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WY Dept of Health

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

PRINTED: 07/13/2016
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
	535046	A. BUILDING 01 B. WING	06/30/2016

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 Nursing Homes 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 1995. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 100 certified Medicare and Medicaid beds with a census of 90.	K 000		
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 accordance with NFPA 101. The findings were: Observation on 06/30/2016 at 8:50 AM located in the recreation room revealed an exit door to the outside required a force above 50 lbs to open. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the door required more than 50 lbs to open. Ref: 2000 NFPA 101, Sections 19.2.2 and 7.2.1.4.5	K 038	K038 The facility shall arrange exit access so that exits are readily accessible at all times. A. The recreation room door will be repaired to ensure the exit is readily accessible and does not require force above 50 lbs to open. B. All residents, staff, and visitors have the potential to be affected by failure to ensure the exit is readily accessible and does not require force above 50 lbs to open. C. Education will be provided to all Plant Operations regarding the need to ensure the exit is readily accessible and does not require force above 50 lbs to open. The Facilities Management Director or designee will perform monthly visual inspections to all exit doors are readily accessible and do not require force greater than 50 lbs to open.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care	K 056		

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

Nicole Ostermiller BSN RN, HHA 7/22/2016

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.

Spoke with Nicole Ostermiller on 8/3/2016 letting her know this POC has been accepted.

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	535045	A. BUILDING 01 B. WING	06/30/2016

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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 accordance with NFPA 101. The findings were: Observation on 06/30/2016 at 8:50 AM located in the recreation room reveled an exit door to the outside required a force above 50 lbs to open. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the door required more than 50 lbs to open. Ref: 2000 NFPA 101, Sections 19.2.2 and 7.2.1.4.5	K 038		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care	K 056		

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K 056	Continued From page 1 facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NFPA 13 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation for the testing and maintenance of the automatic sprinkler system. The findings were: 1. Document review on 06/30/2016 from 9:45 AM to 10:00 AM of the automatic sprinkler system revealed that the facility was missing the yearly backflow prevention test. Interview with the Facility Maintenance Manager at the time of document review acknowledge the missing test. 2. Document review on 06/30/2016 from 9:45 AM to 10:00 AM of the automatic sprinkler system revealed that the facility was missing the quarterly water flow tests. Interview with the Facility Maintenance Manager at the time of document review acknowledge the missing tests. Ref: 2000 NFPA 101, Sections 19.3.5.1 and 9.7.2.1 1998 NFPA 25, Section 9-2.7 1999 NFPA 72, Section 2-6.2	K 056	K056 The facility shall provide documentation for the testing and maintenance of automatic sprinkler system. A. A back flow prevention test and quarterly water flow test were conducted on 7/12/2016. The back flow prevention test will be scheduled annually moving forward. The quarterly water flow test will be conducted quarterly moving forward. B. All residents, staff, and visitors have the potential to be affected by failure to conduct annual back flow prevention tests and quarterly water flow tests to ensure proper maintenance of the automatic sprinkler system. C. Education will be provided to all Plant Operation staff regarding the need to conduct annual back flow prevention testing and quarterly water flow testing. The Facilities Management Director or designee will perform quarterly audits to ensure water flow testing is completed.	
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed,	K 064		

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K 056	Continued From page 1 facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers, 19.3.5, 19.3.5.1, NFPA 13 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation for the testing and maintenance of the automatic sprinkler system. The findings were: 1. Document review on 06/30/2016 from 9:45 AM to 10:00 AM of the automatic sprinkler system revealed that the facility was missing the yearly backflow prevention test. Interview with the Facility Maintenance Manager at the time of document review acknowledge the missing test. 2. Document review on 06/30/2016 from 9:45 AM to 10:00 AM of the automatic sprinkler system revealed that the facility was missing the quarterly water flow tests. Interview with the Facility Maintenance Manager at the time of document review acknowledge the missing tests. Ref: 2000 NFPA 101, Sections 19.3.5.1 and 9.7.2.1 1998 NFPA 25, Section 9-2.7 1999 NFPA 72, Section 2-6.2	K 056	K056 D. The Facilities Management Director will aggregate random monthly data and report results to the Administrator, Care Center Medical Director, and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	08/26/16
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed,	K 064	K064 The facility shall ensure that portable fire extinguishers are provided in accordance with NFPA 10. A. The fire extinguishers in all corridors will be adjusted so that the top of the extinguisher is no greater than 60 inches above the floor. B. All residents, staff, and visitors have the potential to be affected by failure to ensure that portable fire extinguishers are provided in accordance with NFPA 10.	

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K 064	Continued From page 2 inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10, 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide portable fire extinguishers in accordance with NFPA 10. The findings were: Observation on 06/29/2016 from 3:50 PM to 5:00 PM located in all corridors in the nursing home revealed that fire extinguishers were installed in cabinets with the top of the fire extinguisher at approximately 62-65 inches above the floor. Interview with the Facility Maintenance Manger at the time of observation acknowledge the height of the extinguisher. Ref: 2000 NFPA 101, Sections 19.3.5.6 and 9.7.4.1 1998 NFPA 10, Section 1-6.10	K 064	K064 C. The Facilities Management Director or designee will perform monthly inspections to ensure the top of fire extinguishers are no greater than 60 inches from the floor. D. The Facilities Management Director will aggregate random monthly data and report results to the Administrator, Care Center Medical Director and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	08/26/16
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical wiring in accordance with NFPA 70. The findings were: 1. Observation on 06/29/2016 at 4:45 PM in room 401 revealed an extension cord being utilized as a substitute for fixed wiring of the structure. Interview with the Facility maintenance Manager at the time of observation acknowledged the use of the extension cord.	K 147	K147 The facility shall provide electrical wiring in accordance with NFPA 70. Avoid the use of substitutes for fixed wiring (extension cord) E. The extension cord and multi plug adapter were removed from the resident room. F. All residents, staff, and visitors have the potential to be affected by failure to ensure electrical wiring is in accordance with fire safety regulations.	

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K 147	Continued From page 3 2. Observation on 06/29/2016 at 4:46 PM in room 401 revealed a multi-plug adapter connected to an extension cord utilized as a substitute of fixed wiring of the structure. Interview with the Facility Maintenance Manager at the time of observation acknowledged the use of the multi-plug adapter. Ref: 1999 NFPA 70, Article 400-8	K 147	K147 G. Education will be provided to all Care Center staff including Plant Operation and Housekeeping regarding the requirement to ensure no extension cords or multi plug units are being used in the facility. The Facilities Management Director or designee will perform monthly inspections to ensure no extension cords or multi plug outlets are in use. H. The Facilities Management Director will aggregate random monthly data and report results to the Administrator, Care Center Medical Director and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date 08/26/16	