STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A051	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	**711 ONYX STREET** **KEMMERER, WY 83101**

(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 November 6, 2019. Requirements for Long Term Nursing Homes Section 42 CFR 483.70 (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, single-story building with a basement of Type II (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop, and an addressable fire alarm system. The facility had a capacity of 24 certified Medicare and Medicaid beds with a census of 23 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:	K 511		11/29/19

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

Electronically Signed | 11/29/2019

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.

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	53A051	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/06/2019**

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K 511	Continued From page 1 Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 National Electrical Code. Failure to maintain electrical systems as required could cause a fire resulting in injury or death. The deficiencies affected one (1) of numerous rooms in the facility. The findings were: Observation on 11/6/2019 at 8:45 AM in the dirty utility room revealed dirty linen stored in front of electrical panels. Further observation revealed the dirty linen within three (3) feet of the electrical panels. Interview with the facility maintenance manager at the time of observation acknowledged the dirty linen, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 9.1.2 2011 NFPA 70, Section: 110-26	K 511	1. As of November 25, 2019 the dirty linen carts were removed from the dirty utility room and placed in the bathroom off of the shower room. In the dirty utility room there is one garbage can on wheels that is next to the cupboards and then a small hamper next to the hopper for when soiled clothing is rinsed out. 2. Two (2) new single dirty linen carts have been ordered that once they are here one will be placed in the bathroom next to the shower room down the second hall and the other one will be placed in the bathroom down the first hall. The single linen baskets will allow for plenty of room in the bathrooms for continued us as needed. 3. The DON or designee will monitor the dirty utility room to ensure that there is nothing within 36 inches of the electrical panels on a weekly basis starting week of 12/1/19 for one month, then biweekly starting week of 1/5/2020 for one month, then monthly for 6 months starting 2/2/2020.	
K 711 SS=D	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2	K 711		11/29/19

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	53A051	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/06/2019**

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K 711	Continued From page 2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to provide a fire safety plan in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide a fire plan as required could result in injury or death during an emergency. The deficiency affected 1 of 9 provisions of the fire safety plan. The findings were: Document review on 11/6/2019 at 10:30 AM revealed that the fire safety plan did not provide for the evacuation of smoke compartments as required. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.7.1.1; 19.7.2.2 .	K 711	1. Life Safety President was present during the Life Safety Exit Interview on November 6, 2019. The fire safety plan was re-worked after the exit interview. 2. The new Code Red fire evacuation plan clearly states that residents will be moved from one smoke compartment to another one horizontally under Step 2 #3. 3. A table top exercise was done with all long term care staff on November 15, 2019 to review the updated policy regarding a code red fire evacuation. Table top exercises will occur on a quarterly basis with all long term care staff moving forward and will be tracked on long term cares QA tracking sheet and presented to the QAPI committee on a quarterly basis. 4. Once a quarter a mock drill will be done going thru all of the emergency plans for long term care on a quarterly basis. The mock drills will be tracked on the long term care QA tracking sheet and presented to the QAPI committee on a quarterly basis.	
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met:	K 753		11/29/19

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K 753	Continued From page 3 o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain combustible decorations in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain combustible decorations as required could allow fire spread resulting in injury or death. The deficiency affected three (3) of numerous resident doors in the facility. The findings were: Observation on 11/06/2019 at 8:53 AM at room 114 revealed combustible decorations covering more than 30 percent of a resident's corridor door. Further observation at rooms 113 and 109 also revealed resident corridor doors that were more than 30 percent covered with combustible decorations. Interview with the facility maintenance manager at the time of observation stated that the facility had a Halloween door decorating contest. He acknowledged the deficiency, and indicated he was unaware of the requirement.	K 753	1. All door decorations were removed right after our Life Safety Exit interview on November 6, 2019 by the Activities Coordinator. 2. Door decorating contest for the long term care residents was re-done, notifying all facility departments that only 30% of the door can be covered and that the rules were changed to only having a Thanksgiving Wreath on the door. This was done o November 6, 2019 by the DON of Long Term Care. 3. The DON or designee will monitor all residents doors on a monthly basis to ensure that less than 30% of the door is decorated. This will be tracked on the QA tracking sheet for long term care and reported to the QAPI committee on a monthly basis.	

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K 753	Continued From page 4 Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 19.7.5.6(c)	K 753		
K 920 SS=D	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 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 the 2011 NFPA 70, National Electrical Code. Failure to maintain electrical systems as	K 920	1. Immediately after Life Safety Exit Interview on November 6, 2019 the extension cord that was in the residents dining room was removed by the DON. 2. The DON had a conversation with the	11/29/19

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K 920	Continued From page 5 required could cause a fire resulting in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 11/06/2019 at 8:39 AM in the dining room revealed an extension cord. Further observation revealed decorative lights plugged into the extension cord. Interview with the facility maintenance manager at the time of observation acknowledged the extension cord, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.5.1.1; 9.1.2 2011 NFPA 70, Section: 400-8	K 920	Activities Coordinator regarding the use of extension cords. The Activities Director verbalized understanding and voiced that she had forgotten about this state regulation. 3. The DON or designee will access all of the long term care department on a monthly basis to ensure that there are no power cords or extension cords being used. This will begin the month of December 2019 and be on-going. Results will be placed on the QA tracking sheet for long term care and reported to the QAPI committee on a monthly basis.	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on November 6, 2019. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements.	E 000		

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

Electronically Signed | 11/25/2019

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