

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

PRINTED: 04/24/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/27/2018
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CHEYENNE			STREET ADDRESS, CITY, STATE, ZIP CODE 1330 PRAIRIE AVENUE CHEYENNE, WY 82009		
(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 February 27, 2018. 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 Healthcare, of the National Fire Protection Association. The facility was a fully sprinklered, single story building of Type V (111) construction with plan approval in 1987 and 2009. The building was equipped with a supervised, automatic wet sprinkler system with a dry sprinkler branch, and an addressable fire alarm system. The facility had a capacity of 160 Medicare and Medicaid beds with a census of 141 residents.	K 000			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor	K 363		4/12/18	

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

TITLE

(X6) DATE

Electronically Signed

03/23/2018

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 363	Continued From page 1 covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors 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 maintain corridor doors in accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. The deficiency affected 1 of 5 smoke compartments. The findings were: Observation on 2/27/2018 at 1:04 PM in the corridor adjacent to Room 204 revealed a set of fire doors that when closed had a 3/4" gap between the doors. Failure to maintain fire doors as required could allow fire and smoke spread resulting in injury or death. Interview with the Facility Maintenance Manager at the time of the	K 363	A. A 20 minute fire rated approved listed metal edge and astragal will be installed to the fire doors adjacent to room 204 on or before 4/12/18 to ensure that there will be no gap greater than 1/8" between the fire doors. B. The Maintenance Director will randomly observe the facility fire doors to ensure that fire doors are without gaps between doors. C. Maintenance staff will report quarterly at the Performance Improvement meeting the findings of their observations. This will happen for one quarter or until substantial compliance has been achieved.		

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K 363	Continued From page 2 observation acknowledged the gap in the doors, and indicated he was unaware of the requirement. REF: 2012 NFPA 101, Sections: 19.2.2.2.1: 7.2.1.15.2 2010 NFPA 80, Section: 6.3.1.7.1	K 363			

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 2/27/2018. The survey revealed that the facility meets the Emergency Preparedness standards based on compliance with all provisions.	E 000			

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