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

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 |
|---|---|---|---|
| | 535022 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | 02/27/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PIONEER MANOR NURSING HOME | 900 W 8TH ST<br>GILLETTE, WY 82716 |

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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>The facility was a fully sprinklered three story building of Type V (111) construction built in 1965 and 1987. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and fire alarm system | K 000 | | |
| K 012 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1<br><br>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the facility smoke partition was maintained as a continuous membrane in 2 of 11 smoke compartments. The findings were:<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed two ceiling tiles in the bathroom of resident room #507 on the main floor were displaced, a hole about 2 sq. ft. in diameter. In addition, a 2 x 4 in. hole was noted in the old pharmacy room ceiling in the basement. Interview with the facility's maintenance manager at the time of the observation confirmed the ceiling tile was displaced and the presence of the hole in the ceiling in the basement room. | K 012 | K 012<br>The ceiling tile in the bathroom in room 507 was put back in place by Pioneer Manor Staff on February 27, 2009.<br><br>The 2x4 inch hole in the old pharmacy room ceiling in the basement was filled and painted by Plant Operations painter on February 27, 2009.<br><br>Pioneer Manor Plant Operation staff will periodically inspect resident rooms and the entire facility to ensure ceiling tiles are properly in place and penetrations are filled. | 2/27/09<br><br>2/27/09 |
| K 017 | NFPA 101 LIFE SAFETY CODE STANDARD | K 017 | | |

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 017 SS=D | Continued From page 1<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.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview the facility failed to ensure corridor walls were smoke resistant in 1 of 11 smoke compartments. The findings were:<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed the corridor wall near resident room #209 had two unsealed wall penetrations. Each was 1/2 in. in diameter. Maintenance staff reported the egress doors to the secure unit had been moved 15 ft. down the hall a year ago, and the holes were a result of removing the doors. | K 017 | K 017<br>The two unsealed wall penetrations noted near resident room 209 were filled and painted by Plant Operations staff on February 27, 2009.<br><br>Pioneer Manor Plant Operations will inspect the facility periodically for penetrations and repair any penetrations as needed. | 2/27/09 |
| K 018 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 | K 018<br>The gaps noted in resident rooms 302 and 411 as well as the tub room on wing one that exceed 1/8 inch have been eliminated. | 3/7/09 |

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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 staff interview the facility failed to ensure four corridor doors were able to resist the passage of smoke in 4 of 11 smoke compartments. The findings were:<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed resident rooms #103, #302, #411 and the tub room in wing #1 had gaps between the door frame and the sides of the corridor door that exceeded 1/8 inch. In addition, the door to the material manager' s office on the first floor had a self closure device (SCD). The door, however, did not completely close with three separate attempts. Interview with the facility's maintenance manager at the time of the observations confirmed the seals between gaps and verified the doors, including the door with the | K 018 | K 018 Continued from page 2<br>Plant Operations staff applied smoke seal to mitigate the gaps on March 7, 2009<br><br>Plant Operations will look for gaps that exceed 1/8 inch in the facility and eliminate the gaps by using appropriate and approved methods and products.<br><br>The door to the Material's Manager's office that did not close has been repaired and the self closure device (SCD) now functions properly.<br><br>Plant Operations will check all doors at Pioneer Manor periodically to ensure that all function properly. | 3/5/09 |

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| K 018 | Continued From page 3<br>SCD, needed to be adjusted. | K 018 | | |
| K 027 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview the facility failed to ensure 3 of 16 smoke barrier doors were able to resist the passage of smoke. The findings were:<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed the following concerns:<br>a. The cross corridor doors at the entrance to wing #2, when closed, had a vertical gap greater than 1/8 inch.<br>b. The cross corridor doors at the entrance to wing #3 from the dining room, when closed, had a vertical gap greater than 1/8 inch. In addition, one of the doors didn't completely latch into the door frame with three separate attempts.<br>c. The cross corridor doors at the entrance to wing #3 at the chapel, when closed, did not completely latch into the door frame with three separate attempts.<br><br>Interview with the maintenance manager at the | K 027 | K 027<br>A) The cross corridor door at the entrance to Wing #2 that had a vertical gap greater than 1/8 inch no longer have the 1/8 inch gap. The gap was sealed using astragal on March 7, 2009<br>B) The cross corridor door at the entrance to Wing #3 that had a vertical gap greater than 1/8 inch no longer has the 1/8 inch gap. The gap was sealed using astragal on March 7, 2009.<br>C) The cross corridor doors at the entrance on Wing #3 did not completely latch. Plant Operations repaired the latch the same day as the survey and now the latch functions properly.<br><br>Plant Operations will periodically monitor gaps and latches to ensure compliance with applicable codes and regulations. | 3/7/09<br><br>3/7/09<br><br>3/7/09 |

