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

PRINTED: 04/14/2017
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
	535030	A. BUILDING 01 B. WING _____	04/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1111 LANE 12 LOVELL, WY 82431

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K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on April 4, 2017. Requirements for Long Term Care Facilities 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 a fully sprinklered, two story building of Type II (111) construction built in 1991. The building was equipped with a supervised automatic sprinkler system and an addressable fire alarm system. The facility had a capacity of 85 certified Medicare and Medicaid beds with a census of 70 residents.	K 000		
K 133 SS=D	NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3	K 133		

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

Rick Schroeder | LNHA | 5-9-17

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
MAY 09 2017
Healthcare Licensing and Surveys

ACCEPTED POC VIA PHONE CALL WITH CEO RICK SCHROEDER ON 5-10-17

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K 133	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain corridors doors in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 04/04/2017 at 1:34 PM located at the two hour separation linking the care center with the hospital, revealed a 2-hour-rated fire door with vision panels. Further observation revealed that one vision panel was not marked to indicate the fire rating. Failure to provide fire rated windows in fire doors as required increases the risk of death or injury due to fire. Interview with the Facility Maintenance Manager at the time of observation indicated that the doors were new and they were unaware that the door may not have a fire window. REF: 2012 NFPA 101 Sections 19.3.6.3.16; 8.3.3	K 133	K133 A) Two hour fire barrier will be maintained for the safety of our patients, staff and visitors. B) The vision panel will be replaced with the correct fire rated panel. C) Fire barrier separation will be inspected by maintenance and recorded on the monthly preventative maintenance checklist. D) The preventative maintenance checklist will be reviewed by the Facility Director.	5/21/17
K 291 SS=D	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide emergency lighting in accordance with the 2012 NFPA 99, Health Care Facilities Code and the 2012 NFPA 101, Life Safety Code. The findings were: 1. Observation on 04/04/2017 at 3:47 PM in the emergency generator transfer switch room revealed no battery powered emergency lighting was provided. In the event of a power failure, and where the transfer switch fails, a battery-powered	K 291	K291 - 1 Emergency lighting will be maintained for the safety of our patients, staff and visitors. B) Emergency lighting in the generator transfer switch room will have batteries replaced, repaired and tested. C) Emergency lighting will be inspected monthly by the maintenance department and recorded on the preventative maintenance checklist.	5/1/17

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K 291	Continued From page 2 emergency light would illuminate the transfer switch location for maintenance, or for egress out of the room. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. REF: 2012 NFPA 99 Section 6.4.2.2.3 (4) (b) 2. Observation on 04/04/2017 at 3:50 PM in the generator room revealed a battery-operated emergency light that malfunctioned when tested. In an emergency functional lighting is critical for maintenance on emergency electrical equipment, and for quick egress from the facility to prevent injury or loss of life. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement and that they had forgotten to replace the battery. REF: 2012 NFPA 101 Sections 19.2.9; 7.9.2.1	K 291	D) The preventative maintenance checklist will be reviewed by the facility director. K 291 - 2 A) Emergency lighting will be maintained for the safety of our patients, staff and visitors. B) Emergency lighting in the generator room will have batteries replaced, repaired and tested. C)Emergency lighting will be inspected monthly by the maintenance department and recorded on the preventative maintenance checklist.	5/1/17
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.	K 321	D) The preventative maintenance checklist will be reviewed by the facility director.	

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K 321	Continued From page 3 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 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 maintain hazardous areas in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 04/04/2017 at 2:05 PM in the multipurpose room revealed a large amount of combustible storage behind an accordion wall that was open to the room. Further observation revealed that the accordion wall did not provide a smoke resistant partition, would not self close, and that the space was larger than 50 square feet. Failure to provide combustible storage areas with smoke resistant partitions and doors with self closing devices as required increases the risk of death or injury due to a fire. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement. REF: 2012 NFPA 101 Section 19.3.2	K 321	K321 A) Hazardous areas will be maintained for the safety of our patient, staff and visitors. B) Combustible storage will be removed from the multipurpose room to an approved storage area. C) Maintenance will check all areas monthly, and report any combustible storage accumulation in unapproved areas to the Facility Director. D) Facility Director will report findings to Health and Safety Committee.	5/15/17
K 341 SS=D	NFPA 101 Fire Alarm System - Installation	K 341		

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K 341	Continued From page 4 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide smoke detection in accordance with the 2012 NFPA 101, Life Safety Code and the 2012 NFPA 72, National Fire Alarm and Signaling Code. The findings were: Observation on 04/04/2017 at 1:35 PM in the fire alarm control panel room revealed that no smoke detector was provided. Smoke detection at the transmitting equipment is intended to increase probability that an alarm signal will be transmitted prior to the equipment being disabled due to fire conditions. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. REF: 2012 NFPA 101, Section 9.6.2.10.1.1 2012 NFPA 72, Section 10.15	K 341	K341 A) Fire alarm system will be maintained for the safety of our patients, staff and visitors. B) Smoke detection will be installed in the fire alarm control panel room. C) Fire alarm system will be inspected yearly by a certified inspection company. D) Inspection report will be kept on record for review.	5/15/17
K 511	NFPA 101 Utilities - Gas and Electric	K 511		

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K 511 SS=D	Continued From page 5 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical equipment in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 70, National Electrical Code. The findings were: Observation on 04/04/2017 at 1:20 PM in the family dining room kitchen revealed that one of the electrical outlets above the counter top was not a GFCI outlet. The outlets in the kitchen area need to be of the GFCI type to avoid shock hazard to staff and residents. Interview with the Facility Maintenance Manager at the time of observation revealed awareness of the requirement. REF: 2012 NFPA 101 Section 9.1.2 2011 NFPA 70 Section 210-8(a)(6)	K 511	K511 A)Electrical system will be maintained for the safety of our patients, staff and visitors. B)A GFCI will be installed in the family dining room kitchen counter. C) The electrical system will be inspected by the maintenance department. D) Maintenance department will report any issues with the electrical system to the facility director.	5/15/17