

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

PRINTED: 03/22/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A051		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2018	
NAME OF PROVIDER OR SUPPLIER SOUTH LINCOLN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 711 ONYX STREET KEMMERER, WY 83101			
(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 1/11/2018. Requirements for Long Term Nursing Homes 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 fully sprinkled, single-story building with a basement of Type II (III) constriction built in 1998. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 24 certified Medicare and Medicaid beds with a census of 24.			K 000			
K 227 SS=D	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 the 2012 NFPA 101 (Life Safety Code). The findings were:			K 227	Design plans will be completed for ramp #1 & #2 by the end of March 10 2018, with handrails being present to both sides of the ramps.		6/30/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/02/2018

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 227	Continued From page 1 1. Observation on 1/11/2018 at 8:05 AM at the exterior ramp located outside of the Physical Therapy Exit Stairwell revealed a ramp with a rise and run of approximately 10 inches by 92 inches. Further observation revealed that the ramp did not have handrails on either side. Per the definition of the Life Safety Code a ramp is classified as a walkway with a slope greater than 1:20. The ramp exceeded the 1:20 ratio by approximately 5.4 inches. Failure to provide handrails as required by the 2012 NFPA 101 (Life Safety Code) could result in injury or death due to a fall. Interview with the facility maintenance staff at the time of observation indicated they were not aware of the requirement. 2. Observation on 1/11/2018 at 9:19 AM of the exterior ramp located outside of the Purchasing North East Exit door revealed a ramp with a rise and run of approximately 19 inches by 159 inches. Further observation revealed that the ramp did not have handrails on either side. Per the definition of the Life Safety Code a ramp is classified as a walkway with a slope greater than 1:20. The ramp exceeded the 1:20 ratio by approximately 11.05 inches. Failure to provide handrails as required by the 2012 NFPA 101 (Life Safety Code) could result in injury or death. Interview with the facility maintenance staff at the time of observation indicated they were not aware of the requirement. REF: 2012 NFPA 101 Sections 19.2.2.6; 3.3.219; 7.2.5.2 (2) (c)	K 227	Completion date will be by April 10, 2018 Residents and/or patients do not use either of these exits and ramps as an escape routine during any type of a drill at this time. Education as been provided to all employees regarding the risk of using these ramps on 3/2/18. Plant Operations will report any concerns to the QA/QI committee in the monthly meetings.		
K 281 SS=D	Illumination of Means of Egress CFR(s): NFPA 101	K 281			2/28/18

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K 281	Continued From page 2 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exit signs in accordance with the 2012 NFPA 101 (Life Safety Code). The findings were: Observation on 01/11/2018 at 7:59 AM located in the exit stair well revealed that there was no exit sign indicating which door to exit through. Further observation revealed there were two doors at the bottom of the stair well and no indication where to exit. Failure to provide illuminated signage in accordance with the 2012 NFPA 101 (Life Safety Code) may result in injury due to an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated they were aware of the requirement.	K 281	K281 Exit signs will be posted indicating which way to egress to the outside by 2/10/2018. Plant Operations manager will audit that the exit signs are in place and working correctly on a monthly basis starting in February. Any concerns found during the audit will be reported to the QA/QI committee monthly.		
K 352 SS=D	REF: 2012 NFPA 101 Sections: 19.2.10; 7.10.1.2 Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is	K 352			1/25/18

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K 352	Continued From page 3 impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an alarm system on the sprinkler system in accordance with 2010 NFPA 72 (National Fire Alarm Code). The findings were: Observation on 01/11/2018 at 9:29 AM located in the sprinkler riser room of the wet sprinkler system revealed a riser that had a water flow device attached to it, but was not connect to the Fire Alarm Panel. Further observation revealed that the wiring was not encased. Failure to provide a fire alarm system in accordance with the 2010 NFPA 72 (National Fire Alarm Code) may result in injury due to a fire. Interview with the Facility Maintenance Manager at the time of observation indicated that they merely wanted a valve and not an actual water flow device on that section of the sprinkler riser. REF: 2012 NFPA 101 Section 9.7.2.1, 2010 NFPA 72	K 352	K352 The Valve in the sprinkler riser room with water flow device attached to it has the wiring removed and a label attached which states "Fire pump auxiliary drain/Inspectors port" which was completed on 1/25/18. Plant Operations manager will audit the sprinkler riser and the wiring on a monthly basis starting in February 2018. Any concerns found during the audit will be reported to the QA/QI committee monthly.		

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Licensing and Surveys on January 11, 2018. Based upon the findings of the survey team, it was determined the facility was in compliance with current Emergency Preparedness requirements.	E 000			

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