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

PRINTED: 11/14/2014
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
	53A002	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 The facility was a fully sprinklered single-story building of Type V (111) construction with a basement which was built in 1964, 1986, and 1996. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system shared with the attached hospital. The facility had a capacity of 50 certified Medicaid beds with a census of 42.	K 000		
K 038 SS=D	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: This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to continuously maintain the means of egress free of locking devices requiring use of keys or special knowledge for operation in 1 of 4 smoke compartments. The findings were: 1. Observation of the means of egress through the small fenced-in assembly area off the East Corridor on 11/04/14 at 2:20 PM revealed the swinging gate in the means of egress to the adjacent parking lot had an locked combination padlock on the gate, with a sign adjacent to the gate displaying the combination to the lock. The exterior door leading into the fenced area was provided with an exit sign, directing occupants to	K 038	The facility will ensure that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.19.2.1 by: A) Maintenance will remove the combination padlock from the gate, leaving it accessible for exiting at anytime. 12/20/2014 B) Maintenance will install a lighted exit sign on the outside of the exterior door in the courtyard to allow a second means of egress from the court-yard. 12/20/2014 C) Maintenance will remove the magnetic lock from the east cross-corridor fire barrier doors leading to the hospital. 12/20/2014	

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

CEO 12/1/14

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
DEC 01 2014
Healthcare Licensing and Surveys

POC Accepted Via Phone Call with Administrator Kent WARD on 12/4/14 at 9:38AM.
LSC 34354

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K 038	Continued From page 1 the exterior of the building. Additional observation revealed that the exterior door had a keyed lock for securing the building that allowed an occupant to access the fenced area with the gate secured and the exterior doors secured. Interview with the Maintenance Manager during the observation verified that the combination padlock was used to secure the gate and that the exterior building door could also be secured. 2. Observation on 11/04/14 at 3:12 PM of the east cross-corridor fire barrier doors leading to the hospital revealed the doors swinging into the hospital corridor from the Care Center side was a required means of egress for occupants and was provided with appropriate exit signage. The doors were locked with a magnetic lock which was controlled by a wall-mounted push button that had been concealed from view. Further observation revealed the doors were not provided with a sensor on the egress side to detect an occupant approaching the doors. Interview with the Maintenance Manager during the observation revealed the push button was concealed to prevent residents from wandering into the hospital corridor. Ref: 2000 NFPA 101 Section 7.2.1.5, 7.2.1.5.1, 7.2.1.5.4, 7.2.1.6.2, 19.2.2.2.4	K 038		
K 052 SS=D	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	K 052	The facility will ensure that a fire alarm system required for life safety is installed, tested, and maintained in accordance with NRPA 70 National Electrical Code and NFPA 72 by: A) Maintenance will perform an annual battery inspection and document it. B) The Maintenance Manager will develop a policy and procedure and a form for the annual inspection of the fire alarm system battery.	12/20/2014 12/20/2014

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: Based on documentation review and facility staff interview, the facility failed to ensure the fire alarm system was tested and maintained in accordance with NFPA 72. The findings were: Review of the fire alarm system testing records on 11/05/14 from 8:35 AM to 9:10 AM showed the annual battery inspection had not been documented. The Maintenance Manager at the time of the record review confirmed the lack of inspection of the the battery. Ref: 2000 NFPA 101 Section 19.3.4.1 1999 NFPA 72 table 7-3.2, 6	K 052	Continued From page 2 C) Maintenance manager or designee will be responsible for educating maintenance staff on the need to perform an annual fire alarm system battery check and document it. D) Maintenance manager or designee will be responsible for monitoring compliance with the annual fire alarm system battery check and documenting it.	12/20/2014 12/20/2014
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 that the automatic sprinkler systems are continuously maintained per the requirements of NFPA 25. The findings	K 062	The facility will ensure that the automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically by: A) Maintenance performed dusting and removal of debris on all of the sprinkler heads. B) Maintenance will be responsible for monitoring the sprinkler heads for dust and debris monthly as needed. C) The Maintenance Manager or designee will develop a form for documenting the monthly inspection of the sprinkler heads. D) The Maintenance Manager or designee will be responsible for educating maintenance staff	12/20/2014 12/20/2014 12/20/2014 12/20/2014

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K 062	Continued From page 3 were: 1. Observation of the sprinkler system on 11/04/14 between 1:50 PM and 3:00 PM showed room 314, business office, and the main facility dining area all had sprinkler heads with dust and debris affecting 2 of 4 smoke compartments. On 11/04/14 at 2:40 PM, the Maintenance Manager acknowledged the observations and reported that all sprinkler heads would be maintained going forward. Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.5 2. Review of the sprinkler system testing records on 11/05/14 from 8:35 AM to 9:10 AM showed no documentation of gauge recalibration or replacement every 5 years. The Maintenance Manager at the time of the record review confirmed the lack of documentation. Ref: 1995 NFPA 25 Section 9-2.8.2	K 062	Continued From page 3 on maintaining the sprinkler heads on a monthly and as needed basis free of dust and debris. E) The Maintenance Manager or designee will be responsible for monitoring compliance with maintaining the sprinkler heads free of dust and debris and reporting it to the safety committee on a yearly basis. F) The Maintenance Manager or designee will be responsible for documenting gauge recalibration or replacement of the sprinkle system every 5 years and reporting it to the safety committee every 5 years. C) The Maintenance Manager or designee will develop a form for documenting gauge recalibration or replacement of the sprinkle system every 5 years.	12/20/2014 12/20/2014 12/20/2014
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13	K 074	The facility will ensure that draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.14 and NFPA 13, Standards for Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. by: A) Housekeeping replaced the old shower curtains with new cubical curtains that are flame resistant. B) The laundry/housekeeping manager or designee will develop a form to document washing the cubical curtains every other month and as needed. C) The AHCC, maintenance, housekeeping and laundry staff will be educated on the need to use	12/20/2014 12/20/2014 12/20/2014

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K 074	Continued From page 4 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on observation, the facility failed to insure that loosely hanging fabrics and decorations in the facility were flame resistant per 1999 NFPA 701 as required. The findings were: On 11/04/14 at 2:26 PM decorative fabric panels in the north hall tub room and at 2:40 PM hanging decorations in the main dining area were not tagged as meeting flame resistance requirements. The provider did had evidence of a program in place but the specific items being treated were not tagged and maintained on an ongoing basis. The Maintenance Manager was present when the deficiency was identified. Ref: 2000 NFPA 101 Section 19.7.5.1, 10.3.1	K 074	Continued From page 4 flame resistant curtains by the AHCC Director, laundry/housekeeping manager, maintenance manager or designee.	