PRINTED: 01/17/2017
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
	535042	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	R 01/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

(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 V (000) and Type (111) construction built in 1958 and 1987. The building was equipped with a supervised wet sprinklered system (west wing) and dry sprinkler system (central wing) with an addressable fire alarm system. The west and central wings had a bed capacity of 126 beds, with a total facility capacity of 192 certified Medicare and Medicated beds with a census of 166.	{K 000}		
{K 025} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on document review and staff interview via phone call for follow up information, the facility failed to maintain smoke barriers in accordance with NFPA 101. Findings were: Phone call on 01/09/2017 at 1:29 PM with the facilities administrator revealed that the facility had not corrected the smoke barrier requirement cited on 10/19/2016. Review of the CMS-2567	{K 025}	K025 **NFPA 101 Life Safety Code Standard** **Corrective Actions:** Facility will submit project proposal to the Wyoming Department of Health and Human Services to ensure construction plans are in compliance with NFPA 101 19.3.6.5 and 19.3.7.3, for the continuous community smoke barrier. The facility has submitted a time limited waiver, for the purpose of allowing adequate time for planning and construction of the continuous community smoke barrier. Facility will construct continuous community smoke barrier, per plan and required specifications.	3/17/2017

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

NHA 1-18-2017

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
JAN 18 2017
Healthcare Licensing and Surveys

TIME LIMITED WAIVER WAS SUBMITTED 1-18-17 AND ACCEPTED ON 1-19-17. POC HAS BEEN ACCEPTED VIA PHONE CALL WITH MIKE SPEIDEL ON 1-19-2017.

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	535042	A. BUILDING 01 - MAIN BUILDING 01 B. WING	R 01/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

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{K 025}	Continued From page 1 revealed that the facilities date of compliance on their plan of correction for this deficiency was 12/02/2016. Observation on 10/19/2016 at 1:40 PM in the Secure Unit and Nursing Station revealed that the continuity of the smoke barrier was not continuous through all concealed space. Further finding revealed that the nursing station was not resistant to the passage of smoke and fire due to the service access opening in the wall. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the nursing station opening was part of the smoke compartment. Further interview revealed that the facility was unaware of the requirement. Ref: 2000 NFPA 101, Sections 19.3.6.5, 19.3.7.3 and 8.3.2	{K 025}	**Others Potentially Affected:** All residents on the West and Elbogen Units have the potential to be affected by this practice. **Systemic Changes:** Maintenance Team Members have been educated regarding NFPA Regulations pertaining to Smoke Barriers and Smoke Compartments. **Maintenance:** Maintenance Director/designee will complete monthly audit on Smoke Barriers and Smoke Compartments, to ensure compliance with NFPA and Life Safety Requirements. Audit results will be reported monthly to the facility QA Committee for further analysis and recommendations, until such time as the QA Committee determines compliance has been sustained.	3/17/2017 3/17/2017
{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 follow up review via photographs, the facility failed to provide hand rails in accordance with NFPA 101. The findings were: 1. Photograph review on 01/10/2016 at 1:23 PM revealed that the facility had installed a railing in lieu of the required hand rail. The ramp located at the Rapid Recovery and adjacent to the Maurice Griffith Manor Boarding Home was not equipped with a hand rail as specified in the life safety code. The photograph further revealed that the installed railing was not free of projections and that it did not continue for the full length of the ramp. The photograph also revealed several	{K 038}	**K038** **NFPA 101 Life Safety Code Standard** **Corrective Actions:** Facility will submit project proposal to the Wyoming Department of Health and Human Services to ensure construction plans are in compliance with NFPA 101, 7.1 and 19.2.1, regarding hand railings located outside the RRU and adjacent to the Maurice Griffith Manor boarding home; and outside of the Physical Therapy department.	3/17/2017

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{K 038}	Continued From page 2 hand rail details that were not provided in accordance with section 7.2.2.4.4, such as the minimum required cross section dimension, a continuously graspable surface, or handrail ends that return to the wall or newel posts. 2. Photograph review on 01/10/2016 at 1:55 PM revealed that the facility had installed a railing in lieu of the required hand rail. The ramp located outside of the physical therapy was not equipped with a hand rail as specified in the life safety code. The photograph further revealed that the installed railing was not free of projections and that it did not continue for the full length of the ramp. The photograph also revealed several hand rail details that were not provided in accordance with section 7.2.2.4.4, such as the minimum required cross section dimension, a continuously graspable surface or handrail ends that return to the wall or newel posts. Ref: 2000 NFPA 101 - Sections 19.2.2.6.1, 7.2.5, and 7.2.2.4	{K 038}	The facility has submitted a time limited waiver, for the purpose of allowing adequate time for planning and construction of the hand railings located outside RRU and adjacent to the Maurice Griffith Manor boarding home; and outside of the Physical Therapy department. Facility will install appropriate hand railings, per plan and required specifications. **Others Potentially Affected:** All residents using RRU or Physical Therapy gym have the potential to be affected by this practice. **Systemic Changes:** Maintenance Team Members have been educated regarding NFPA Regulations pertaining to hand railings. **Monitoring:** Maintenance Director/designee will complete monthly audit on required hand railings, to ensure compliance with NFPA and Life Safety Requirements. Audit results will be reported monthly to the facility QA Committee for further analysis and recommendations; until such time as the QA Committee determines compliance has been sustained.	3/17/2017 3/17/2017

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
535042 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	1/10/2017 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix Reg. # NFPA 101 LSC K0047	Correction Completed 12/02/2016	ID Prefix Reg. # NFPA 101 LSC K0064	Correction Completed 12/02/2016	ID Prefix Reg. # NFPA 101 LSC K0147	Correction Completed 12/02/2016
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 18 | 19 | 17	DATE	SIGNATURE OF SURVEYOR	DATE 01-10-2017
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON
10/19/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO