STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVENUE H POWELL, WY 82435

(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 June 13, 2018. Requirements for Long Term Care Facilities Section 42 CFR 483.700(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 a fully sprinklered, two-story building of Type II (111) construction built in 1995. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 100 certified Medicare and Medicaid beds with a census of 83.	K 000		
K 131 SS=D	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with	K 131		

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

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 131	Continued From page 1 Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the 2-hour fire barrier in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain 2-hour fire barriers could result in injury or death in the event of a fire by allowing the propogation of fire and smoke. The deficiency affected one (1) of six (6) smoke compartments. The findings were: Observation on 06/13/18 at 9:12 AM revealed that the cross-corridor door in the 2-hour fire barrier separating the Long Term Care and the Hospital did not completely close and latch when released from the magnetic hold open devices. 2-hour fire barrier doors shall latch when they are released. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.1.3.5, 8.2.1.3; 2012 NFPA 221 4.8.4.1	K 131		
K 211	Means of Egress - General	K 211		

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	535045	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/13/2018**

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K 211 SS=D	Continued From page 2 CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the means of egress in accordance with the 2012 NFPA 10,1 Life Safety Code. Failure to maintain the means of egress could result in injury or death in the event of an emergency requiring evacuating an area. The deficiencies affected one (1) of six (6) smoke compartments. The findings were: Observation on 06/13/18 at 10:26 AM revealed that the activities room had an exterior exit door which was jammed, and making it difficult to open and close. Means of egress shall be continuously maintained free of all impediments to full instant use. Interview with the maintenance director at the time of the observation acknowledged the deficiency. He stated that work had been done on the door to eliminate the issue, but was unaware it was still happening. Interview with the administrator at the time of exit acknowledged the deficiency.	K 211		

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K 211	Continued From page 3 Reference: 2012 NFPA 101 Section 19.2.1, 7.1.10.1	K 211		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 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 or 19.3.5.9. 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, 19.3.5.9 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 areas in	K 321		

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K 321	Continued From page 4 accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain hazardous areas could result in injury or death in the event of a fire. The deficiency affected one (1) of six (6) smoke compartments. The findings were: Observation on 06/13/18 at 10:30 AM revealed that the former smoking room, located across the corridor from the activities room, had been converted to a storage room and the door was not self-closing. Storage areas in excess of 50 sq. ft. and protected with an automatic sprinkler system shall be separated from other spaces by smoke partitions including self-closing doors. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.3.2.1.2, 8.4.3.5	K 321		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited	K 324		

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K 324	Continued From page 5 cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain cooking facilities could result in injury or death in the event of a fire in the area. The deficiency affected one (1) of six (6) smoke compartments. The findings were: Observation on 06/13/18 at 10:45 AM revealed the kitchen had two offices with doors opening into it, and also doors that opened into the adjacent corridor. Neither set of doors had automatic or self-closing devices, which allowed the kitchen to be directly open to the corridor. Interview with the maintenance director at the time of the observation acknowledged the	K 324		

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K 324	Continued From page 6 deficiency, but indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.3.2.5.5	K 324		

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 06/13/2018. Based upon the findings of the survey, it was determined that the facility was in compliance with all Emergency Preparedness requirements.	E 000		

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