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| K 027 | Continued From page 4<br>time of the observations confirmed the gaps and latching problems of the aforementioned doors. | K 027 | | |
| K 045 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure two corridor exit signs were fully lit in 1 of 11 smoke compartments. The findings were:<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed one of two light bulbs was burned out in two exit signs in the special care unit above the exit door and in the hall corridor. Interview with the facility's maintenance manager at the time of the observations confirmed the bulbs were burned out. | K 045 | K 045<br>During the inspection, two light bulbs were burnt out in two exit signs in the special care unit. Plant Operations installed new light bulbs and now the two exit signs are fully illuminated.<br><br>Plant Operations will continually check exit signs to ensure that they are fully illuminated. | 3/3/09 |
| K 047 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure one directional corridor | K 047 | K 047<br>The hallway corridor emergency exit sign attached to the ceiling at a "T" juncture in the hallway in the special care unit did not have the "right" directional arrow punched out directing traffic to the right and to the facilities emergency exit has been remedied. The arrow was positioned correctly on March 3, 2009 by Plant Operations staff.<br><br>Plant Operations will periodically check directional signage to ensure it is correct. | 3/3/09 |

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| K 047 | Continued From page 5<br>exit sign was properly configured in 1 of 11 smoke compartments. The findings were:<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed a hallway corridor emergency exit sign attached to the ceiling at a "T" juncture in the hallway in the special care unit (SCU). The sign did not have the "right" direction arrow punched out directing traffic to the right and to the facility's emergency exit. | K 047 | | |
| K 050 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview the facility staff was not familiar with emergency procedures under varying conditions. The findings were:<br><br>1. Observation of the wing #5 fire drill on 2/27/09 at 2:57 PM revealed two certified nursing assistants entered the "fire" room, turned off the nurse call light and did not announce the presence of a "fire." Maintenance staff had to inform them the flashing fire/light represented a mock fire drill. He also had to tell them to activate the fire alarm system. In addition, during the drill, | K 050 | K 050<br>Pioneer Manor takes this deficiency seriously and took immediate actions to ensure fire drills are performed appropriately.<br>A) The Fire Drill policy was reviewed and rewritten with specific duties and responsibilities for various departments.<br>B) This policy was reviewed with staff at various meetings on March 12, 2008.<br>C) Pioneer Manor leadership met with Dave King from the Campbell County Fire Department on March 10, 2009 and he agreed to observe fire drills and critique these drills.<br>D) The staff that was involved in the fire drill during the inspection has been provided coaching and counseling regarding their role in a fire drill.<br>E) A plan was developed to have "confidence" fire drills whereby a fire drill occurs and the staff slowly conducts the drill with coaching and supervision from appropriate staff to ensure staff is | 4/30/09 |

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| K 050 | Continued From page 6<br>no staff transported a fire extinguisher to the "fire."<br>2. Observation of the wing #4 fire drill on 2/27/09 at 3:18 PM revealed after staff entered the "fire" room, two minutes elapsed before staff pulled the fire alarm. In addition, a second public announcement of the fire was required before staff responded to the drill and during the drill, four resident doors were not closed and no notice (facility uses rubber bands) was attached to the cleared resident rooms.<br>3. Interview with the facility's maintenance manager and staff education officer on 2/27/09 at 3:48 PM confirmed the above observations and both stated staff needed more education related to fire drills. | K 050 | K 050 Continued from page 6<br>educated as to their duties and responsibilities.<br>F) Pioneer Manor leadership will monitor drills and emphasize the importance of conducting fire drills appropriately.<br>G) Staff that fail to respond to proper fire drill procedures will be disciplined.<br>Pioneer Manor Administration and Plant Operations will conduct drills and observe staff for compliance with policy and procedures. | |
| K 062<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview the facility failed to ensure sprinkler heads were properly maintained in 3 of 11 smoke compartments. The findings were:<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed gaps greater than 1 inch between the sprinkler head escutcheons and the ceiling in the following locations:<br>a. Resident rooms #108, #114 and the bathroom near the nurses station on wing #1.<br>b. The pantry (mini kitchen) by the dining | K 062 | K 062<br>The gaps greater than 1 inch between the sprinkler head escutcheons reported in resident rooms 108, 114, and the pantry by the dining room have been sealed.<br><br>The two sprinkler heads in the main kitchen, in the kitchen's janitor's closet and one in the dry storage room also have been sealed.<br><br>Plant Operations will periodically inspect sprinkler head escutcheons to ensure that a 1 inch gap does not exist and if it does they will seal them. | 3/11/09<br><br>3/11/09 |

