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 _____	07/13/2016

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CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

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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 V (000) construction built in 1961. The building was equipped with a supervised automatic wet and anti-freeze sprinkler system with an addressable fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 98.	K 000	K018 NFPA 101 Life Safety Code Standard Corrective Action-NE Corridor Smoke Barrier Door door coordinator was replaced to ensure area is resistant to the passage of smoke upon activation. Identification of Others-All smoke barrier doors has the potential to be affected by this practice. Systematic Changes-The NHA will educate facility maintenance team on the proper functioning of smoke barrier doors. Monitoring-The NHA or designee will monitor compliance weekly through test observation. . Results of audits will be reported to the QAA committee for tracking and trending. 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 3 months and then reassess the need for continued monitoring based on compliance.	8/26/16
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 8/5/16

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.

Spoke with Andy Bockholtz accepting This Plan of correction on 8/22/2016

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K 018	Continued From page 1 facility failed to provide a self-closing door to resist passage of smoke in accordance with NFPA 101. The findings were: Observation on 07/13/2016 at 9:27 AM in the North East Corridor Smoke Barrier Door revealed a cross-corridor door not resistant to the passage of smoke upon activation. Interview with Facility Maintenance Manager at the time of observation agreed that that door was not closing to resist the passage of smoke. Ref: 2000 NFPA 101, Section 19.3.6.3.6	K 018	K021 NFPA 101 Life Safety Code Standard Corrective Action-Storage room adjacent to room 117 is equipped with a self-closer. Identification of Others-All storage areas have the potential to be affected by this practice. All storage areas have been identified to have self-closers installed and operating.	8/26/16
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2 Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1 Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. This STANDARD is not met as evidenced by:	K 021	Systematic Changes- The NHA or designee will educate facility maintenance team on the proper functioning of storage room self-closer. Monitoring- The NHA or designee will monitor compliance weekly through facility rounding and observation of storage area self-closers. Results of audits will be reported to the QAA committee for tracking and trending. 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 3 months and then reassess the need for continued monitoring based on compliance.	

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K 021	Continued From page 2 Based on observation and staff interview, the facility failed to provide protection from hazards in accordance with NFPA 101. The findings were: Observation on 07/13/2016 at 11:34 AM located in a storage room adjacent to room 117 revealed that the door was not equipped with a self-closer device. Interview with Facility Maintenance Manager at the time of observation acknowledged the door was out of compliance with the requirements of NFPA 101. Ref: 2000 NFPA 101, Section 19.3.2.1	K 021	K038 NFPA 101 Life Safety Code Standard Corrective Action-maintenance office door lock operates appropriately and with a single operation to open. Pink employee bathroom door operates appropriately and with a single operation to open. Identification of Others-All exit access have the potential to be affected by this practice. All exits have been observed to operate appropriately and with a single operation to open. Systematic Changes- The NHA or designee will educate facility maintenance team on the proper operation of exit access and single operation opening. Monitoring- The NHA or designee will monitor compliance weekly through facility rounding and observation of exit access and single operation opening. Results of audits will be reported to the QAA committee for tracking and trending. 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 3 months and then reassess the need for	8/26/16
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. The findings were: 1. Observation on 07/13/2016 at 8:44 AM revealed that the Maintenance Office door lock required tight pinching, and more than one releasing operation to make the door operable. At the time of the observation interview with the Facility Maintenance Manager acknowledged the door lock required more than one operation to open. 2. Observation on 07/13/2016 at 10:14 AM revealed that the Pink Employee Bathroom door revealed a bar lock that required more than one releasing operation to open the door. At the time	K 038		

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K 038	Continued From page 3 of observation interview with the Facility Maintenance Manager acknowledged the door lock required more than one operation to open. Ref: 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.5.4	K 038	continued monitoring based on compliance.	
K 043 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Patient room doors are arranged such that the patients can open the door from inside without using a key. Special door locking arrangements are permitted in facilities. 18.2.2.2.4, 18.2.2.2.5, 19.2.2.2.4, 19.2.2.2.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to meet the special door locking arrangements in accordance with NFPA 101. The findings were: Observation on 07/13/2016 at 10:20 AM located in the North Entry corridor revealed a malfunctioning delayed egress door that could only be opened with an entry code. At the time of the observation the Facility Maintenance Manager acknowledged that the delayed egress door was not working properly. Ref: 2000 NFPA 101, Section 19.2.2.2.2	K 043	K043 NFPA 101 Life Safety Code Standard Corrective Action-North Entry corridor delayed egress door is operating appropriately. Identification of Others-All delayed egress doors have the potential to be affected by this practice. All delayed egress doors are operating appropriately. Systematic Changes- The NHA or designee will educate facility maintenance team on the proper operation of delayed egress doors. Monitoring- The NHA or designee will monitor compliance weekly through facility rounding and observation of delayed egress door operation. Results of audits will be reported to the QAA committee for tracking and trending. 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 3	8/26/16
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly	K 050		

