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

PRINTED: 01/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 fully sprinkled, single-story building with a basement of Type II (III) constriction built in 1998. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 24 certified Medicare and Medicaid beds with a census of 22.	K 000		
K 352 SS=D	NFPA 101 Sprinkler System - Supervisory Signals Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a sprinkler system in accordance with NFPA 72. The findings were: Observation on 01-13-2017 at 7:22 AM located in the kitchen revealed a riser with an antifreeze loop. Further observation revealed that the valve's supervisory equipment on the riser had not been connected to the Fire Alarm Panel.	K 352	1)The fire sprinkler antifreeze loop located in the kitchen is now connected to the fire alarm panel. 2)The wiring is now encased and the connection made. 3) We will continue to perform fire drills per life safety code to ensure that all residents and staff are safe and prepared for when a real fire may occure.	1/20/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO - (X6) DATE: 2/24/17

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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: DQAX21 Facility ID: WY0041 If continuation sheet Page 1 of 4

RECEIVED
FEB 24 2017
Healthcare Licensing and Surveys

ACCEPTED POC USA PHONE CALL WITH CEO KENNETH ARCHER ON 3-6-2017.

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K 352	Continued From page 1 Wiring was not encased and it was apparent that the connection had not been made. Interview with the Facility Maintenance Manager at the time of observation indicated that they had installed the system 8 months ago and he was also unsure as to why the system had not been tied into the Fire Alarm Panel. REF: 2012 NFPA 101 - Section 9.7.2.1 2010 NFPA 72	K 352		
K 781 SS=D	NFPA 101 Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect patient rooms in accordance with NFPA 101. The findings were: Observation on 01-13-2017 at 8:20 AM located in resident room 114 revealed a portable heater that was plugged into the wall. Interview with the Facility Maintenance Manager at the time of observation indicated that they were unaware the resident was using a portable heater and that they believed the family must have provided the portable heater in the room. REF: 2012 NFPA 101 - Section 19.7.8	K 781	1)Space heater in rm 114 was removed upon time of inspection. Further investigation revealed that the bathroom temperatures have been running low and the resident has complained of being cold. 2) Radiant ceiling heaters will be placed in all resident bathrooms by March 15,2017 to ensure temperatures are kept at a safe and comfortable level. 3) Quarterly, the maintenance department will check 50% of LTC resident bathroom temperatures and report as a QA/QI project	01/13/2017
K 923 SS=E	NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage	K 923		

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K 923	Continued From page 2 Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (6 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to store Oxygen gas in accordance with NFPA 99. The findings were:	K 923	1) On 1/31/17 Respiratory Therapy as well as LTC staff working the floor were educated regarding appropriate cubic feet of oxygen allowed in the hall. 2) The extra oxygen tanks were removed at the time of inspection. 3) On 1/17/16 LTC staff meeting was held and education provided that the max # of full oxygen tanks that can be in the hall is 10 tanks which = the 300 cubic feet at any given time. 4) Signs were taken down that were placed within the facility regarding to fill both oxygen tank holders and place them on the floor. 5) A QA/QI project has been made between Respiratory Therapy and LTC to monitor the # of tanks on the unit daily so further education can be provided if needed.	01/17/2017

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K 923	Continued From page 3 Observation on 1-13-2017 at 8:13 AM located in the South East Corridor revealed approximately 625 cubic feet of bottled oxygen in the corridor. Further observation revealed combustible materials surrounding the oxygen tanks within a radius of 5 feet. Interview with the Facility Maintenance Manager at the time of observation indicated that the facility was unaware of the regulation. REF: 2012 NFPA 99 - Section 11.3	K 923		