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
	538043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(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 2012 Edition of the Life Safety Code, Existing Health Care of the National Fire Protection Association. The facility was partially sprinkled, two-story building with a basement of Type V (III) constriction build in 1953, 1972, and 1966. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop and a zoned fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 70.	K 000		
K 211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to provide locks in accordance with NFPA 101. The findings were: Observation on 11/16/2016 at 10:32 AM located in the Tub/Shower Room #3, O2 Room, Station 2 Snack Room, and throughout the facility revealed door locks that required simultaneous action to open the doors. Further observation revealed the locks to have a potential of 3 actions to open the door. Interview with the Facility Maintenance	K 211	K211 #1 Doors that require simultaneous action to open doors will be replaced. A bid has been submitted to complete replacement. #2 New wander guard lock and door adjustment will be replaced. A bid has been submitted to complete replacement. #3 New exit signs have been ordered and will be replaced stating "No Exit" Maintenance Director/designee will monitor for compliance. Accepted wavier completion date 2/15/2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Andrea Stannard — TITLE: — (X6) DATE: 1-10-17

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.

ACCEPTED POC VIA PHONE CALL WITH ANDREA STANNARD ON 1-18-17

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K 211	Continued From page 1 Manager at the time of observation indicated that they were unaware of the requirements. Ref: 2012 NFPA 101 - Section 19.2.2.2.1, 7.2.1, and 7.2.1.5.10.6 2. Based on observation and staff interview, the facility failed to provide latches in accordance with NFPA 101. The findings were: Observation on 11/16/2016 at 9:59 AM at the Southeast exit door revealed that the force to unlatch the door exceeded 30 pounds of force. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. Ref: 2012 NFPA 101 - Section 7.2.1.4.5.1 3. Based on observation and staff interview, the facility failed to provide exits in accordance with NFPA 101. The findings were: Observation on 11/16/2016 at 10:37 AM at the Wellness Room Elm Hallway revealed signs on doors that said, "NOT AN EXIT". Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. Ref: 2012 NFPA 101 - Section 7.10.8.3	K 211	K227. Facility will provide handrail for ramp at main entrance. A bid has been submitted to complete this task. Maintenance Director/designee will monitor for compliance.	
K 227 SS=D	NFPA 101 Ramps and Other Exits Ramps and Other Exits Ramps, exit passageways, fire and slide escapes,	K 227	Accepted wavier completion date 2/15/2017	

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K 227	Continued From page 2 alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide ramps in accordance with NFPA 101. The findings were: Observation on 11/16/2016 at 3:08 PM at the main entrance (main means of egress) revealed two ramps that went to the public way. Further observation revealed that the ramps were greater than 6 inches in rise and were without handrails. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. Ref: 2012 NFPA - Sections 7.2.5 through 7.2.12	K 227	Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI. Accepted wavier completion date 2/15/2017	
K 293 SS=D	NFPA 101 Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain Exit lights in accordance	K 293	K293#1- Exit sign located in the North and South Spruce corridor will indicate direction to exit. A bid has been submitted to electrician to complete this task. #2. Exit signs located in the Cedar Hall will be continuously illuminated. A bid t December 13, 2016	

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K 293	Continued From page 3 with NFPA 101. The findings were: 1. Observation on 11/16/2016 at 11:15 AM located in the North and South Spruce corridors heading west from the Aspen hall revealed that there was no Exit sign indicating which direction to exit. Interview with the Facility Maintenance Staff at the time of observation indicated that they overlooked the missing exits sign. 2. Observation on 11/16/2016 at 1:48 PM located in the Cedar Hall revealed exits signs that were not continuously illuminated. Interview with the Facility Maintenance Staff at the time of observation indicated that they were unaware of the requirement. Ref: 2012 NFPA 101 - Section 19.2.10.1	K 293	December 13, 2016 electrician has been submitted to complete this task. Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI.	
K 311 SS=D	NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect vertical openings in accordance with NFPA 101. The findings were:	K 311	K311 Dumb waiter system will be constructed with 1 hour fire-resistance rated construction. An Architectural Engineer and contractor have assessed the dumb waiter system to bring up to code. Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI. Accepted wavier completion date 2/15/2017	

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K 311	Continued From page 4 Observation on 11/16/2016 at 1:27 PM located at the dumb waiter system revealed that the dumb waiter shaft was not constructed with 1 hour fire-resistance rated construction. Further observation revealed that the shaft extends 2 floors and that the facility is not fully sprinkled. Interview with the Facility Maintenance Manager at the time of observation indicated that they were unaware of the requirements. Ref: 2012 NFPA 101 - Section 19.3.1.1 through 19.3.1.6	K 311		
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops	K 321	K321 Tub room wall patched, combustibles removed and spring hinges installed by maintenance supervisor. Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI. December 13, 2016	

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K 321	Continued From page 5 d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect hazardous areas in accordance with NFPA 101. The findings were: Observation on 11/16/2016 at 11:45 AM located in the Old Tube Room in Cedar Hall revealed a storage room greater than 50 square feet and provided with an automatic fire extinguishing system. Further observation revealed that the doors were not equipped with self closing devices. Further observation revealed a 12 square inch penetration in the back of the room. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirements. Ref: 2012 NFPA 101 - Section 19.3.2.1	K 321		
K 351 SS=E	NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state	K 351	K351. Built in closet doors in rooms: 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 344, 345 will be corrected to not exceed 6 square feet and allow sprinkled coverage that covers the closet footprint as required. A bid had been placed to an independent contractor. Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI. Accepted wavier completion date 2/15/2017	

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K 351	Continued From page 6 or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) 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, supervised automatic sprinkler system in accordance with NFPA 13. The findings were: Observation on 11/16/2016 at 9:50 AM revealed built-in closets that were located in the 300 corridor resident rooms. The room numbers with the built-in closets were: 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 344, 345. Additional observation revealed that the closets 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 the closets were not provided with sprinkler protection within each closet. Interview with the Facility Maintenance Manager during the observation revealed that they were unaware of the requirement to provide sprinkler protection within closets. Ref: 2012 NFPA 101 - Sections 19.3.5.1 and 9.7.1.1 2010 NFPA 13 - Section 1-6.1 SNC Letter 13-55	K 351		
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens	K 920		

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K 920	Continued From page 7 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide the correct power strips within patient care vicinity in accordance with NFPA 99. The findings were: Observation on 11/16/2016 at 10:20 AM at room 337 revealed a concentrator plugged into a powerstrip that was not UL listed as 1363A. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. Ref:	K 920	December 13, 2016 K920. Concentrator in room 337 was plugged into an UL listed as 1363A power strip. Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI.	

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K 920	Continued From page 8 2012 NFPA 99	K 920		
K 922 SS=D	NFPA 101 Gas Equipment - Other Gas Equipment - Other List in the REMARKS section any NFPA 99 Chapter 11 Gas Equipment requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 11 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide gas equipment to patients in accordance with NFPA 99. The findings were: Observation on 11/16/2016 at 10:00 AM located in Room 344, 333, and 332 revealed a liquid O2 container (60L) in use by the resident. Further observation revealed that the room was not a one hour fire rated room. The door to the room was not a one hour fire rated door. Interview with the Facility Staff indicated they were using this type of configuration for their Nursing Homes in Colorado and California and that they were unaware of the requirement. Ref: 2012 NFPA 99 - Section 11.7.4	K 922	K922 the 42 liter oxygen tank was removed from resident's room and replaced with a high flow concentrator. Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI. December 13, 2016	