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K 050	Continued From page 4 on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide fire drills in accordance with NFPA 101. The findings were: Document review on 07/13/2016 at 1:22 PM revealed that the facility did not perform a fire drill test for the month of April 2016. Interview with Facility Maintenance Manager acknowledged that the facility did not perform a fire drill in April of 2016. Ref: 2000 NFPA 101, Section 19.7.1.2	K 050	months and then reassess the need for continued monitoring based on compliance. K050 NFPA 101 Life Safety Code Standard Corrective Action-Facility has provided and documented fire drills in accordance with NFPA 101. Identification of Others-All residents have the potential be affected by this practice. Systematic Changes- The NHA or designee will educate facility maintenance team on the proper procedures and awareness that drills are part of the established routine and will be performed in accordance to NFPA 101 requirements. Monitoring- The NHA or designee will monitor compliance weekly through facility observation of fire drills conducted and documented. Results of audits will be reported to the QAA committee for tracking and trending. 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 3	8/26/16
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be	K 051		

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K 051	Continued From page 5 required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on document review and staff interview the facility failed to maintain the fire alarm system in accordance with NFPA 72. The findings were: Document review on 07/13/2016 at 1:20PM revealed that the facility did not have documentation of the quarterly supervisory signal tests. Interview with the Maintenance Manager at the time of observation acknowledged the missing documentation. Ref: 2000 NFPA 101, Section 19.3.4 & 9.6 1999 NFPA 72, Table 7-3.2, 15	K 051	months and then reassess the need for continued monitoring based on compliance. K051 NFPA 101 Life Safety Code Standard Corrective Action-Quarterly supervisory signal test has been completed. Identification of Others- All residents have the potential be affected by this practice. Systematic Changes- The NHA or designee will educate facility maintenance team on the documentation and completion of quarterly supervisory signal test and will be performed in accordance to NFPA 101 requirements.	8/26/16
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care 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,	K 056	Monitoring- The NHA or designee will monitor compliance monthly through facility through scheduled, conducted and documented quarterly supervisory signal tests. Results of audits will be reported to the QAA committee for tracking and trending. The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to	

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K 056	Continued From page 6 NPFA 13 This STANDARD is not met as evidenced by: Based on observation, document review, and staff interview, the facility failed to provide an automatic sprinkler system in accordance with NFPA 13 and tested and maintained per NFPA 25. The findings were: 1. Observation on 07/13/2016 at 10:44 AM in room 148 revealed that a closet sprinkler head was obstructed. Clothing was stacked to within 1 inch of the sprinkler head. Interview with the Facility Maintenance Manager at the time of observation acknowledged the obstructed sprinkler head. Ref: 2000 NFPA 101, Section 19.3.5 2. Document review on 07/13/2016 at 1:25 PM revealed that the facility could not provide documentation for the quarterly test of the water flow alarm. Interview with the Maintenance Manager at the time of observation acknowledged the missing documentation. Ref: 1998 NFPA 25, 9-2.7 3. Document review on 07/13/2016 at 1:35 PM revealed that the facility could not provide documentation for the annual freezing point test for the anti-freeze sprinkler system. Interview with the Maintenance Manager at the time of observation acknowledged the missing documentation. Ref:	K 056	ensure compliance monthly for 3 months and then reassess the need for continued monitoring based on compliance. K056 NFPA 101 Life Safety Code Standard Corrective Action-Room #148 closet sprinkler head has items removed to prevent obstruction. Quarterly water flow alarm test has been conducted. Annual freezing point test has been conducted. Identification of Others-All sprinkler heads have the potential to be affected by this practice. The water flow alarm has the potential to be affected by this practice. The anti-freeze sprinkler system has the potential to be affected by this practice. Systematic Changes- The NHA or designee will educate facility maintenance team on the documentation and completion of the annual anti-freeze sprinkler system freeze point test and quarterly water flow alarm testing and will be performed in accordance to NFPA 101 requirements.	8/26/16

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K 056	Continued From page 7 1998 NFPA 25, 2-3.4	K 056	Monitoring- The NHA or designee will monitor compliance monthly through facility through scheduled, conducted and documented completion of the annual anti-freeze sprinkler system freeze point test and quarterly water flow alarm testing. Results of audits will be reported to the QAA committee for tracking and trending. 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 3 months and then reassess the need for continued monitoring based on compliance.	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, 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 document review and staff interview, the facility failed to provide portable fire extinguishers in accordance with NFPA 10. The finding were: 1. Document review on 07/13/2016 at 1:40 PM revealed that the facility could not provide documentation for monthly, and annual fire extinguisher maintenance and inspections. Interview with the Facility Maintenance Manager at the time of observation acknowledged the missing documentation. Ref: 2000 NFPA 101, Sections 19.3.5.6 and 9.7.4.1 1998 NFPA 10, Section 4-3.4	K 064		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide kitchen hood exhaust and duct cleaning and kitchen extinguishing system inspections in accordance with NFPA 96. The findings were: 1. Document review on 07/13/2016 at 1:45 PM revealed that the facility could not provide	K 069	K064 NFPA 101 Life Safety Code Standard Corrective Action-All fire extinguishers have received monthly and annual inspection. Identification of Others-All fire extinguishers have the potential to be affected by this practice.	8/26/16

