STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535042	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

(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 November 14, 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 (west and central wing) was a fully sprinklered, one story building of Type V (000) and Type V (111) construction built in 1958 and 1987. The building was equipped with a supervised automatic wet sprinkler system (west wing) and dry sprinkler system (central wing) with an addressable fire alarm system. The facility had 193 certified Medicare and Medicaid beds with a census of 168 residents.	K 000		
K 227 SS=E	Ramps and Other Exits CFR(s): NFPA 101 Ramps and Other Exits Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a ramp in accordance with	K 227	Ramps and Other Exits Corrective Action 1. A qualified vendor will install ramp handrails at the south side of the Krampert entrance that meet 2012 NFPA 101 Life Safety Code on December 8, 2017. 2. A qualified vender installed ramp handrails at the physical therapy exit and the north exit that meet 2012 NFPA 101 Life Safety Code on December 8, 2017.	1/15/18

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

NHA 12/18/2017

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.

POC ACCEPTED VIA PHONE CALL WITH THE ADMINISTRATOR MICHAEL SPEEDY ON 12-27-2017.

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K 227	Continued From page 1 the 2012 NFPA 101, Life Safety Code. The findings were: 1. Observation on 11/14/2017 at 11:02 AM at the south side Krampert entrance revealed a ramp in which the handrails failed to continue the full length of the ramp. The handrails ended approximately 22 inches before the end of the ramp. Failure to maintain ramps as required could result in injury or death from a fall. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101, Sections: 19.2.2.6; 7.2.2.4.2 2. Observation on 11/14/2017 at 10:40 AM at the exit adjacent to room 207 and the north exit revealed an exterior ramp with no handrails on either side. Further observation at the Physical Therapy exit revealed an exterior ramp lacking handrails on either side. Failure to provide ramps as required could result in falls causing injury or death. The facility was cited for the same observation during the previous survey on 10/19/2016, and received a time-limited waiver that expired on 6/21/2017. Interview with the Facility Administrator at the time of observation indicated awareness of the requirement, but stated they did not fix the problem due to budget constraints. REF: 2012 NFPA 101, Sections: 19.2.2.6; 3.3.219; 7.2.5.2.(2) (c)	K 227	Other Potentially Affected All facility residents have the potential to be affected by this practice System's Changes The facility maintenance department will be educated on NFPA requirements for handrails, ramps and exits. An audit will be conducted on all facility exits with ramps to ensure compliance with NFPA requirements. Any identified audits found not to be in compliance will be corrected. Monitoring The Facility maintenance department or designee will audit all exits with ramps weekly x4 weeks, monthly x3 months and random thereafter. QA The facility maintenance director will report audit date to the facility QAPI committee for further action and follow-up.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101	K 321		

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K 321	Continued From page 2 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. 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous area enclosures in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 11/14/2017 at 2:17 PM outside of the kitchen revealed a storage room larger than	K 321	Hazardous Areas – Enclosure Corrective Actions The facility maintenance department removed the storage items from the room outside the kitchen and purposed it back to an office space. Other Potentially Affected All facility residents have the potential to be affected by this practice. Systematic Changes The facility maintenance department will be educated on NFPA requirements on storage rooms. An audit will be conducted of all facility storage rooms to ensure compliance to NFPA requirements. Any identified areas found not to be in compliance will be corrected. Monitoring The facility maintenance director or designee will audit all facility storage areas weekly x 4 weeks, then monthly x3 months and random thereafter. QA The facility maintenance director will report audit data to the facility QAPI committee for further action and follow up.	12/29/17

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K 321	Continued From page 3 50 square feet that was filled with combustibles, and did not have a rated door or a self closing device. Further observation revealed the room had a non-rated window that could be opened to the corridor. Failure to maintain hazardous enclosures as required could allow fire spread resulting in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of the observation indicated the room was an office at one time that was now being used for storage, and he was aware of the requirement. REF: 2012 NFPA 101, Sections: 19.3.2.1; 8.7.1.1	K 321		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors	K 363	Corridor – Doors Corrective Action 1. The facility maintenance department installed the proper fire door. Assembly to that the fire barrier adjacent to room 31 could properly latch. 2. The facility maintenance department installed the proper fire door assembly on the attics access doors between rooms 211 and 212 as well as the doors between rooms 44 and 45. Other Potentially Affected All facility residents have the potential to be affected by this practice.	12/29/17

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K 363	Continued From page 4 meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide corridor doors in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 221, Standard for High Challenge Fire Walls, Fire Walls, and Fire Barrier Walls. The findings were: 1. Observation on 11/14/2017 at 11:25 AM in the fire barrier adjacent to room 31 revealed a fire exit door missing the fire door assembly hardware. Further observation revealed that the door did not latch. Failure to provide fire doors as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101, Sections: 8.3.3; 7.2.1.7 2. Observation on 11/14/2017 at 10:45 AM at the fire barrier in the attic between rooms 211 and 212 revealed that the access door in the fire barrier was not equipped as a fire door assembly. Further observation between rooms 44 and 45	K 363	Systematic Changes The facility maintenance department will be educated on NFPA requirements on exit and fire doors. An audit will be conducted on all fire exit doors and attic fire barriers doors to ensure compliance to NFPA requirements. Any identified areas found not to be in compliance will be corrected. Monitoring The facility maintenance director or designee will audit all facility fire doors and attics barrier doors weekly x4 weeks, then monthly x3 months and random thereafter. QA The facility maintenance director will report audit dare to the facility QAPI committee for further actions and follow-up.	

