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

PRINTED: 07/21/2010
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
	535040	A. BUILDING 01 B. WING	C 07/19/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1109 BIRCH STREET DOUGLAS, WY 82633

(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 this 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 V (111) construction built in 1967. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds.	K 000		
K 038 SS=F	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 ensure 3 of 6 exit discharge pathways were accessible. The findings were: Observation on 7/19/10 at 4:45 PM showed the exit discharge pathway for the northeast, northwest and north Central exits were obstructed. The north sidewalk system terminated at a gravel-based parking lot, which was not compacted or traversable by residents with impaired mobility. The parking lot, which was part of the discharge path, was obstructed by three contractor work trailers. The northwest sidewalk	K 038	Fisher Construction, contractor is responsible for correcting an exit leading to a public way. There will be a parking lot will be paved. The parking lot should be paved by the end of September. Until then there is sidewalk along the backside of the building leading to the alley way. The area will be free and clear of trailers and such to keep a clear path. This will be monitored by Kelli Rogge, NHA of DCC to ensure that the situation does not develop again. Fisher Construction, contractor is responsible	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lori Lilert (for Kelli Rogge NHA) TITLE: RN DON (X6) DATE: 7-28-10

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 WITH Lori Lilert, DON, DJ 8/06/10.

RECEIVED
Wyoming Dept of Health
JUL 28 2010
Office of Healthcare Licensing and Surveys

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

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.

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K 038	Continued From page 1 exit discharge was obstructed by a trailer that housed a temporary emergency generator. At the time of the observation the owner reported he was aware that all exit discharge pathways are required to be accessible at all times. He reported that because this was a multi-phase project the parking lot was not completed at this time, but would be completed at some point before the entire project was completed.	K 038	for correcting the exit next to the solarium room B1 that did not terminate to a public way; a new sidewalk was poured on 7/21/10 the new sidewalk connects to the existing sidewalks that goes around the building connecting to a public alley way. 7/21/10	
K 052 SS=F	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 This STANDARD is not met as evidenced by: Based on testing, record review and staff interview the smoke detectors in 2 of 3 smoke compartments were not operational. The findings were: The fire alarm system was activated on 7/19/10 at 3:43 PM and showed three smoke detectors near the nurses' station failed to activate when sprayed with smoke from an aerosol can. The maintenance director moved to the east hall were the first smoke detector tested activated the fire alarm system. Observation of every smoke	K 052	At the time of the survey and when the detectors were discovered we went on fire watch. The watch was conducted by staff at DCC. We had H&H Electrician check the fire alarms in the front corridor, the North East, and East wings. New alarms were ordered and installed on 7/22/10, and API was in on 7/23/10 to test them, all of them did pass. We went off of fire watch at 2 PM on 7/23/10. Until all of our construction is completed, Maintenance will do monthly tests on all fire alarms. 7/23/10	

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K 052	Continued From page 2 detector in the central smoke compartment showed none of the power indicator lights were illuminated. Observation of the west smoke compartment showed none of these smoke detector were supplied with power either. Review of the fire alarm system testing records showed an annual inspection was conducted on 6/16/10 by an outside contractor. Further review showed a new fire alarm system was installed as part of the facility wide renovation on 7/08/10. The "Fire Alarm System Record of Completion" shows the system was installed in accordance with NFPA 70, national Electrical Code, NFPA 72, National Fire Alarm Code and the manufacturer's published instructions. The record was signed by the installing electrical contractor and installing fire alarm system contractor. At the time of observation the installing electrical contractor was not able to determine why the system was not operational.	K 052		