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K 069	Continued From page 8 documentation regarding kitchen hood cleaning. Interview with the Facility Maintenance Manager at the time of observation acknowledged the missing documentation. 2. Document review on 07/13/2016 at 1:47 PM revealed that the facility could not provide documentation regarding the kitchen extinguishing system inspections. Interview with the Facility Maintenance Manager at the time of observation acknowledged the missing documents. Ref: 2000 NFPA 101, Sections 19.5.2.1 and 9.2.3 1998 NFPA 96, Sections 8-2.1 and 8-3.1	K 069	Systematic Changes- The NHA or designee will educate facility maintenance team on the documentation and completion of monthly and annual inspection of fire extinguishers and will be performed in accordance to NFPA 101 requirements. Monitoring- The NHA or designee will monitor compliance monthly through facility through scheduled, conducted and documented completion of monthly and annual inspection of fire extinguishers. Results of audits will be reported to the QAA committee for tracking and trending. 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 3 months and then reassess the need for continued monitoring based on compliance. K069 NFPA 101 Life Safety Code Standard Corrective Action-Facility kitchen hood cleaning has been conducted and documented. Kitchen fire extinguisher systems has been inspected and documented.	8/26/16
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 provide documentation in accordance with NFPA 110. The findings were: Document review on 07/13/2016 at 1:50 PM revealed that the facility could not provide documentation for the weekly tests, monthly 30 second generator tests, or annual load bank test. Interview with Facility Maintenance Manager at the time of observation acknowledged the missing documentation. Ref: 2000 NFPA 101, Sections 19.2.9.1 and 7.9.3	K 144		

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K 147 SS=E	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 meet electrical wiring in accordance with NFPA 70. The findings were: 1. Observation on 07/13/2016 at 11:05 AM in the dining room revealed that receptacles located in the lower cabinets were missing face plates. Interview with the Facility Maintenance Manager at the time of observation acknowledge the missing face plates. Ref: 1999 NFPA 70, Article 110-27 2. Observation on 07/13/2016 at 11:05 AM in the dining room revealed that a receptacle directly under the sink was not equipped with a ground-fault circuit-interrupter. Interview with the Facility Maintenance Manager at the time of reservation acknowledge the missing ground-fault circuit-interrupter. 3. Observation on 07/13/2016 at 11:48 AM in the rehab kitchen area revealed that a receptacle above a counter top adjacent to the sink was not equipped with a ground-fault circuit-interrupter. Interview with the Facility Maintenance Manager at the time of observation acknowledge the missing ground-fault circuit-interrupter. Ref: 1999 NFPA 70, Article 210.8 4. Observation on 07/13/2016 from 8:50 AM -	K 147	Identification of Others- Only the kitchen hood and kitchen fire extinguisher system have the potential to be affected by this practice. Systematic Changes- The NHA or designee will educate facility maintenance and Kitchen management team on the documentation and completion of hood cleaning and kitchen extinguishing system inspection and will be performed in accordance to NFPA 101 requirements. Monitoring- The NHA or designee will monitor compliance through observation and inspection of hood cleaning and kitchen extinguishing system inspection. Results of audits will be reported to the QAA committee for tracking and trending. 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 3 months and then reassess the need for continued monitoring based on compliance. K144 NFPA 101 Life Safety Code Standard Corrective Action-Facility has completed documention for weekly,	8/26/16

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K 147	Continued From page 10 1:20 PM revealed that multiple power strips throughout the facility were not designated as UL listed, and it could not be established that the power strips were compliant with the categorical waiver requirements provided by CMS via S&C letter 14-46-LSC. Interview with the Facility Maintenance Manager at the time of observation was unaware of the requirements. Ref: S&C: 14-46-LSC 5. Observation on 07/13/2016 from 8:50 AM - 1:20 PM revealed multiple occurrences of daisy chain connections of power strips throughout the facility and located in patient rooms. Interview with the Facility Maintenance Manager at the time of observation was unaware of the requirements. Ref: 1999 NFPA 70 400-8	K 147	monthly 30 second generator test and annual load bank test. Identification of Others- Facility generator has the potential to be affected by this practice. Systematic Changes- The NHA or designee will educate facility maintenance team regarding weekly, monthly 30 second generator test and annual load bank test and will be performed in accordance to NFPA 101 requirements. Monitoring- The NHA or designee will monitor compliance through weekly review of weekly, monthly 30 second generator test and annual load bank test. Results of audits will be reported to the QAA committee for tracking and trending. 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 3 months and then reassess the need for continued monitoring based on compliance. K147 NFPA 101 Life Safety Code Standard Corrective Action-Outlet covers have been installed in dining room lower	8/26/16

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 _____	07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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