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

PRINTED: 10/29/2014
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 with a basement of Type II (111) construction built in 1998. 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 24 certified Medicare and Medicaid beds with a census of 20.	K 000		
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2	K 021	South Lincoln Nursing Center will ensure any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or through out the facility upon activation of manual fire alarm system, local smoke detectors, or the automatic sprinkler system, if installed. 1. The rated door going into the Oxygen storage room will be fitted with an automatic release device as per Life Safety Code, 2000 19.2.2.2.6. 12/7/2014 2. A quality improvement monitoring tool will be implemented by the Director of Plant Operations to ensure the rated door is not held open with a chain. 12/7/2014 3. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is demonstrated. 12/7/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: LouAnn Carmichael
TITLE: SLNC Administrator
(X6) DATE: 11/6/14

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.

RECEIVED
WY Dept of Health
NOV 06 2014
Healthcare Licensing and Surveys

POC Accepted via Phone Call with Administrator LouAnn Carmichael on 11/10/14 @ 108pm
LSC 34354

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

PRINTED: 10/29/2014
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 021	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, document review and staff interview, the facility failed to ensure that all doors to hazardous areas were kept in a closed position or were held open only by an automatic release device. The findings were; Observation of the Oxygen Storage Room (hazardous) and the adjacent Oxygen Office (non-hazardous) at 10:55 AM on 10/24/14 revealed a rated door between these two rooms was held open with a chain. Observation of another door between the Oxygen Office and an adjacent Shelled Area (storage - hazardous) revealed it to be rated and it was held open with an automatic release device. Interview with the Plant Operations Manager at the time of the review confirmed the non-compliant chain. The Plant Operations Manager explained staff would only utilize the chain when transferring oxygen cylinders between the two rooms. The Plant Operations Manager inquired if the Oxygen Office was rated as a hazardous area and, if so, would the door with the automatic release device meet the requirements. Subsequent off-site documentation review of the life safety plans revealed that only the wall and shared door between the Oxygen Office and the adjacent Shelled Area were rated and that the interior walls and interior door between the Oxygen Office and the Oxygen Storage Room were rated. REFERENCES NFPA 101 Life Safety Code, 2000 19.2.2.2.6* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic	K 021		

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

PRINTED: 10/29/2014
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
	53A061	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 021	Continued From page 2 sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility. A.19.2.2.2.6 It is desirable to keep doors in exit passageways, stair enclosures, horizontal exits, smoke barriers, and required enclosures around hazardous areas closed at all times to impede the travel of smoke and fire gases. Functionally, however, this involves decreased efficiency and limits patient supervision by the staff of a facility. To accommodate such needs, it is practical to presume that such doors will be kept open, even to the extent of employing wood chocks and other makeshift devices. Doors in exit passageways, horizontal exits, and smoke barriers should, therefore, be equipped with automatic holdopen devices actuated by the methods described regardless of whether the original installation of the doors was predicated on a policy of keeping them closed.	K 021		
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 documentation review and staff interview, the facility failed to ensure that the automatic sprinkler system was continuously maintained in reliable operating condition. The findings were:	K 062	South Lincoln Nursing Center will ensure the required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 1. All gauges will be replaced and then placed on a schedule that requires their replacement every five years. 2. A quality monitoring tool will be implemented by the Director of Plant Operations to ensure the automatic sprinkler system is continuously maintained. 3. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is demonstrated.	12/7/2014 12/7/2014 12/7/2014

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

PRINTED: 10/29/2014
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 062	Continued From page 3 Review of the facility maintenance documentation from 11:00 AM until 11:55 AM on 10/24/14 revealed that gauges were not recalibrated or replaced every five years. Interview with the Plant Operations Manager at the time of the review confirmed the lack gauge recalibration or replacement. The Plant Operations Manager explained he was unaware of this requirement. REFERENCES NFPA 101 Life Safety Code, 2000 19.7.6 Maintenance and Testing. (See 4.6.12.) 4.6.12 Maintenance and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 25, 2002 5.3.2* Gauges. Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced.	K 062		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	South Lincoln Nursing Center will ensure all heating, ventilating, and air conditioning complies with LSC 9.2. 1. The required fire damper testing will be completed and then re-tested every four years. 12/7/2014 2. A quality improvement monitoring tool will be implemented by the Director of Plant Operations to ensure fire damper testing is completed. 12/7/2014	

