DEPARTMENT OF HEALTH AND HUM[illegible] SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/13/2005
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
	535022	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/30/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

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K 000	INITIAL COMMENTS Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) three story building with a complete automatic supervised wet sprinkler system and fire alarm system. K6: Date of Plan Approval: 1965 and 1987 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=150;SNF/NF=150 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	ADDITIONS & ACCEPTANCE OF THIS POC WITH SARA BEUKEMA, N/A, ON 1/10/06 AT 9:30 AM VIA TELECONFERENCE. JT	
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017	K017 The facility will ensure that the integrity of the corridor/use area separation is in accordance with NFPA 101 Section 19.3.6.2.1, this will be accomplished by: A, B) The 1 inch by 12 inch hole located 6 inches above the floor in the central supply corridor will be repaired. C) A Quality Assurance monitoring tool will be developed to monitor the integrity of the walls throughout the building. D) The monitoring will be conducted by the Plant Operations personnel and reported quarterly at the Pioneer Manor Quality Assurance Meetings.	1/06/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lisa DeMarchi — TITLE: Administration — (X6) DATE: 12/22/05

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.

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K 017	Continued From page 1	K 017		
K 018 SS=D	This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain the integrity of the corridor/use area separation in accordance with NFPA 101 Section 19.3.6.2.1. The findings were: 1. At 12:47 PM on 11/30/05, a 1 inch by 12 inch hole located 6 inches above the floor was observed in the central supply corridor wall. NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K018 The facility will ensure that doors protecting corridor openings will have a means for keeping closed in accordance with NFPA 101 Section 19.3.6.2. This will be accomplished by: A) The door to the second floor pharmacy office will be equipped with a latching device that will keep the door fully closed if a force of 5lbs. was applied to the door. B) All doors protecting corridor openings will be equipped with latching devices that will keep the door fully closed if a force of 5 lbs. was applied to the door. C)A Quality Assurance monitoring tool will be developed to assess all latching devices to doors protecting corridors. D) The assessment will be conducted by Plant Operations personnel and the results of the assessment will be reported quarterly at the Pioneer Manor Quality Assurance Meeting.	1/12/06

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provided corridors with a means suitable for keeping the door closed in accordance with NFPA 101 Section 19.3.6.3.2. The findings were: 1. Observation at 11:49 AM on 11/30/05 revealed the corridor door to the second floor pharmacy office did not have a latching device or a device that was capable of keeping the door fully closed if a force of 5 lbf (22 N) was applied at the latch edge of the door.	K 018		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide self-closing devices for 2 of 16 hazardous areas in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. Observation at 11:40 AM on 11/30/05 revealed the medical records storeroom on the second	K 029	K029 The facility will ensure that hazardous areas will be equipped with self-closing devices on the doors in accordance to NFPA 101 Section 19.3.2.1. This will be accomplished by: A) The doors to the medical record storage room and the storage room for open records on the second floor will be equipped with self-closing devices. B) All doors protecting hazardous areas will be equipped with a self-closing device. C) A Quality Assurance monitoring tool will be developed to assess all doors protecting hazardous areas to assure they are equipped with a self-closing device. D) The assessment will be conducted by the Plant Operation personnel and reported quarterly at the Pioneer Manor Quality Assurance Meeting.	1/12/06

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K 029	Continued From page 3 floor near the conference room was greater than 50 square feet and did not have a self-closing device on the corridor door. 2. Observation at 11:52 AM on 11/30/05 revealed a storage room for open records on the second floor (formerly used as a human resource office) was greater than 50 square feet. There was no self-closing device on the corridor door. 3. Maintenance staff reported that both of these rooms had recently been converted into store rooms.	K 029		
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	K051 The facility will ensure that smoke detectors are attached to the ceiling in accordance with NFPA 72 Section 2-2.21. This will be accomplished by: A) The smoke detector above the TV area in the front lobby will be reattached to the ceiling. B) All smoke detectors will be assessed to ensure proper installation. C) The Plant Operations department has developed a system and process for testing and evaluating the smoke detector system. The Preventive Maintenance System is computerized with scheduling reflective of the time frames listed in NFPA 72. Results of the scheduled testing and monitoring will be reported as a Quality Monitoring study. D) The testing and evaluating will be conducted by the Plant Operation personnel and reported quarterly at the Pioneer Manor Quality Assurance Meeting.	1/10/06

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K 051	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide smoke detectors that were attached to the ceiling in accordance with NFPA 72 Section 2-2.2.1. The findings were: 1. Observation at 8:50 AM on 11/30/05 revealed a smoke detector above the TV area in the front lobby was hanging from wires and not attached to the ceiling. 2. At the time of the observation, maintenance staff reported the area had recently been painted, and the detector must not have been re-attached.	K 051	K052 The facility will ensure that that testing of the supervisory station fire alarm systems-receivers will be performed on a monthly basis in accordance with NFPA 72 Table 7-3.2. This will be accomplished by: A,B) A schedule has been developed for the testing of the fire alarm systems . The schedule is reflective of the time frames listed in NFPA 72 . C) A Quality Assurance monitoring tool will be developed to monitor the compliance of testing the supervisory station fire alarm systems-receivers monthly. D) The Plant Operation personnel will be monitor the compliance and report quarterly at the Pioneer Manor Quality Assurance meeting.	12/20/05
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to test the supervisory station fire alarm systems- receivers on a monthly basis in accordance with NFPA 72 Table 7-3.2. The findings were:	K 052		

