a lamp plugged into an extension cord. b. Resident room #212 had a wheelchair plugged into a 6-way power tap. c. The special care unit nurses report room had 4 electrical razors plugged into a 6-way power tap. On 2/11/14 at 8:19 AM, the maintenance director reported he was unaware of the difference between a power tap and 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	(A) Electrical equipment will be maintained according to NFPA 70 for the safety of our residents and staff. (B) The extension cord and power tap will be removed and all rooms will be inspected monthly. (C) Rooms will be inspected monthly and recorded on the monthly preventative maintenance checklist. (D) The preventative maintenance checklist will be monitored by the maintenance director.	3/30/14 04.03.14 TW