| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 53A049 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | 06/19/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOSHEN CARE CENTER | 2009 LARAMIE STREET<br>TORRINGTON, WY 82240 |

| (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 |
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| K 000 | INITIAL COMMENTS<br><br>Requirements for Long Term Care Facilities 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).<br>The facility was a fully sprinklered, single-story building of Type V (111) construction built in 1998. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system that communicates with the Alzheimer building (SCU). The facility had a capacity of 103 certified Medicaid beds with a census of 85 (26 in the SCU and 59 in the nursing care facility). | K 000 | | |
| K 017 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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, 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.)<br>19.3.6.1, 19.3.6.2.1, 19.3.6.5 | K 017 | Ensure recessed lighting is flush with the ceiling in the living and dining room. This will be achieved by:<br><br>A. Placing the trim back into place flush around the recessed light fixtures in the living and dining rooms. Completed by Plant OPS 9/12/14 1013 AM<br><br>B. Implementing monthly Environment of Care (EOC) walk throughs assigned to different managers each month and followed up by Quality Management (QM) and Plant Operations (Ops) on a monthly basis. This was completed 6-20-14 | 6/20/14 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathryn C Keene | TITLE: NHA | (X6) DATE: 7-11-14

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.

RECEIVED
WY Dept of Health
JUL 14 2014
Healthcare Licensing and Surveys

Plan of Correction (POC) Accepted per phone conversation with Michael Spediel (Administrator) on 9/12/14 @ 1015 AM
gs
9/12/14

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| K 017 | Continued From page 1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure ceilings were smoke resistant in 1 of 6 smoke compartments. The findings were:<br><br>Observation of the gypsum wallboard (GWB) ceiling in the Living & Dining Rooms (SCU) on 06/18/14 at 2:20 PM showed 3 recessed light fixtures' trim had pulled away from the GWB ceiling creating non-smoke resistant gaps at all three locations. Subsequent interview of the Facility Operation Senior Manager confirmed the observed conditions.<br><br>Reference, NFPA 101, 2000 Edition; 19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5<br>19.3.6.2 Construction of Corridor Walls.<br>19.3.6.2.1 Corridor walls shall be continuous from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces, and they shall have a fire resistance rating of not less than 1/2 hour.<br>Exception No. 1: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, a corridor shall be permitted to be separated from all<br>other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. | K 017 | | |
| K 018<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or | K 018 | Tag K018 will begin on the next page | |

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| K 018 | Continued From page 2<br>hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3<br><br>Roller latches are prohibited by CMS regulations in all health care facilities.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to provide doors to the corridor that resisted the passage of smoke in 1 of 6 smoke compartments. The findings were:<br><br>Observation of the dutch door in Room 544 (SCU) on 06/18/14 at 1:15 PM showed the meeting edges of the upper and lower leafs were not equipped with an astragal, a rabbet, or a bevel. Subsequent interview of the Facility Operation Senior Manager confirmed the observed condition.<br><br>REFERENCE<br>19.3.6.3.6 Dutch doors shall be permitted where they conform to 19.3.6.3. In addition, both the upper leaf and lower leaf shall be equipped with a | K 018 | Ensure Dutch door in room 544 is equipped with an astragal. This will be achieved by:<br>A. Completing and installing the Astragal. 24 Plant Ops 9/12/14 4p.m. 10 PM<br><br>B. Implementing monthly EOC walk through assigned to different managers and followed up by QM and Plant Ops on a monthly basis. The Plant Ops Manager will be responsible for completion.<br><br>This will be completed by 7-31-14. | 7/31/14 |

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| K 018 | Continued From page 3<br>latching device, and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbet, or a bevel. | K 018 | | |
| K 029<br>SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>1. Based on observation and interview, the facility failed to provide doors to hazardous locations that were self-closing in 1 of 6 smoke compartments. The findings were:<br><br>Observation of the Rooms 407, 409, and 412 (all in NCF) on 06/19/14 at 10:27 AM, 10:26 AM, and 10:17 AM respectfully revealed these former resident rooms were being utilized for storage of excess beds, tables, and chairs. Further observation of the corridor doors into these 3 rooms revealed the lack of self-closing or automatic-closing devices on these doors. Subsequent interview of the Facility Operation Senior Manager confirmed the observed condition. | K 029 | Ensure resident rooms are not used as storage. This will be accomplished by:<br><br>A. Putting back resident rooms 407, 409, and 412 to their original living quarters by Plant Ops and Environmental Services (EVS).<br><br>B. Implementing a monthly EOC walk through assigned to different managers and followed up by QM and Plant Ops on a monthly basis. The Plant Ops Manager will be responsible for completion.<br><br>This will be completed by 7-31-14. | 7/31/14 |

