STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	C 09/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(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 A survey was conducted by Healthcare Licensing and Surveys on 09/08/2015. The survey was prompted by complaint intake WY00002107. 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. The facility was a fully sprinklered, single story building of Type V (000) construction built in 1961. The building was equipped with a supervised, automatic wet sprinkler system with anti-freeze loops and an addressable fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 99.	K 000	**K076** Corrective Action: All combustible materials were removed from the oxygen room by maintenance assistant. ID of Others: Maintenance assistant will audit all oxygen rooms to ensure no combustible materials will be stored. Systemic Measures: Maintenance assistant/Designee will conduct weekly audits x4 weeks and then monthly x3 to ensure no combustibles will be stored. Education will be provided to facility staff on or before 10/19/15 regarding proper oxygen storage. Monitoring: Maintenance Assistant/designee will track and trend the results of audits completed and report findings to the QAPI committee The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance monthly for three months and then reassess the need for continued monitoring based on compliance.	9/8/15. 10/19/15
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by:	K 076		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kristen Montoya — TITLE: HHA — (X6) DATE: 10/6/15

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
OCT 08 2015
Healthcare Licensing and Surveys

POC Accepted VIA Phone Call with Administrator Kristen Montoya on 10/9/15 at 9:22AM CLC 34334

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	C 09/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(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 076	Continued From page 1 Based on observation and staff interview, the facility failed to ensure that medical gas storage and administration areas are protected in accordance with NFPA 99. The findings were: Observation of the Oxygen Storage Room on 09/08/15 at 9:40 AM revealed oxygen supply tubing in plastic bags being stacked near and on oxygen cylinders. At the time of the observation the facility maintenance manager acknowledged the combustible materials being stored in the oxygen storage room. Ref: 1999 NFPA 99, Section 4-3.1.1.2 (7)	K 076	**K147** Corrective Action: Maintenance assist removed extension cord from room 150. ID of Others: Maintenance assistant/Designee will conduct a facility audit for extension cords and remove any found that do not meet life safety code standards. Systemic Measures: Maintenance Assistant/Designee will conduct weekly audits to ensure proper use of extension cords weekly x4 then monthly x2. Monitoring: Maintenance Assistant/designee will track and trend the results of audits completed and report findings to the QAPI committee The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance monthly for three months and then reassess the need for continued monitoring based on compliance.	9/8/15
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 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to provide electrical wiring per the requirements of NFPA 70. The findings were: Observation on 09/08/15 at 10:05 AM of resident room #150 revealed a three prong extension cord being used to power a hospital bed, A/C unit, and air mattress. At the time of the observation the Facility Maintenance Manager acknowledged the use of the extension cord. Ref: 2000 NFPA 101, Section 9.1.2 1999 NFPA 70, Article 305	K 147		