Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0014	A. BUILDING: _____ B. WING _____	03/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

(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 Code Survey was conducted by Healthcare Licensing and Surveys on March 20-21, 2017. The facility was a fully sprinklered, single story building of Type V (111) construction with plan approval in 1987 and 2009. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 160 Medicare and Medicaid beds with a census of 143 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply.	S 000		
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 meet the exit egress requirements of the 2006 NFPA 101. The findings were: Observation on 03-20-2017 at 2:30 PM at the exterior ramp outside of the northwest corridor revealed a rise equal to or greater than 14 inches and no handrails on either side of the ramp. Per the definition of the Life Safety Code a ramp is classified as a walkway with a slope greater than 1:20. During observation a length measurement	S7006	S7006 Capacity of Means of Egress A) Handrails will be added to the exterior ramp outside of the northwest corridor on or before 05/06/17. B) The maintenance director will randomly observe ramp to ensure handrails remain in place. C) The maintenance staff will report quarterly at the Performance Improvement meeting the findings of their observations. This will happen for one quarter or until substantial compliance	5/6/17

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 5/5/17

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Healthcare Licensing and Surveys

ACCEPTED PLAN OF CORRECTION IN PERSON WITH BRYAN MERRELL ON 5-5-17. BRYAN MERRELL IS THE ADMINISTRATOR.

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S7006	Continued From page 1 of approximately 150 inches and a height of approximately 14 inches was measured. The height exceeded the allowed 7.5 inches and therefore was classified a ramp. The absence of handrails could allow an individual to fall and cause injury. Interview with the Facility Maintenance Manager at the time of the observation revealed they were unaware of the requirement. REF: 2006 NFPA 101 - Sections 7.2.5, 7.2.5.3.2, and 7.2.5.4.2	S7006		
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: Observation on 3-21-2017 at 3:15 PM located in the laundry room revealed a newly affixed eyewash station. Further observation revealed that the eye wash station was not equipped with an ASSE 1071 mixing valve. Failure to equip a mixing valve could result in injury to the eye from the eyewash station. Interview with the Facility Maintenance Manager indicated that they recently had installed the eyewash station and thought they had a mixing valve on it. Ref: 2006 IPC - Section 411.1	S7036	S7036 IPC Life Safety – Int'l Plumbing Code A) An ASSE 1071 mixing valve was installed on 04/03/17 on the newly affixed eyewash station located in the laundry room. B) The maintenance director will randomly audit eyewash stations to ensure mixing valves remain in place. C) The maintenance staff will report quarterly at the Performance Improvement meeting the findings of their observations. This will happen for one quarter or until substantial compliance has been achieved.	5/6/17

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S7036	Continued From page 2 ANSI Z358.1	S7036		
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to meet the storage regulations of the 2006 International Fire Code. The findings were: 1. Observation on 03-20-2017 at 2:45 PM located in the Mechanical room adjacent to the coat room, and the mechanical room in the 200 corridor revealed combustible storage in the forms of boxes, paper, and TV's. Failure to prevent combustible storage in mechanical room could result in the transition of smoke or fire throughout the HVAC system including toxins from plastic. Interview with the Facility Maintenance staff at the time of observation indicated they were unaware that they could not store combustible material in Mechanical rooms. Ref: 2006 IFC - Section 315.2.3 2. Observation on 03-21-2017 at 12:35 PM located in the oxygen storage room revealed 18 Liquid Oxygen containers that were 41 liters in capacity. Further observation indicated that the facility exceeded the permit amount for compressed gasses or cryogenic fluids, and also exceeded the maximum allowable quantity per control area for hazardous materials. Interview with staff from the Wyoming Department of Health - Aging Division, Healthcare Licensing and Surveys indicated that per the most recent life	S7999	S7999 State Miscellaneous Life Safety A) Combustible storage was removed from mechanical room adjacent to the coat room on 03/20/17.The oxygen storage room will be made a two hour fire rated storage room on or before 05/07/17. Exhaust fan for bathing room in the 300 corridor will be replaced on or before 05/06/17. B) The maintenance director will randomly audit to ensure combustible material is not stored in mechanical rooms, the number of liquid oxygen tanks does not exceed maximum capacity after changes to the fire rating of the oxygen storage room, and that bathing room exhaust fans function properly. C) The maintenance staff will report quarterly at the Performance Improvement meeting the findings of their observations. This will happen for one quarter or until substantial compliance has been achieved.	5/6/17

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S7999	Continued From page 3 safety plan submitted by the facility the oxygen storage room was constructed utilizing 1-hour fire-resistant construction in lieu of the required 2-hour fire-resistance rating. Interview with the Facility Maintenance Manager at the time of observation indicated that they understood they were able to store up to 14 liquid oxygen containers within the Oxygen storage room. Failure to meet the minimum fire rating for an oxygen storage room that has an oxygen storage capacity over 3000 cubic feet may result in a fire that spreads throughout a facility. Ref: 2006 IFC - Table 2703.1.1(1) 2006 IBC - Section 508.3.3 3. Based on observation and staff interview, the facility failed to provide exhaust requirements in accordance with Chapter 3 Wyoming Rules and Regulations for Health Care Facilities. The findings were: Observation on 03-20-2017 at 3:02 PM in the bathing room in the 300 corridor revealed that there was not continuous exhaust. Further observation revealed no exhaust fan was running. Interview with Facility Staff indicated that they were unaware of the requirement. Ref: Chapter 3 Wyoming Rules and Regulations for Health Care Facilities Section 5 b (iv) (B)	S7999		