STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 on 03/29/2018 by Healthcare Licensing and Surveys. Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this 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 (III) construction with plan approval in 2016. The building was equipped with a supervised, automatic wet sprinkler system and dry system, and an addressable fire alarm system. The facility had a capacity of 44 certified Medicare and Medicaid beds with a census of 42 residents.	K 000		
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview the facility failed to properly test and maintain the fire alarm system in accordance with the 2012 NFPA 101 Life Safety Code and the 2010 NFPA 72, National Fire Alarm and Signaling	K 345	The facility will ensure that it properly tests and maintains the fire alarm system in accordance with the 2012 NFPA 101 Life Safety Code and the 2010 NFPA 72, National Fire Alarm and Signaling Code.	5/11/18

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

Electronically Signed | 04/19/2018

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K 345	Continued From page 1 Code. The deficiency affected six (6) of six (6) smoke compartments. The findings were: Documentation review on 03/29/18 at 3:00 PM revealed that the facility was conducting fire alarm activation testing in conjunction with fire drills once a month. However, once a quarter the fire drills were conducted silently during the night shift and the fire alarm was not activated. Additional documentation indicating that a fire alarm activation test was conducted during those months was not available. Failure to properly test and maintain the fire alarm system could result in injury or death in the event of a fire. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and revealed they were unaware of the requirement for monthly activation of the fire alarm system. Reference: 2010 NFPA 72 Table 14.4.5(24)	K 345	A) The fire alarm policy and procedure for doing fire alarm testing will be revised to include fire alarm testing the system within 24 hours of a silent fire alarm test to verify the alarm system is working appropriately. B) The staff involved in fire alarm testing will be educated on the revised policy and procedure for testing the fire alarm system after a silent fire alarm test. C) The Maintenance Manager tested the fire alarm system March 29, 2018 to verify the fire alarm system was working appropriately. D) Added fire alarm testing following a silent fire alarm test to the fire alarm calendar to monitor for compliance with testing the fire alarm system after a silent alarm test. E) The AHCC Director of Nursing or designee is responsible reviewing and updating the Fire Alarm Testing Policy and Procedure for AHCC.	
K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by:	K 521		5/11/18

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	53A002	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2018

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K 521	Continued From page 2 Based on observation and interview the facility failed to maintain air-handling equipment rooms in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 90A. The deficiency affected one (1) of the two (2) air handling equipment rooms. The Findings were: Observation on 3/29/18 at 1:50 P.M. in the second floor mechanical room revealed that the space was being utilized for the storage of combustible materials. Failure to prevent the storage of combustible materials within air-handling equipment rooms may result in the spread of smoke to areas served by the air-handling equipment. Interview with the maintenance director at the time of the observation acknowledged the storage of combustible materials. Reference: 2012 NFPA 101, Sections 19.5.2.1 and 9.2.1 2012 NFPA 90A, Section 5.1.4 2006 International Fire Code, Section 315.2.3.	K 521	The facility will ensure that it maintains air-handling equipment rooms in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 90A. A) The combustible materials were removed from the air-handling equipment room on April 18, 2018. B) A policy and procedure will be developed to maintain air-handling equipment rooms in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 90A and not allow the storage of combustible materials within the air-handling equipment rooms. C) The staff will be educated on not storing combustible materials within the air-handling equipment rooms and that failure to prevent the storage of combustible materials within air-handling equipment rooms may result in the spread of smoke to areas served by the air-handling equipment. D) The Maintenance Manager or designee will develop a QAPI checklist to monitor for compliance with not allowing the storage of combustible materials within the air-handling equipment rooms. E) The Maintenance Manager or designee is responsible reviewing and updating the Fire Alarm Testing Policy and Procedure.	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 03/29/2018.	E 000		
E 024	Policies/Procedures-Volunteers and Staffing CFR(s): 483.73(b)(6) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. *[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency. This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview the facility failed to provide policies and procedures for volunteers in accordance with	E 024	The facility will ensure that the use of volunteers in an emergency is added to the Emergency Preparedness Plan.	5/11/18

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Electronically Signed | 04/18/2018

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E 024	Continued From page 1 CFR §483.73(b)(6) The findings were: Documentation review of the Emergency Preparedness Plan on 03/29/18 at 3:30 PM revealed that no policy or procedure was available that addressed the use of volunteers in an emergency. Interview with the facility administrator acknowledged the deficiency, and revealed they were unaware that this requirement was missing from the plan.	E 024	A) A policy and procedure for the use of volunteers in an emergency will be developed and added to the Emergency Preparedness Plan. This will be done by the Director Administration. B) AHCC staff will be educated on the policy and procedure for the use of volunteers in an emergency. The Director Administration or designee is responsible for the education. C) The policy and procedure for the use of volunteers in an emergency will be reviewed and updated yearly and as needed. The Director Administration or designee is responsible reviewing and updating the use of volunteers in an emergency.	