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

PRINTED: 12/03/2015
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
	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 15TH ST LARAMIE, WY 82070

(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 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 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 80.	K 000		
K 029 SS=D	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 ensure hazardous areas were protected from the corridor with self-closing doors in 4 of 13 smoke compartments. The findings	K 029	K029 #1 Maintenance has installed self-closing door. #2 Boiler RM. #3 and Rm. #19 and soiled utility across from RM. #259 doors have been adjusted by maintenance to ensure proper closure. Maintenance personnel will do visual check of entire building and will repair all missing self-closing door components. The maintenance Director, or designee, will monitor all areas of the building quarterly and will include this is facility preventive maintenance programs. A report will be given to safety committee quarterly and will be included in the safety committee report to the QAPI committee each quarter.	01/04/16 ~~1/25/2016~~ gs

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Andrea Stannard NHA
TITLE
(X6) DATE: 12142015

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.

Modified POC Accepted VIA Phone Call with Administrator Andrea Stannard On 12/30/15 @ 1:52pm.

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K 029	Continued From page 1 were: 1. Observation on 11/18/15 at 10:20 AM revealed the corridor door to the wheelchair storage room was not provided with self-closing device. At the time of the observation the Facility Maintenance Manager acknowledged the door was not provided with self-closing device. 2. Observation on 11/18/15 from 10:59 AM to 11:40 AM revealed boiler room #3, Room #19, and soiled utility room adjacent to room #59 corridor doors were provided with self-closing devices, but when activated would not fully close and latch the doors into the frame. At the time of the observations the Facility Maintenance Manager acknowledged the doors would not latch into the door frame. Ref: 2000 NFPA 101, Section 19.3.2.1	K 029		
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: Based on observation and staff interview, the facility failed to arrange exit access so that exits are readily accessible at all times in 5 of 13 smoke compartments. The findings were: 1. Observation on 11/18/15 from 10:00 AM to	K 038	K038 – Rm 65 bath, basement storage room, basement boiler room exit door, office corridor door, room 225, room 224, upstairs storage room, upstairs apartment and old MDS office door knobs have been replaced with 1 releasing action knob. The maintenance Director, or designee, will monitor all areas of the building quarterly	~~1/25/2016~~ 01/04/16 TS

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	535043	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/19/2015

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K 038	Continued From page 2 2:00 PM revealed door locks requiring tight pinching, and more than one releasing operation to make the doors operable in the following locations. Room #65 bathroom door, maintenance shop corridor door, basement storage room corridor door, basement boiler room exit door, maintenance office exit door adjacent to sprinkler riser, maintenance office corridor door, room #25 bathroom door, room #22 bathroom door, room #21 bathroom door, kitchen storage door, kitchen exit door to outside, upstairs storage room door, upstairs apartment bedroom doors, front entrance to upstairs apartment, room #74 bathroom door, and old MDS office corridor door. At the time of the observations the Facility Maintenance Manager acknowledged the door locks required more than one releasing operation. Ref: 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.5.4	K 038	and will include this is facility preventive maintenance programs. A report will be given to safety committee quarterly and will be included in the safety committee report to the QAPI committee each quarter.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	K056- Maintenance has removed the door from hinges. Maintenance will no longer use this area for storage. The maintenance Director, or designee, will monitor all areas of the building quarterly and will include this is facility preventive maintenance programs. A report will be given to safety committee quarterly and will be included in the safety committee report to the QAPI committee each quarter.	~~3/25/2016~~ 01/04/16

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K 056	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect the building throughout by an approved, supervised automatic sprinkler system. Observation on 11/18/15 at 10:07 AM revealed that sprinkler heads were not installed under the stairwell in the maintenance shop. Further observation revealed the space under the stairwell had been enclosed with a plywood door and used for storage of combustible materials. Interview with the Facility Maintenance Manager during the observation acknowledged the non-sprinklered area. Ref: 2000 NFPA 101, Sections 19.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 1-6.1	K 056		
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 ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: Observation of the facility laundry dryer room on 11/18/15 at 11:04 AM revealed a single ground wire daisy chained to 4 dryer units and connected to a light switch plate adjacent to the door entry. Interview with the Facility Maintenance Manager	K 147	K147- The wires have been removed that were connected to dryers and light switch plate. ~~1/25/2016~~ 01/04/16 The maintenance Director, or designee, will monitor all areas of the building quarterly and will include this is facility preventive maintenance programs. A report will be given to safety committee quarterly and will be included in the safety committee report to the QAPI committee each quarter.	

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K 147	Continued From page 4 at the time of the observation acknowledged the ground wire, and was unsure of it's use. Ref: 2000 NFPA 101, Sections 19.5.1 and 9.1.2 1999 NFPA 70, Sections 250-140 and 250-134	K 147		