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| K 029 | Continued From page 4<br>2. Based on observation and interview, the facility failed to provide smoke resistant partitions between a hazardous area and the corridor in 1 of 6 smoke compartments. The findings were:<br><br>Observation of the Mechanical Room (NCF) on 06/19/14 at 11:05 AM revealed a two 1-inch diameter unsealed penetrations of the rated ceiling assembly. Subsequent interview of the Facility Operation Senior Manager confirmed the observed condition.<br><br>REFERENCE<br>19.3.2 Protection from Hazards.<br>19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a l-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:<br>(7) Rooms or spaces larger than 50 ft2 (4.6 m 2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction. | K 029 | Ensure that the two 1-inch diameters ceiling penetrations are sealed in the Mechanical room. This will be accomplished by:<br><br>A. Sealing the two one-inch smoke penetrations in the mechanical room ceiling with SpecSeal intumescent SSS120 by Plant Ops. | 6/20/14 |
| K 038<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 | K 038 | Tag K038 will begin on the next page | |

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| K 038 | Continued From page 5<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to provide exit access doors that were readily accessible at all times in 1 of 6 smoke compartments. The findings were:<br><br>Observation of the Community Resource Center suite (NCF) on 06/19/14 at 12:40 PM revealed a pair of doors to the corridor with fastening devices that required more than one releasing operation. The left leaf included a manual deadbolt that did not release per the action of the door lever. The right leaf included a manual bottom bolt that did not release per the action of the door lever. Subsequent interview of the Facility Operation Senior Manager confirmed the observed condition.<br><br>REFERENCES<br>19.2.2.2 Doors.<br>19.2.2.2.1 Doors complying with 7.2.1 shall be permitted.<br>7.2.1.5.4* A latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation and that is readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 in. (86 cm), and not more than 48 in. (122 cm), above the finished floor. Doors shall be operable with not more than one releasing operation.<br>7.2.1.5.5 Where pairs of doors are required in a means of egress, each leaf of the pair shall be provided with its own releasing device. Devices that depend on the release of one door before the other shall not be used. | K 038 | Ensure exit devise are single action in the Community Resource Center. This will be accomplished by:<br><br>A. Removing the manual deadbolt on the left leaf in the Community Resource Center and the deadbolt holes will be sealed with a template by Plant Ops.<br><br>B. Implementing a monthly EOC walk through. These walk throughs will be assigned to different managers each month and followed up by QM and Plant Ops monthly.<br><br>This will be complete by 7-31-14 | 7/31/14 |

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| K 056 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5<br><br>This STANDARD is not met as evidenced by:<br>Based on observation & off-site photographic review, the facility failed to ensure that all sprinkler system valves were supervised so that at least a local alarm will sound when the valves are closed. The findings were:<br><br>Observation of the Fire Riser Room (SCU) on 06/18/14 at 2:30 PM revealed that two valves were installed on the supply piping from the air compressor to the riser assembly. These valves were capable of disrupting air supply to the sprinkler system and were not provided with supervision. Review of photographs off-site by HLS staff confirmed the observation.<br><br>REFERENCES<br>9.7.1 Automatic Sprinklers.<br>9.7.1.1 Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the | K 056 | Ensure the two valves have supervisor signal tamper switches on the supply piping for the air compressor to the riser assembly in the Fire rise room. This will be accomplished by:<br><br>A. A vendor installing two supervisor signal tamper valve switches on the supply piping for the air compressor to the riser assembly in the Fire rise room.<br><br>B. The Vendor will schedule quarterly inspections and followed up by QM and Plant Ops monthly. | 8/31/14 |

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| K 056 | Continued From page 7<br>Installation of Sprinkler Systems.<br>9.7.2.1 Supervisory Signals. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. | K 056 | This page left blank intentionally | |