PRINTED: 10/18/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1100 BIRCH STREET DOUGLAS, WY 82633

(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 fully sprinkled single story building of Type V (111) construction built in 1967 and 2010. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 57 residents.	K 000	K029 a) The facility will maintain smoke-resistive construction for sprinkled hazardous areas. b) The metal duct through the ceiling to the upper level will be sealed to resist the passage of smoke. c) DCC maintenance or designee will do monthly audits throughout the facility to ensure that the building maintains smoke resistive construction for sprinkled hazardous areas. d) The result of the audit will be brought to QAPI for one month or until resolved.	11/18/16
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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 maintain smoke-resistive construction for sprinkled hazardous areas. The findings were: Observation on 10/06/2016 at 9:10 AM of the basement storage room utilized for the storage of decorations revealed a metal duct passing	K 029		

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

Kelli Rogge — NHA — 10/27/16

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.

RECEIVED
OCT 27 2016
Healthcare Licensing and Surveys

Accepted POC via phone with Kelli Rogge on 11/08/2016.

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K 029	Continued From page 1 through the ceiling to the upper level with no visible damper or other means to prevent the passage of smoke. Interview with the Facility Maintenance Manager at the time of the observation confirmed that the metal duct penetration was not sealed and would not resist the passage of smoke. Ref: 2000 NFPA 101, Sections 19.3.1 and 8.2.4.4.1	K 029	K038 a) The facility will ensure exit access so that exits are readily accessible at all times. b) The storage room at the end of the basement hall will have a one action door lock placed. c) The exit adjacent to room 117 will have a readily visible sign placed on the door. d) DCC maintenance or designee will have do monthly audits to ensure that: 1. Doors that are exits have a one action door lock placed. 2. The exit doors have the signs placed on them. e) The results of the audit will be taken to QAPI on a monthly basis until resolved.	11/18/16
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 in 2 of 7 smoke compartments. The findings were: 1. Observation on 10/06/2016 at 9:20 AM of the storage room at the end of the basement hall had more than one releasing operation to make the door operable. Interview with the Facility Maintenance Manager at the time of the observation acknowledged the door lock required more than one releasing operation. 2. Observation on 10/06/2016 at 8:14 AM of the exit adjacent to room 117 revealed that the door was a functional delayed egress door, but that it was not provided with the required readily visible sign located adjacent to the door. Interview with the Facility Maintenance Manager at the time of the observation acknowledged that the door was not provided with the required sign.	K 038		

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K 038	Continued From page 2 Ref: 2000 NFPA 101, Section 7.2.1.5.4	K 038	K056 a) The facility will protect the building throughout by an approved, automatic sprinkler. b) In rooms 304, 305 and 306 will have their closet doors torn out and be replaced will removable closets such as armoires. c) DCC maintenance or designee will do monthly audits to ensure that the building is sprinkled throughout with automatic sprinklers. e) The results of the audit will be taken to QAPI on a monthly basis until resolved.	11/18/16
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 18.1.6, 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, NPFA 13 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, automatic sprinkler system. Observation on 10/06/2016 starting at 8:27 AM in rooms 304, 305, and 306 revealed built-in-closets that included a bar for hanging clothing, and that the top of the closet enclosure was continuous to the ceiling of the room. Further observation revealed that there were no sprinklers provided within the closets. Interview with the Facility Maintenance Manger during the observation acknowledged that the closets were not sprinkled. Ref: 2000 NFPA 101, Sections, 19.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 1-6.1 S&C Letter 13-55	K 056		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 064		

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K 064	Continued From page 3 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 observation and staff interview, the facility failed to provide portable fire extinguishers in accordance with NFPA 10 in 3 of 7 smoke compartments. The findings were: Observation on 10/06/2016 starting at 7:16 AM of South exit door and room 103 revealed extinguishers mounted on the wall with the top of the fire extinguisher located approximately 62 inches from the floor. Further observation revealed that this was common throughout the facility. At the time of the observation the Facility Maintenance Manger acknowledge the height of the extinguishers. Ref: 2000 NFPA 101, Sections 19.3.5.6 and 9.7.4.1 1998 NFPA 10, Section 1-5.10	K 064	K064 a) The facility will provide portable fire extinguishers in accordance with NFPA 10 which is 60 inches from the floor. b) The extinguisher at the South exit door will be lowered to 60 inches. c) The extinguisher at room 103 will be lowered to 60 inches. d) DCC maintenance or designee will do monthly audits to ensure that all fire extinguishers throughout the building are 60 inches from the ground. e) The results of the audit will be taken to QAPI on a monthly basis until resolved.	11/18/16
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 and equipment in accordance with NFPA 70. The findings were: Observation on 10/6/2016 at 9:50 AM in Room 117 and throughout the facility revealed plug adapters (surge protectors) affixed to the electrical outlets. Additional observations could	K 147		

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K 147	Continued From page 4 not establish that the plug adapters (surge protectors) were in compliance with NFPA 70 and CMS requirements. At the time of the observation the Facility Maintenance Manager acknowledged the plug adapters (surge protectors) were affixed to the outlets. Ref: S&C Letter 14-46	K 147	K147 a) The facility will provide electrical wiring and equipment in accordance with FFPA 70. b) Room 117 will have the correct surge protector placed that is in compliance with NFPA 70 and CMS requirements. c) DCC maintenance or designee will do monthly audits to ensure that all surge protectors are in compliance with NFPA 70 and CMS requirements. d) The results of the audit will be taken to QAPI on a monthly basis until resolved.	11/18/16