Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0006	A. BUILDING: _____ 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) COMPLETE DATE
S 000	General Comments A Life Safety Survey was conducted on 11/16/2016 per State Licensure Rules and Regulations.	S 000		
S7003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components This State Rule and Regulation 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 Manager at the time of observation indicated that they were unaware of the requirements. Ref: 2006 NFPA 101 - Section 7.2.1.5.9.2 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	S7003	S7003 #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. Wavier accepted complete date 2/15/2017 #3 New exit signs have been ordered and will be replaced stating "No Exit" Maintenance Director/designee will monitor for compliance. The Maintenance Director will include any adverse findings in the Safety Committee report to the QAPI committee Wavier accepted complete date 2/15/2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Andrea Stannard — TITLE: NHA — (X6) DATE: 12816

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POC WAS ACCEPTED VIA PHONE CALL ON 1-25-17, WITH ADMINISTRATOR ANDREA STANNARD.

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S7003	Continued From page 1 at the time of observation indicated they were unaware of the requirement. Ref: 2006 NFPA 101 - Section 7.2.1.4.5 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: 2006 NFPA 101 - Section 7.10.8.3	S7003		
S7006	NFPA Life Safety - Nfpa Cap of Means of Egress NFPA 101 Capacity of Means of Egress This State Rule and Regulation 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.	S7006	S7006. 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. The Maintenance Director will include any adverse findings in the Safety Committee report to the QAPI committee Wavier accepted complete date 2/15/2017	

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S7006	Continued From page 2 Ref: 2006 NFPA 101 - Sections 7.2.5	S7006		
S7011	NFPA Life Safety - Nfpa Illum of Means of Egress NFPA 101 Illumination of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain Exit lights in accordance 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: 2006 NFPA 101 - Section 7.8	S7011	S7011#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 to electrician has been submitted to complete this task. Maintenance Director/designee will monitor for compliance. The Maintenance Director will include any adverse findings in the Safety Committee report to the QAPI committee	12/13/2017 12/13/2017
S7014	NFPA Life Safety - Nfpa Prot of Vertical Openings NFPA 101 Protection of Vertical Openings This State Rule and Regulation is not met as	S7014	S7014 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 Director/designee will monitor for compliance.	Wavier accepted complete date 2/15/2017

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S7014	Continued From page 3 evidenced by: Based on observation and staff interview, the facility failed to protect vertical openings in accordance with NFPA 101. The findings were: 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: 2006 NFPA 101 - Section 19.3.1	S7014	The Maintenance Director will include any adverse findings in the Safety Committee report to the QAPI committee	
S7015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation 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	S7015	S7015 Tub room wall patched, combustibles removed and spring hinges installed by maintenance supervisor. Maintenance Director/designee will monitor for compliance. The Maintenance Director will include any adverse findings in the Safety Committee report to the QAPI committee	12/13/2017

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S7015	Continued From page 4 unaware of the requirements. Ref: 2008 NFPA 101 - Section 19.3.2.1	S7015		
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to provide faucets in accordance with Wyoming Chapter 3 Construction Rules & Regulations for Healthcare Facilities. The findings were: Observation on 11/16/2016 at 3:51 PM located in all patient rooms throughout the facility were aerators in the faucets. Interview with the Facility Maintenance Manager at the time of observation was unaware of the requirement. Ref: 2008 Chapter 3 Construction Rules & Regulations for Healthcare Facilities, Section 5 (b)(iv)(V) 2. Based on observation and staff interview, the facility failed to provide light fixtures in accordance with Wyoming Chapter 3 Construction Rules & Regulations for Healthcare Facilities. The findings were: Observation on 11/16/2016 at 9:58 AM located at the Room 46, Rehab Room, and the Maintenance Manager Office, as well as through out the facility, revealed exposed light bulbs with no covers. Interview with Maintenance Manager at the time of observation indicated they were unaware of requirement. Ref: 2008 Chapter 3 Construction Rules & Regulations for Healthcare Facilities, Section 5	S7999	S7999 1. Going forward faucets will be replaced to comply with accordance with Wyoming Chapter 3 Construction Rules and Regulations for HealthCare facilities by maintenance/designee 2. Room 46, Rehab Room and Maintenance Manger Office and lights not in compliance will be covered by maintenance/designee Maintenance Supervisor will monitor for compliance. Any concerns or issues will be brought to monthly QAPI	Wavier accepted complete date 2/15/2017 12/13/2017

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S7999	Continued From page 5 (b)(iv) (I)(E)	S7999		