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K 052	Continued From page 5 1. At 4:10 PM on 11/29/05, record review of the fire alarm system revealed neither of the facility's two fire alarm systems had been activated during the month of May 2005. Maintenance staff reported the facility had conducted silent fire drills that month and had not activated the alarm systems.	K 052	K062 The facility will ensure that testing records of the automatic sprinkler system are maintained and the sprinkler spray patterns will remain unobstructed. A,B) A schedule has been developed for the testing of the fire sprinkler system. The scheduled reflects the time frames listed in NFPA 13. A) The privacy curtains in resident rooms #515, #514, #509 will be removed and replaced with privacy curtains measuring at least ½" of mesh on the diagonal. B) All privacy curtains will be examined to assure the top mesh is at least ½ inches on the diagonal. Curtains that are found to have less than 1/2inches on the diagonal will be removed and replaced with appropriate privacy curtains. C) The Environmental Service personnel will be provided with an inservice by their manager regarding the regulations for preventing obstructions to sprinkler spray patterns in accordance to NFPA 25. Proper purchasing requirements for privacy curtains and shower curtains will be reviewed. A Quality Assurance monitoring tool will be developed to assess the sprinkler system testing documentation as well as ensuring the privacy curtains have the appropriate amount of mesh on the diagonal. D) The Plant Operations personnel will assess both the sprinkler system documentation as well as the appropriate amount of mesh at the top of the privacy curtains to avoid obstruction of the sprinkler spray pattern.	1/10/06
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to maintain testing records and prevent obstructions to sprinkler spray patterns in accordance with NFPA 25 Section 1-8 and 5-6.5.2.3 respectively. The findings were: 1. On 11/29/05 at 3:40 PM, review of sprinkler testing records revealed the facility did not have any quarterly testing records for the supervisory signal devices or the main drain test for the year 2005. Maintenance staff reported the tests had been done the same dates the waterflow tests had been conducted, but the records must have been misplaced. The facility had recently undergone an accreditation survey,and the records had been removed from the record keeping folder for that survey. 2. On 11/30/05 between 9:50 and 10:07 AM the following locations were observed to have privacy curtains with top mesh panels that measured less	K 062		

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K 062	Continued From page 6 than the allowed 1/2 inch on the diagonal: a. Resident room #515 b. Resident room #514 c. Resident room #509 3. A member of maintenance staff measured the openings of the top mesh panel on the diagonal and confirmed the measurement was less than 1/2 inch.	K 062	K070 The facility will ensure that portable space heating devices used in non-sleeping staff and employee areas are tested prior to use and will only be used if the heating element does not exceed 212 degrees F. This will be accomplished by: A) The space heating device will be removed from the receptionist area. B) Prior to using a space heating device in a non-sleeping staff and employee area, the unit will be tested to assure the heating element does not exceed 212 degrees F. C) A policy will be developed regarding the testing of portable heating devices for use in non-sleeping staff and employee areas prior to use. A Quality Monitoring tool will be developed to monitor the use of portable heating devices. D) The Plant Operation personnel will perform the monitor and report quarterly to the Pioneer Manor Quality Assurance meeting.	1/5/06
K 070 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: Based on observation, the facility failed to prohibit portable space heaters in health care occupancies in accordance with NFPA 101 Section 19.7.8. The findings were: 1. Observation at 8:40 AM on 11/30/05 revealed the receptionist area had a portable space heater in operation.	K 070		
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K 076		

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K 076	Continued From page 7 . (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide proper oxygen cylinder storage in accordance with NFPA 99 Section 4-3.5.2.2. The findings were: 1. Observation at 10:30 AM on 11/30/05 revealed the restorative dining room on neighborhood #4 had two oxygen cylinder storage racks storing 24 cylinders.	K 076	K076 The facility will ensure that oxygen cylinder storage complies with NFPA 99 Section 4-3.5.2.2. This will be accomplished by: A,B) ~~The facility has identified a larger store room for the cylinder oxygen. This store room will comply with NFPA 99 regulations prior to oxygen cylinder storage.~~ C) The Plant Operation personnel will monitor, through a quality monitoring tool to assure that oxygen cylinders are only stored in areas vented to the outside. D) The results of the QA study will be reported quarterly at the Pioneer Manor Quality Assurance Meeting. A,B) ALL OXYGEN CYLINDERS HAVE BEEN REMOVED FROM THE RESTORATIVE DINING ROOM.	1/13/06