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

PRINTED: 10/29/2014
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 067	Continued From page 4 This STANDARD is not met as evidenced by: Based on documentation review and staff interview, the facility failed to ensure that all heating, ventilating, and air conditioning complied with LSC 9.2. The findings were: Review of the facility maintenance documentation from 11:00 AM until 11:55 AM on 10/24/14 revealed the lack of fire damper testing involving the removal of the fusible links and operation verification at least every four years. Interview with the Plant Operations Manager at the time of the review confirmed the lack of fire damper testing. The Plant Operations Manager explained he was unaware of this requirement. REFERENCES NFPA 101 Life Safety Code, 2000 9.2.1 Air Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. NFPA 90A, 1999 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	K 067	3. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting.	12/7/2014

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

PRINTED: 10/29/2014
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 067	Continued From page 5 parts shall be lubricated as necessary.	K 067		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that all exhaust air shall pass through the grease filters in the commercial cooking hood in 1 of 3 smoke compartments. The findings were: Observation of the commercial cooking hood in the Kitchen on 10/24/14 at 10:21 AM showed there was a gap in excessive of 2-inches on the grease filter assemblies. Interview with the Plant Operations Manager at the time of the observation confirmed the gap. REFERENCES NFPA 101 Life Safety Code, 2000 19.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3. 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. NFPA 96 6.2.3 Grease Filters. 6.2.3.3 Grease filters shall be arranged so that all exhaust air shall pass through the grease filters.	K 069	South Lincoln Nursing Center will ensure that all exhaust air shall pass through the grease filters in the commercial cooking hood. 1. The two inch gap on the grease filter assemblies will be filled. 12/7/2014 2. A quality improvement monitoring tool will be implemented by the Director of Plant Operations to ensure there is no gap on the grease filter assemblies. 12/7/2014 3. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is reached. 12/7/2014	
K 073	NFPA 101 LIFE SAFETY CODE STANDARD	K 073		

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

PRINTED: 10/29/2014
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 073 SS=D	Continued From page 6 No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure combustible decorations were flame-retardant in 1 of 3 smoke compartments. The findings were: Observation of the wall-mounted quilt in the corridor outside Room 115 on 10/24/14 at 9:40 AM showed there was not flame-retardant documentation pinned to the backside of the quilt. Interview with the Plant Operations Manager at the time of the observation opined the quilt may have been washed and re-mounted without going through the facility ' s flame-retardant procedure. REFERENCES NFPA 101 Life Safety Code, 2000 19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.	K 073	South Lincoln Nursing Center will ensure combustible decorations are treated with flame retardant. 1. The wall mounted quilt in the corridor outside Room 115 has been treated with fire retardant. 11/6/2014 2. A quality improvement monitoring tool will be implemented by the Director of Plant Operations to ensure combustible decorations are treated with flame retardant. 12/7/2014 3. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting. 12/7/2014	
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		

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

PRINTED: 10/29/2014
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 147	Continued From page 7 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure at least three-feet of clearance around all electrical service panels in 1 of 3 smoke compartments. The findings were: Observation of the Soiled Utility Room on 10/24/14 at 10:05 AM showed there were two waste receptacles and one linen cart parked in front of two electrical service panels. Interview with the Plant Operations Manager at the time of the observation verified that the waste receptacles and cart placement did not maintain the required workspace in front of the panels.	K 147	South Lincoln Nursing Center will ensure that at least three feet of clearance around all electrical service panels. 1. The two waste receptacles and one linen cart parked in front of the electrical service panels have been removed. 2. The employees have been instructed to not store equipment in front of the electrical service panels. 3. A quality improvement monitoring tool will be implemented by the Director of Plant Operations to ensure equipment is not stored in front of the electrical service panels. 4. The results of the quality improvement monitoring tool will be reported at the QA/QI meeting monthly until compliance is reached.	11/6/2014 11/6/2014 12/7/2014 12/7/2014