WY Dept of Health
NOV 10 2014
Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535043	A. BUILDING 01 _____ B. WING _____	10/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

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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 (NFPA). The facility was a fully sprinkled, two-story building with a basement of Type V (111) construction built in 1953, 1972, and 1986. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze loop and a zoned fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 81.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or 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 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K018#1- Door adjustments were made so the door remains closed. Maintenance performed adjustments.	11/21/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Andrea Stannard | TITLE: NHA | (X6) DATE: 11-10-2014

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 VIA Phone with Andrea Stannard Administrator on 11/12/14 @ 2:12pm 34354

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide corridor doors with a means suitable for keeping the door closed in 2 of 13 smoke compartments. The findings were: 1. Observation of the closet door outside of the Activities Room on 10/17/14 at 1:25 PM showed the door to the corridor would not remain closed when a force of 5 lbf was applied. Interview with the maintenance supervisor indicated he was unaware the door would not remain closed. 2. Observation of the corridor door to the Soiled Laundry Room on 10/17/14 at 1:37 PM showed the door would not remain closed when a force of 5 lbf was applied. Interview with the maintenance supervisor indicated he was unaware the door would not remain closed. REFERENCES NFPA 101 Life Safety Code, 2000 19.3.6.3 Corridor Doors. 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2. Exception No.1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.	K 018	K018#2- Doors adjusted were made by Maintenance so the door remains closed when force is applied. Maintenance Director/ Designee will monitor for compliance.	11/21/2014

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K 029 K 029 SS=D	Continued From page 2 NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide self-closing doors to hazardous areas in 3 of 13 smoke compartments. The findings were: 1. Observation of the corridor door to Storage Room 21 on 10/17/14 at 11:50 AM showed the door was not self-closing or automatic-closing. Interview with the maintenance supervisor indicated he was unaware the door required a closer. 2. Observation of the corridor door to Copier Room 15 on 10/17/14 at 1:03 PM showed the door was not self-closing or automatic-closing. Interview with the maintenance supervisor indicated he was unaware the door required a closer. 3. Observation of the door to the Activities Storage Room on 10/17/14 at 1:22 PM showed the door was not self-closing or automatic-closing. Interview with the maintenance	K 029 K 029	K029#1- Room #21 is now a self- closing door due to the addition of closure added by Maintenance. K029#2- The copy room door is now self-closing due to addition of door closure added by maintenance. K029-#3 the activities closet door is now self-closing due to addition of door closure added by Maintenance. Maintenance Director/ designee will monitor for compliance.	11/21/2014 11/21/2014

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K 029	Continued From page 3 supervisor indicated he was unaware the door required a closer. REFERENCES NFPA 101 Life Safety Code, 2000 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-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: (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	K038-#1 Room #62 dead bolt assembly has been removed by Maintenance.	
K 038 SS=E	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: Based on observation and staff interview, the facility failed to provide doors that opened with not more than one releasing action in 4 of 13 smoke compartments. The findings were:	K 038		11/21/2014

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K 038	Continued From page 4 1. Observation of the public toilet adjacent to Room 62 on 10/17/14 at 10:30 AM showed the door was outfitted with a surface-mounted deadbolt and a latchable knob which required more than one release action to open the door. Interview with the maintenance supervisor indicated he was unaware the door required only one release action. 2. Observation of the Patio Area on 10/17/14 at 10:37 AM showed the pair of doors was outfitted with a deadbolt on one of the leafs that was keyed from the inside and was outfitted with a manual thumbturn on the outside. The pair of doors was also outfitted with panic hardware on the inside and a thumb press handle on the outside. Together, this door hardware required more than one release action to open the doors. Interview with the maintenance supervisor indicated he was unaware the doors required only one release action. 3. Observation of the Therapy Area on 10/17/14 at 11:10 AM showed the door was outfitted with an inside turn button that did not unlock the door when the knob was turned and required more than one release action to open the door. Interview with the maintenance supervisor indicated he was unaware the door required only one release action. 4. Observation of the Clean Utility and Soiled Utility rooms across from Room 42 on 10/17/14 at 11:32 AM showed the doors were outfitted with a combination lock with a keypad (corridor side) and a manual thumbturn (non-corridor side) that was not integrated with the latchable knob. This required more than one release action to open the door. Interview with the maintenance supervisor indicated he was unaware the door required only one release action.	K 038	K038#2- The dead bolt on the patio door was removed and a cover was installed so that the door requires only 1 release action. Installing and removal was performed by Maintenance. K038#3- The therapy room had three self- locking locks installed by Maintenance. K038#4- The clean and soiled utility room had the strikers removed with cover plate installed over the opening while the door knobs remained by Maintenance.	11/21/2014