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| K 062 | Continued From page 7<br>room.<br>c. Two sprinkler heads in the main kitchen hallway, one over the kitchen sink, one over the food preparation area, one in the kitchen janitors' closet, and one in the dry storage room.<br><br>Observation on 2/26/09 between 11:30 AM and 3 PM revealed an artificial Christmas tree was stored two inches directly below a sprinkler head in the old pharmacy room in the basement. | K 062 | | |
| K 069 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96<br><br>This STANDARD is not met as evidenced by:<br>Based on review of records and staff interviews the facility failed to ensure an annual inspection of the facility's cooking equipment. The findings were:<br><br>Review of facility records on 02/27/09 at 8 AM revealed the kitchen cooking equipment was last inspected 02/21/08 by Armstrong Extinguishers Inc. Inspection report stated "recommend upgrade to UL300 per NFPA. Appliances do not have adequate surface protection." Records review also indicated the last test of the kitchen hood was conducted in 2003 indicating another test to be conducted in 2009 at which time regulations require equipment must be upgraded to meet UL 300 requirements. Maintenance manager and kitchen manager confirmed the findings. | K 069 | K 069<br>This survey revealed that the kitchen cooking equipment was last inspected on 2/21/08 by Armstrong Extinguishers and they recommended upgrade to UL300 per NFPA. Pioneer Manor has contacted Armstrong Extinguishers to inspect and upgrade equipment to UL 300. Armstrong Extinguishers are scheduled to be on site on March 26 to inspect equipment and upgrade to UL 300.<br><br>The survey sited the kitchen hood was last tested in 2003. Armstrong Extinguishers will test the kitchen hood on March 26 or 27, 2009 and put a tag or other documentation that test was conducted.<br><br>Nutrition Manager and staff will periodically inspect cooking equipment and the kitchen hood and communicate any problems or concerns to Plant Operations. Plant Operation will notify the proper entities to remedy the situation. | 3/26/09<br><br>3/26/09 |
| K 147 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 | K 147 | K 147<br>The surge protector that was plugged into the surge protector was unplugged. The | 2/26/09 |

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| K 147 | Continued From page 8<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, staff interview and the facility rules and regulations, the facility failed to ensure facility electric wiring was installed in compliance with the National Electric Code in 4 of 11 smoke compartments. The findings were:<br><br>1. Observation on 2/26/09 between 11:30 AM and 3 PM revealed temporary wiring replaced permanent wiring behind the desk of the medical records clerk in a basement office. A computer was plugged into two in-line surge protectors.<br><br>2. Observation on 2/26/09 between 11:30 AM and 3 PM revealed a low voltage electric juncture box (nurse call box) on the interior wall of the bathroom in the special care unit had exposed live electric wires.<br><br>3. Observation on 2/26/09 between 11:30 AM and 3 PM revealed a wall mounted electrical panel in the janitor's closet in the kitchen. In front of the panel within 36 inches were two floor-washing buckets. Posted on the electric panel was a notice stating "do not store wash buckets in front of this panel".<br><br>4. Observation on 2/26/09 between 11:30 AM and 3 PM revealed a four foot high wall mounted electric outlet within two feet of a sink in the #5 dining room. The electrical cord from an ice machine was plugged into the outlet. The outlet was not protected against water exposure (GFI outlet).<br>Interview with the maintenance manager at confirmed the above observations. | K 147 | K 147 Continued from page 8<br>surge protector is plugged into an outlet as of February 26, 2009.<br>The low voltage electric juncture box on the interior wall of the bathroom in the special care unit that had exposed wires has been remedied. On March 17, 2009 Plant Operation staff installed a handibox cover over the exposed wires.<br><br>The wall mounted electrical panel in the janitor closet in the kitchen had two floor-washing buckets within 36 inches of the panel. The wash buckets have been removed. The Nutrition Supervisor educated and directed staff that they are prohibited from storing wash buckets in this closet.<br><br>The four foot high wall mounted electric outlet within two feet of the sink in the Wing #5 dining room that had electrical cord from an ice machine plugged into it did not have a GFI. An electrician installed a GFI on March 11, 2009.<br><br>Plant Operations will periodically check electrical devices and wiring to ensure a safe environment and to be in compliance with codes and regulations. | 3/17/09<br><br>3/3/09<br><br>3/11/09 |

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