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 _____	**07/10/2019**

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 July 10, 2019. 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 81. .	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 document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code.	K 345	Facilities management director contacted a certified fire alarm annunciator panel installer and inspector. The inspector inspected PVHC's three annunciator	8/6/19

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K 345	Continued From page 1 Failure to properly test and maintain the fire alarm system could result in injury or death in the event of an emergency. The deficiency affected one of multiple testing requirements. The findings were: Document review on 07/10/19 at 11:30 AM revealed that the fire alarm annunciator panels had not been tested and inspected in the last 12 months. Fire alarm annunciator panels shall be tested and inspected annually. 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: 2010 NFPA 72 Table 14.4.5(1) .	K 345	panels on 30 July 2019. The Care Center report was forwarded to the Life Safety Survey inspector and was confirmed as the appropriate maintenance inspection. The actual correction is complete, however the Facilities Management director or designee will conduct a review of the requirement, update the inspection binders with the annual test results on 6 August 2019 to ensure this requirement is conducted on an annual basis. The result will be reported to the Administrator, Medical Director, QAPI Steering Committee, and Quality Council. The QAPI Steering Committee will ensure overall compliance.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes	K 351		8/14/19

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K 351	Continued From page 2 closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to install and maintain the fire sprinkler system in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinklers. Failure to properly install and maintain the fire sprinkler system 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 07/10/19 at 10:30 AM revealed that the closets had items stored directly beneath the sprinkler heads, which obstructed the coverage area. The clearance between the deflector and the top of storage shall be 18 inches or greater. 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: 2010 NFPA 13 8.6.6.1	K 351	The facility will be in compliance with NFPA 13, Standard for the Installation of Sprinkler Systems. The closest that had storage that was not in compliance with 18 inch clearance requirement has been reorganized to ensure compliance with this regulation. The Care Center staff will be reeducated on this requirement during an all staff meeting on August 14, 2018. The Care Center Nursing director or designee conduct monthly audits of the resident rooms and closets to ensure the 18 inch clearance requirement is being met. The audit data will be aggregated monthly and reported quarterly to the Administrator, Medical Director, QAPI Steering Committee, and Quality Council. The QAPI Steering Committee will ensure overall compliance.	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 07/10/19. .	E 000		
E 026 SS=F	Roles Under a Waiver Declared by Secretary CFR(s): 483.73(b)(8) [(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:] (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. *[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to address roles under a waiver declare by the Secretary.	E 026	The Administrator, Nursing Director along with Powell Valley Healthcare Emergency preparedness committee will review and revise Care Center Disaster plan no later	8/25/19

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E 026	Continued From page 1 The findings were: Document review of the Emergency Preparedness Plan on 07/10/19 at 12:25 PM revealed that no policy or procedure was available that addressed the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act. Interview with the facility administrator acknowledged the deficiency, and revealed they were unaware that this requirement was missing from the plan.	E 026	than August 25, 2019. The plan will include the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care at an alternative care site identified by emergency management officials. Emergency Preparedness Plan under a waiver will include the following: Secretary Contact information Alternate care location Food and water supplies Medication supplies Oxygen supplies Continuing Care supplies Administrator will take plan to Powell Valley Healthcare Emergency Preparedness Committee for final review and recommendation.	