STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/02/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVENUE H POWELL, WY 82435

(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 sprinklered single story building of Type II (111) construction built in 1995. The building was equipped with a supervised automatic wet sprinkler system and addressable fire alarm system.	K 000	K25 The facility shall repair the penetrations in the smoke barrier construction to protect the areas specific purpose. A. The engineering technician has sealed the penetrations in the smoke barrier near the administrative assistants office. A. The engineering technician shall seal the two unsealed conduit penetrations in the smoke barrier wall near resident room # 102. B. All residents have the potential to be affected by failing to maintain the construction integrity of smoke compartment barriers. C. The engineering department shall repair any and all areas in need of repair. D. The engineering technician shall provide written documentation identifying non compliant areas to the Director of Plant Operations. Additionally, a maintenance technician will	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all penetrations in 2 of 8 vertical smoke barrier walls were sealed as required. The findings were: 1. Observation on 10/02/07 between 11 AM and 12 PM revealed the following smoke barrier walls had unsealed penetrations in the ceiling cavity:	K 025		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 10-29-07

11 2007

For Acceptance w/ Rob Barton, CEO, on 11/01/07.

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K 025	Continued From page 1 a. The smoke barrier wall near the administrative assistance office had one unsealed pipe penetration. b. The smoke barrier wall near resident room #102 had two unsealed conduit penetrations. 2. Interview with the plant operations director on 10/02/07 at 8:45 AM indicated that all smoke barrier walls were inspected semi-annually or whenever contractors completed projects.	K 025	inspect all contracted work prior to approval to insure a safe environment has been maintained.	10-31-07
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation the facility failed to ensure 2 of 16 smoke barrier doors were maintained as required. The findings were: Observation on 10/02/07 at 9:04 AM revealed the corridor smoke barrier doors near the administrative assistance office had a gap between them greater than 1/8 inch. The gasket material was missing from the bottom of the doorway.	K 027	K27 The facility shall provide and maintain smoke compartment doors that are resistive to the passage of smoke. A. The engineering technician has repaired/adjusted the smoke seal on the corridor smoke barrier doors near the administrative assistants office. B. All residents have the potential to be affected by failing to provide smoke compartment doors with proper smoke resisting seals. C. The engineering technician shall perform monthly smoke/fire door inspections. All non compliant finding and repairs shall be reported to	
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 046		

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K 046	Continued From page 2 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 2 of 2 emergency battery lights were tested as required. The findings were: 1. Review of the emergency battery light testing records revealed the annual 90 minute emergency battery light tests had not been performed in the last 12 months. 2. Interview with the plant operations director on 10/02/07 at 8:45 AM revealed the facility had been testing the lights for 30 minutes monthly, but failed to conduct the 90 minute test over the past year.	K 046	the Director of Plant Operations through written documentation. D. The Director of Plant Operations shall provide an aggregated report to the safety committee on a quarterly basis. K46 The facility shall provide and maintain emergency lighting to meet the 90 minute test requirements of NFPA 101 7.9, 19.2. 9.1. A. The engineering department technician has performed the required 90 minute emergency battery light test to meet NFPA 101 7.9, 19.2.9.1. B. All residents have the potential to be affected by failing to conduct adequate emergency lighting testing procedures. C. The engineering department technician has provided written documentation of completed testing of the emergency battery lighting. Additionally the annual test of the emergency battery lighting	10-31-07

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K 046		K 046	equipment has been added to the engineering department test procedure documentation. D. The Director of Plant Operations shall provide an aggregated report to the safety committee on a quarterly basis.	10-3-07