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K 038	Continued From page 6 5. Observation of Office 20 and Storage 21 on 10/17/14 at 11:50 AM showed the doors were outfitted with an inside turn button that did not unlock the door when the knob was turned and required more than one release action to open the doors. Interview with the maintenance supervisor indicated he was unaware the doors required only one release action. REFERENCES NFPA 101 Life Safety Code, 2000 19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7. 7.2.1.5 Locks, Latches, and Alarm Devices. 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. 7.2.1.5.6* Devices shall not be installed in connection with any door on which panic hardware or fire exit hardware is required where such device prevents or is intended to prevent the free use of the door for purposes of egress.	K 038	K038#5- The door knobs on Rm #220 and #221 were replaced with self-locking knobs by Maintenance. Maintenance Director/designee will monitor for compliance.	11/21/2014
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, the facility failed to ensure that all exhaust air shall pass through the grease	K 069		

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K 069	Continued From page 6 filters in the commercial cooking hood. The findings were: Observation of the commercial cooking hood in the kitchen on 10/17/14 at 2:10 PM showed there was a gap in excessive of 2-inches on the grease filter assemblies. 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	K069- A piece of 1/8" thick metal with the dimension of 1 3/8" wide x 20" long filled the gap between the filter on the stove by Maintenance. Maintenance Director/ designee will monitor for compliance.	11/21/2014
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, staff interview, and document review, the facility failed to provide compliant means of egress and occupant notification in an enclosed court. The findings were:	K 130		

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K 130	Continued From page 7 Observation on 10/17/14 at 10:38 AM of the Patio Area (an enclosed court) revealed it contained (4) tables with (4) chairs each and a 2-seated bench. Interview with the maintenance supervisor revealed the Patio Area was used for resident, visitor, and staff gatherings. Document review of the construction plans revealed the net area (excluding the landscaped areas) measured from the scaled drawings was approximately 1485 square feet. The design occupant load for the net area was derived from 15 square feet per person which calculates to 99 occupants. Since the Patio Area ' s occupant load is greater than 50 occupants, the applicable occupancy would be " Existing Assembly " (NFPA 101, Chapter 13) since there was no observable signage restricting the occupancy to under 50 nor were there any measures approved by the AHJ to prevent occupancy to be under 50. 1. The (2) separated means of egress were not provided with doors equipped with panic hardware that swung in the direction of egress in accordance with Section 13.2.4.2, 13.2.2.2.3, and 7.2.1.7 of the Life Safety Code (LSC). 2. An occupant load sign was not posted for the area as required in Section 13.7.9.3 of the LSC. 3. Exit signage was absent from the area as required in Section 13.2.10 of the LSC. 4. Fire alarm occupant notification devices were absent from the area as required in Section 19.3.4.3 of the LSC. REFERENCES NFPA 101 Life Safety Code, 2000 3.3.34.1 Court, Enclosed. A court bounded on all sides by the exterior walls of a building or by the exterior walls and lot lines on which walls are permitted. 13.3.4.2 Initiation.	K 130	K130#1- The dead bolt was removed a cover was installed over area left from the dead bolt lock and a striker cover to make the door complaint with code by Maintenance. K130#2- Area will not exceed 49 occupants. The Maintenance Supervisor will write a plan to decrease occupant load below 50. Maintenance or private contractor will landscape areas of courtyard to decrease square footage. Maintenance Director/ designee will monitor for compliance.	11/21/2014

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K 130	Continued From page 8 6.1.2 Assembly. For requirements, see Chapters 12 and 13. 6.1.2.1 * Definition Assembly Occupancy. An occupancy (1) used for a gathering of 50 or more persons for deliberation, worship, entertainment, eating, drinking, amusement, awaiting transportation, or similar uses; or (2) used as a special amusement building, regardless of occupant load. 13.1. 7 Occupant Load. 13.1.7.1 * The occupant load, in number of persons for whom means of egress and other provisions are required, shall be determined on the basis of the occupant load factors of Table 7.3.1.2 that are characteristic of the use of the space or shall be determined as the maximum probable population of the space under consideration, whichever is greater. In areas not in excess of 10,000 ft2 (930 m2), the occupant load shall not exceed one person in 5 ft2 (0.46 m2); in areas in excess of 10,000 ft2 (930 m2), the occupant load shall not exceed one person in 7 ft2 (0.65 m2). Exception: The authority having jurisdiction shall be permitted to establish the occupant load as the number of persons for which the existing means of egress is adequate, provided that measures are established to prevent occupancy by a greater number of persons.	K 130		