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 _____	**05/14/2019**

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 by Healthcare Licensing and Surveys on 05/14/2019. 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 43 residents. .	K 000		
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	K 511	The facility will ensure electrical systems	7/4/19

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

Electronically Signed | 06/11/2019

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 _____	**05/14/2019**

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K 511	Continued From page 1 facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 70, National Electrical Code. Failure to properly maintain electrical systems could result in injury or death in the event of an emergency. The deficiency affected one (1) of six (6) smoke compartments. The findings were: Observation on 05/14/19 at 1:06 PM revealed the housekeeping room on the first floor near the "200" patient wing had a housekeeping cart set so it obstructed access to multiple electrical panels. Electrical panels must be maintained so they are readily accessible at all times and must have a clear floor space of 36 inches in front of the them. 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 CEO at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.5.1, 9.1.2; 2011 NFPA 70 110.26(A) .	K 511	are maintained in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 70, National Electrical Code. A) On 5/15/19 yellow and black caution tape was installed on the floor 36 inches in front of the electrical panels in the housekeeping room on the first floor near the "200" patient wing. B) An inspection of the facility will be completed by Maintenance Manager or designee to determine if other electrical panels are in need of installation of tape to ensure a clear floor space of 36 inches in front of them. Immediate corrective action will be taken if other areas are found to be in need of floor clearance. C)Maintenance Manager or designee will educate staff not to park carts or store things within designated 36 inches in front of electrical panels and that doing so may result in injury or death in the event of an emergency. D)The Maintenance Manager or designee will develop a QAPI checklist to monitor for compliance with maintaining a clear floor space of 36 inches in front of all electrical panels. Compliance will be reviewed quarterly by the QAPI committee.	
K 531 SS=D	Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING	K 531		7/4/19

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	53A002	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/14/2019**

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K 531	Continued From page 2 Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on document and staff interview, the facility failed to test and maintain the elevator in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain the elevator could result in injury or death in the event of an emergency. The deficiency affected one (1) of one (1) elevators. The findings were: Document review on 05/14/19 at 1:25 PM revealed that the facility was conducting quarterly tests of the elevator's fire fighter emergency operations. It is required that all elevators equipped with fire fighter emergency operations be tested at least monthly. Interview with the maintenance director at the time of the observation acknowledged the	K 531	The facility will ensure that it properly tests and maintains the elevator in accordance with the 2012 NFPA 101, Life Safety Code. A)On 6/5/19 the elevator's fire fighter emergency operations were tested and found to be operating properly. B)Maintenance staff will test the elevator's fire fighter emercency operations monthly to ensure system is operating appropriately. Corrective action will be taken if system is found to be not operating correctly. The Maintenance Manager or designee is responsible for reviewing and updating elevator operations and testing policy and procedure.	

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	53A002	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/14/2019**

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K 531	Continued From page 3 deficiency, and indicated he was unaware of the requirement. Interview with the CEO at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.5.3, 9.4.6.2 .	K 531	C)The Maintenance Manager will educate all maintenance department employees of the need to test the elevator's fire fighter emergency operations, monthly. D)The Maintenance Manager or designee will develop a QAPI checklist to monitor for compliance of elevator fire fighter emergency operations testing.	
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced	K 920		7/4/19

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	53A002	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/14/2019**

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K 920	Continued From page 4 by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code, and 2011 NFPA 70, National Electrical Code. Failure to maintain electrical systems as required could cause a fire resulting in injury or death. The deficiencies affected two (2) of six (6) smoke compartments. The findings were: Observation on 05/14/19 at 12:10 PM revealed that resident room 109 had a power strip located outside the patient care vicinity that had another power strip plugged into it. Power strips cannot be used as a substitute for the fixed wiring of a structure. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and was aware of the requirement but indicated they were unaware of the deficiency. Interview with the CEO at the time of exit acknowledged the deficiency. Ref: 2011 NFPA 70 400.8 2012 NFPA 101, Sections 19.5.1.1; 9.1.2 Observation on 05/14/19 at 12:45 PM revealed that resident room 201 had a non UL1363A or UL1363 power strip located within the patient care vicinity. The resident room contained patient care related electrical equipment. Interview with the maintenance director at the time of the observation acknowledged the	K 920	The facility will ensure electrical systems are maintained in accordance with the 2012 NFPA 101, Life Safety Code and 2011 NFPA 70, National Electrical Code. A)On 6/5/19 the power strips (2) were removed from room 109 and replaced with UL1363A power strips plugged into wall power supply separately and not into each other. On 6/5/19 the power strip located within the patient care vicinity in room 201 has been removed. Patient care related equipment has been plugged into emergency power equipped outlets. B)An inspection of all resident rooms will be completed to identify any other power strips that do not comply with the 2012 NFPA 101, Life Safety Code and 2011 NFPA 70, National Electrical Code. Immediate corrective action will be taken if any violations are discovered. C)The Maintenance Manager will educate all maintenance staff on the approved power strips in each area of resident rooms and common areas of the facility. D)The Maintenance Manager or designee will perform monthly checks of resident rooms to ensure compliance with approved power strips and ensure that power strips are not plugged into each other. Compliance will be reviewed quarterly by the QAPI committee.	

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K 920	Continued From page 5 deficiency, and indicated they were unaware of the requirement. Interview with the CEO at the time of exit acknowledged the deficiency.	K 920		

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 05/14/2019. The facility is in compliance with all Emergency Prepardness Rules.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/14/2019

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.