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

PRINTED: 03/18/2016
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
	53A050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE AFTON, WY 83110

(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, one story building of Type II (111) construction built in 1996 (Existing Health Care) with an addition built in 2010 (New Health Care). The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 24 certified Medicaid beds with a census of 21.	K 000		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure maintenance and testing of the facility generator were being performed per the requirements of NFPA 110 for 1 of 1 generators. The findings were: Document review of the generator maintenance and testing records on 03/08/16 from 2:45 PM to 3:15 PM revealed there was no documentation available for the weekly inspections. Interview with the Facility Maintenance Manager at the time of the review confirmed that weekly inspections were not being performed.	K 144	**The Facility will ensure NFPA 99 and NFPA 110 guidelines are followed for proper weekly documentation of generator exercise and inspections. This will be accomplished by:** **a) SVMC maintenance director or designee will ensure maintenance and testing of all facility generators are documented weekly per the requirements of NFPA 110.** 04-08-2016 **b) The SVMC maintenance director or designee will monitor this and all other weekly facility generator exercise and inspection logs. Compliance will be documented monthly and results of the monitoring will be reported to the Facility Safety Committee. Results will be documented in the facility-wide quality improvement program.** 04-08-2016	

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

RN BSN AHA — 3-31-16

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 VIA Phone Call with Administrator Derek Greenwald on 4/14/16 @ 1:31 pm. 34354

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K 144	Continued From page 1 Ref: 2000 NFPA 101, Sections 19.5.1 and 9.1.3 1999 NFPA 110, Section 6-4.1	K 144		