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K 363	Continued From page 5 also revealed a fire barrier access door that lacked fire door assembly. Failure to provide fire door assembly as required could result in fire spread resulting in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101, Sections: 19.3.6.3.14; 8.3.1.3 2012 NFPA 221, Sections: 7.3; 4.8.3.1	K 363		
K 372 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoke barriers in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: 1. Observation on 11/14/2017 at 11:33 AM in the Secure Unit at the Nursing Station revealed that the continuity of the smoke barrier was not	K 372	Subdivision of Building Spaces – Smoke Barrier Corrective Actions The facility will ensure the smoke compartment on the West unit is compliant with NFPA regulations by ensuring that the fire barrier is continuous. The facility will move the fire doors adjacent to room 54 to make the fire barrier continuous. Other Potentially Affected All facility residents have the potential to be affected by this practice Systematic Changes The facility maintenance department will be educated in NFPA requirements regarding continuous fire barrier. An audit will be conducted on all fire barriers to ensure compliance to NFPA requirements. Any identified areas will be corrected.	1/15/18

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K 372	Continued From page 6 continuous through all concealed space. Further finding revealed that the nursing station was not resistant to the passage of smoke and fire due to the service access opening in the wall. Failure to maintain smoke barriers as required could result in injury or death during an emergency. The facility was cited during the previous survey on 10/19/2016 for the same observation, and received a time-limited waiver that expired on 5/24/2017. Interview with the Facility Administrator at the time of the observation revealed the facility failed to correct the deficiency due to budget constraints. Further interview indicated that he was aware of the requirement. Ref: 2012 NFPA 101, Sections: 19.3.6; 8.3.1 2. Observation on 11/14/2017 at 11:40 AM at the fire doors adjacent to room 54 revealed that the continuity of the fire barrier was not continuous through all concealed spaces. The fire barrier in the attic space was located approximately 8 feet west of the current location of the fire doors. It could not be established that continuity of the fire-rated construction had been maintained in the horizontal off set. Failure to maintain fire barriers as required could result in fire spread resulting in injury or death. Interview with the Facility Maintenance Manager at the time of the observation indicated he was unaware of the requirement. REF: 2012 NFPA 101, Sections: 19.3.6; 8.3.1	K 372	Monitoring The maintenance director or designee will conduct a monthly audit on facility smoke compartments to ensure compliance to NFPA requirements. QA The facility maintenance director will report audit data to the facility QAPI committee for further actions and follow-up.	
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations	K 741		

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K 741	Continued From page 7 Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoking regulations in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 11/14/2017 at 11:03 AM at the south side Krampert entrance revealed that the facility did not post a No Smoking sign despite being a smoke free facility. Further observation revealed that the facility did not post No Smoking signs at any main entrance. No Smoking signs	K 741	Smoking Regulations Corrective Actions The facility maintenance department installed "No Smoking" signs on all main entrances. Other Potentially Affected All facility residents have the potential to be affected by this practice. Systematic Changes The facility maintenance department will be educated on the NFPA requirement regarding "No Smoking" signage. An audit will be conducted on all main entrances to ensure compliance to NFPA requirements regarding "No Smoking" signage. Any identified areas found not to be in compliance will be corrected. Monitoring The facility maintenance director or designee will audit all facility main entrances for appropriate "No Smoking" signage weekly x4 weeks, then monthly x3 months and random thereafter. QA The facility maintenance director will report audit data to the facility QAPI committee for further action and follow-up.	12/29/17

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K 741	Continued From page 8 need to be posted at all main entrances to ensure residents safety, and failure to do so could result in injury or death. Interview with the Facility Maintenance Manager at the time of the observation indicated he was unaware of the requirement. REF: 2012 NFPA 101, Section 19.7.4	K 741		
K 930 SS=E	Gas Equipment - Liquid Oxygen Equipment CFR(s): NFPA 101 Gas Equipment - Liquid Oxygen Equipment The storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections 11.7.2 through 11.7.4 (NFPA 99). 11.7 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain liquid oxygen equipment and storage facilities in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 99, Health Care Facilities Code. The findings were: Observation on 11/14/2017 at 11:49 AM in the oxygen storage room revealed (18) Liquid Oxygen containers that were 41 liters in capacity, and (12) oxygen bottles of 24 liters each for a total of 22,658 cubic feet of oxygen stored in the room. Further observation revealed that the facility had exceeded the storage capacity threshold for bulk oxygen systems. Failure to maintain oxygen storage facilities as required may result in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the	K 930	Gas Equipment – Liquid Oxygen Equipment Corrective Action The facility maintenance department removed the excess oxygen so that oxygen storage room is compliant with NFPA requirements. Other Potentially Affected All facility residents have the potential to be affected by this practices. Systematic Changes The facility maintenance department will be educated on the NFPA requirements for oxygen storage. An audit will be conducted on facility oxygen storage areas to ensure compliance to NFPA requirements. Any identified areas found not to be in compliance will be corrected. Monitoring The facility maintenance director or designee will audit all oxygen storage areas 5x per week x4 weeks, then weekly x3 months and random thereafter.	12/29/17

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K 930	Continued From page 9 requirement. REF: 2012 NFPA 101, Section: 19.3.2.4 2012 NFPA 99, Sections: 3.3.21.3, 5.1.3.5.12, and 11.3.2.9. 2010 NFPA55, Section: 9.3	K 930	QA The facility maintenance director will report audit data to the facility QAPI committee for further action and follow-up.	