STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/08/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	PO BOX 848 WHEATLAND, WY 82201

(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 Requirements for the Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered single story building of Type V(III) and Type II(III) construction built in 1965 and 1978 respectfully. The building was equipped with a supervised automatic wet sprinkler system with an antifreeze branch and an addressable fire alarm system.	K 000	This Plan of Correction constitutes our allegation of compliance.	
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a smoke partition was maintained as a continuous membrane in 3 of 4 smoke compartments. The following concerns were identified: 1. Observation on 10/07/08 at 10:48 AM revealed two missing wall escutcheons around the hot and cold inflow water pipes under the sink at the nurse ' s station. The facility manager confirmed the above. 2. Observation on 10/07/08 at 10:33 AM revealed the ceiling tile over the vending machine in the corridor outside the activities room had two holes	K 012	K012 – The Facility will ensure a smoke partition is maintained as a continuous membrane. This will be accomplished by: 1) Plant operations will replace the two missing wall escutcheons around the hot and cold inflow under the sink at the nurse's station. The facility manager will confirm that this correction has already been made as of 10/27/08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that a smoke partition is maintained as a continuous membrane. 2) Plant Operations will replace the ceiling tile in the corridor outside the activities room.	11/14/08

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

Shannon Harris | NHA | 10/30/08

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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Wyoming Dept of Health
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Office of Healthcare Licensing and Surveys

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K 012	Continued From page 1 in it. One hole was circular and 1-inch diameter, and the other hole was rectangular and approximately 3 x 10 inches. Two 3 x 5 inch metal plates were partially covering this hole. The facility manager stated the holes were left from a recent construction project. 3. Observation on 10/07/08 at 1:22 PM revealed the ceiling in the laundry room had 6 circular holes approximately one inch in diameter. The laundry room supervisor stated at the time the holes were left from a recent construction project to repair the sprinkler and soap distribution systems and had not yet been sealed.	K 012	The facility manager will make sure that this correction is completed by 11/14/08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that smoke partition is maintained as continuous membrane. 3) Plant Operations will seal the six holes in the ceiling in the laundry room.	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure one of two smoke barrier walls was continuous. The findings were: Observation on 10/07/08 at 1:23 PM revealed the smoke barrier wall above the ceiling tile near the Social Services Office had 2 exposed unsealed	K 025	The facility manager will ensure that this correction is completed on 10/27/08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that a smoke partition is maintained as a continuous membrane. K025 – The Facility will ensure that one of two smoke barrier walls is continuous. This will be accomplished by: Plant Operations will properly seal the screw holes in the ceiling tile near the Social Services Office. The facility manager will confirm that this correction has already been made as of 10/27/08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that one of two smoke barrier walls is continuous.	10/27/08

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K 025	Continued From page 2 screw holes in it. Interview with the maintenance director at that time revealed the two holes were left when an electrical box was repositioned and the holes were not caulked.	K 025		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure one of one staged fire drill was conducted in a safe manner. The findings were: Observation during the fire drill on 10/08/08 at 9:13 AM revealed staff did not know how to correctly use the facility public address system in order to announce the fire. As a result, many staff members were unaware a fire drill was being conducted. Interview with the facility maintenance manager after the drill revealed staff had forgotten to wait the required time interval for the announcement system to become operational.	K 050	K050 – The Facility will ensure that fire drills are conducted in a safe manner. This will be accomplished by: Proper training will be provided to all personnel that need to use the overhead paging system to announce codes. The facility manager will confirm that this training has already been completed as of 10/27/08. He will also ensure that continuing education on the use of the paging system is completed. The facility manager will ensure that all fire drills are conducted in a safe manner.	10/27/08
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	K 052	K052 – The Facility will ensure that all pull stations are unobstructed and accessible at all times. This will be accomplished by:	11/14/08

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K 052	Continued From page 3 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 observation and staff interview, the facility failed to ensure one of nine manual fire alarm boxes (pull stations) were unobstructed and accessible at all times. The findings were: Observation on 10/06/08 at 3:48 PM and then again on 10/07/08 at 10:44 AM, revealed the fire alarm box in the facility's small dining room was not provided with the required 3 feet of clearance. The box was obstructed by an upholstered chair. The facility maintenance manager stated he occasionally had to reposition the chair because "staff moves it once in awhile and puts it in front of the pull station".	K 052	Electricians will be instructed to remove this pull station. This pull station is not required to be at this location. The facility manager will make sure that this correction is completed by 11/14/ 08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that all pull stations are unobstructed and accessible at all times.	
K 062 SS=D	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 observation and staff interview, the	K 062	K062 – The Facility will insure that the fire sprinkler system is properly maintained. This will be accomplished by: Plant Operations will replace the escutcheon that was missing from the sprinkler head in the laundry room. The facility manager will confirm that this correction has already been made as	10/27/08

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K 062	Continued From page 4 facility failed to ensure the fire sprinkler system was properly maintained. The findings were: Observation on 10/07/08 at 1:22 PM revealed the ceiling in the laundry had one of two escutcheons missing from the sprinkler heads. At the time of the observation, the laundry room supervisor stated the escutcheons were removed during a recent construction project to repair the sprinkler system and had not yet been replaced.	K 062	of 10/27/08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that the fire sprinkler is properly maintained.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a face plate was securely attached to an electrical box. The findings were: Observation on 10/07/08 at 1:33 PM, revealed a screw that was holding a metal face plate to an electrical juncture box was missing. The plate was open, exposing electrical wires. The electrical box was located near the smoke barrier next to the nurse's station. Interview with the facility's maintenance manager at the time of the observation confirmed the face plate was ajar.	K 147	K147 – The Facility will ensure that face plates are securely attached to electrical boxes. This will be accomplished by: Plant Operations will replace the missing screw in the face plate for the electrical junction box located above the ceiling at the nurse's station. The facility manager will confirm that this correction has already been made as of 10/27/08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that face plates are securely attached to all electrical boxes.	10/27/08