STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE AFTON, WY 83110

(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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on March 2, 2017. The facility was a fully sprinklered, single story building of Type II (111) construction with plan approval in 1998 and 2010. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 24 certified Medicare and Medicaid beds with a census of 20 residents.	K 000		
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 signs in accordance with NFPA 101, Life Safety Code. The findings were: Observation on 02/02/17 at 7:50 AM at the exit between the dining room and cafeteria revealed that the exit sign was not perpendicular to egress and not readily viewable from any direction of exit access. Interview with Facility Administrator at the time of observation revealed awareness of the requirement, but did not know the details.	K 293	The facility will maintain exit signs in accordance with NFPA 101, Life Safety Code. This will be accomplished by: A) The exit between the dining room and cafeteria will be repositioned so that is is perpendicular to egress and readily viewable from any direction of exit access. B) All other exit signs will be observed to ensure they are readily viewable from any direction of exit access. C) Education will be provided to Maintenance staff on ensuring exit signs are readily viewable from any direction of exit access. D) Maintenance will perform audits monthly for 12 months on all facility exit signs to ensure they are readily viewable from any direction of exit access. The results of these findings will be recorded on the Maintenance Quality Calendars and reported to the Quality Advisory Committee.	4/1/17 4/1/17 4/1/17 4/1/17

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

RN, BSN, NHA — Nursing Home Administrator — 3/22/17

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.

RECEIVED
MAR 27 2017
Healthcare Licensing and Surveys

ACCEPTED PLAN OF CORRECTION VIA PHONE CALL WITH THE ADMINISTRATOR DEREK GREENWALD ON 4-7-2017.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 293	Continued From page 1 REF: 2012 NFPA 101, Sections 19.2.10.1; 7.10.1.2.1	K 293		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the sprinkler system in accordance with NFPA 101, Life Safety Code and NFPA 25, Water Based Fire Protection Systems. The findings were: Observation on 02/02/17 at 8:55 AM in the sprinkler riser room revealed that the gauges had not been replaced or tested within the last 5 years. Last test was conducted on 02/02/12. Interview with the Facility Administrator at the time of observation indicated he was not aware of the requirement.	K 353	The facility will maintain the sprinkler system in accordance with NFPA 101, Life Safety Code and NFPA 25, Water Based Fire Protection Systems. This will be accomplished by: A) A qualified contractor will be engaged to remove and replace the gauges on the automatic sprinkler system fire riser to comply with NFPA 101 and NFPA 25. B) Education will be provided to Maintenance on ensuring that the gauges on the automatic sprinkler system fire riser are replaced at least every 5 years. C) Maintenance will perform audits monthly for 12 months on the sprinkler system to ensure it is complying with NFPA 101 and NFPA 25. The results of these findings will be recorded on the Maintenance Quality Calendars and reported to the Quality Advisory Committee.	4/1/17 4/1/17 4/1/17

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K 353	Continued From page 2 REF: 2012 NFPA 101 Sections 9.7.5; 9.7.7; 9.7.8 2011 NFPA 25 section 5.3.2	K 353		
K 361 SS=D	NFPA 101 Corridors - Areas Open to Corridor Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain corridor separation in accordance with NFPA 101, Life Safety Code. The findings were: Observation on 02/02/17 at 8:40 AM located at the southeast corridor revealed physical therapy exercise equipment being utilized as part of a patient treatment area which was open to the corridor. Further observation revealed (2) stationary bikes, a scale for weight measurement, and a stack of weights attached to a pulley. Interview with the Facility Administrator at the time of the observation acknowledged he was aware of the requirement but did not know the details. REF: 2012 NFPA 101 Sections 19.3.6.1 (a); 19.3.6.1 (7)	K 361	The facility will maintain corridor separation in accordance with NFPA 101, Life Safety Code. This will be accomplished by: A) physical therapy exercise equipment, stationary bikes, weight scale and stack of weights attached to a pulley will be removed from the location that is now considered part of the corridor. B) Education will be provided to Maintenance on ensuring that corridor locations are not utilized as patient treatment areas. C) Maintenance will perform audits monthly for 12 months on all identified corridors to ensure they are not utilized as patient care areas with equipment being stored there. The results of these findings will be recorded on the Maintenance Quality Calendars and reported to the Quality Advisory Committee.	4/1/17 4/1/17 4/1/17
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only	K 920		

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K 920	Continued From page 3 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 utilize proper electrical equipment in accordance with NFPA 99, Health Care Facilities and NFPA 70, National Electrical Code. The findings were: Observation on 02/02/17 at 8:11 AM in rooms 217 and 219 revealed oxygen concentrators plugged into a powerstrip that was not listed as UL 1363A. Interview with the Facility Administrator at time of observation acknowledged the use of the powerstrips. REF: 2012 NFPA 99 Section 10.2.3.6; 10.2.4 2011 NFPA 70 Section 517.18 (b)	K 920	The facility will utilize proper electrical equipment in accordance with NFPA 70, National Electrical Code. This will be accomplished by: A) Rooms 217 and 219 will have current power strips removed and either replaced with a UL 1363A powerstrip, or the concentrators will be plugged directly into the wall with no other power strips in the room. B) All other rooms will be checked to ensure that power strips in the patient care vicinity are not used for non-PCREE, except in long-term care resident rooms that do not use PCREE. C) Education will be provided to Maintenance on ensuring that PCREE equipment is only plugged into UL1363 power strips, or directly into the wall itself. D) Maintenance will perform audits monthly for 12 months on all patient rooms to ensure they are following NFPA 99 and UL 1363A standards. The results of these findings will be recorded on the Maintenance Quality Calendars and reported to the Quality Advisory Committee.	4/1/17 4/1/17 4/1/17 4/1/17