Ken Sun accepted PoC on 8/11/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

(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 42 CFR 483.70(e) Long Term Care Facilities Stories: 1, partial basement Construction type: Type V(111) Constructed: 1968, major remodel started November 2009, completed March 2011 old: 16,000sf total; new 29,000sf total K0180: Fully Sprinkled The facility is licensed for 60 beds, with a census of 46 residents at the start of the survey day.	K 000		
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide interior room finishes as required. Findings include: On July 7, 2011 at 12:30pm, blue extruded foam insulation was found exposed in the room behind the dryers. When the maintenance manager and the administrator were asked whether they had documentation as to what class material it was for flame spread, they could not verify that the	K 015	K 015 1) The blue foam exposed in the room behind the dryers will be replaced w/sheet rock by DCC maintenance 2) The carpet on the walls of the housekeeping office in the basement will be removed by DCC maintenance The maintenance supervisor or designee will do annual inspections to ensure the problem does not occur again. The annual inspections will be brought to QA on annual basis	8/14/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sce original signed + dated 7/21/2011 | 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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Wyoming Department of Health

AUG 17 2011

Office of Healthcare Licensing and Surveys

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K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide interior room finishes as required. Findings include: On July 7, 2011 at 12:30pm, blue extruded foam insulation was found exposed in the room behind the dryers. When the maintenance manager and the administrator were asked whether they had documentation as to what class material it was for flame spread, they could not verify that the	K 015		

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x [signature] x NHA x 7/21/11

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Retain for signature

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K 015	Continued From page 1 material was class A, B or C. Flame spread rating of Class A or B is required. On July 7, 2011 at 1:05pm, carpet was found on the walls of the housekeeping office in the basement having a wall area of approximately 30ft long by 8ft high. The staff could not provide documentation that the flame spread rating met Class A, B or C. Carpet is not typically permitted as a wall covering as it is not normally tested for flame spread as a wall finish. The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to provide room finishes as permitted increases the risk of death or injury due to fire. The deficiency affected 1 of 5 smoke compartments. Ref: 2000 NFPA 101 Section 19.3.3.1, 19.3.3.2	K 015		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	K 018		

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K 018	Continued From page 2 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide corridor doors as required. Findings include: On July 7, 2011 at 1:55pm, room 111 resident room door would not latch. Corridor doors to resident rooms are required to have positive latching hardware. The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to provide doors that resist an opening increases the risk of death or injury due to fire. The deficiency affected 1 of 5 smoke compartments. Ref: 2000 NFPA 101 Section 18.3.6.3.2	K 018	K 018 Room 111 resident room door will be fixed to ensure that it latches when it shuts. This will be done on by DCC maintenance will ensure that it is done. Maintenance will add to his matrix to check all doors that they latch properly on a quarterly basis and bring to QA that quarter.	8/15/11
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4	K 022		

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K 022	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to mark egress as required. Findings include: On July 7, 2011 at 12:50pm, the north vestibule had a door with a window that viewed and that led to an outside court yard. A second door in the vestibule with a view of and that led to the public way was opposite to the first door. The door that led to courtyard was not an exit and could be confused as an exit even though it did not have an exit sign above it. Doors that can be confused as an exit are required to have a no exit sign with the " NO " in 2 inch high letters and the " EXIT " in 1 inch high letters. The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to mark doors that could be confused as exits increases the risk of death or injury due to fire. The deficiency affected 2 of 5 smoke compartments. Ref: 2000 NFPA 101 Section 18.2.10.1, 7.10.8.1	K 022	K 022 The north vestibule door that leads to an outside court yard will be labeled w/an exit sign labeled w/a 2 inch no and a 1 inch exit sign. This will be done by DCC maintenance and audited on a yearly basis and brought to QA on an annual basis to ensure the problem doesn't occur again.	8/15/11

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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect hazardous areas as required. Findings include: On July 7, 2011 at 12:30pm, the door to the clean linen room in C wing with a plan storage area of approximately 12ft x 8 feet was found without a closer. Storage areas greater than 50 sf with a combustible load are considered a hazardous area. On July 7, 2011 at 12:30pm the door to the soiled linen room was found without a closer. Soiled linen rooms are considered hazardous areas. Doors to hazardous areas are required to be self closing. The maintenance manager and the administrator acknowledged the finding when the deficiency	K 029	K 029 There will be self closures placed on the soiled linen room, clean linen room and the janitors closet doors on the SCU. This will be done my DCC maintenance or designee will do yearly checks to ensure that there are self closures on all doors that are smoke compartments and brought to QA yearly.	8/15/11

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K 029	Continued From page 5 was identified. Failure to protect hazardous area openings as required increases the risk of death or injury due to fire. The deficiency affected 1 of 5 smoke compartments. Ref: 2000 NFPA 101 Section 18.3.2.1, 8.4.1.2, 8.2.4.3.5	K 029		
K 048 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on records review and interview, the facility failed to provide a fire safety plan as required Findings include: On July 7, 2011 at 3:00pm, the fire plan was reviewed. The plan failed to provide for the evacuation of smoke compartments. A fire plan is required to have 8 components. One of the components is evacuation of smoke compartment. The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to have a complete fire plan increases the risk of death or injury due to fire.	K 048	K 048 The fire plan will be changed to include the evacuation of smoke compartments. This will be completed by NHA or designee. The plan will be reviewed on annual basis and taken to QA on an annual basis to ensure that the problem doesn't occur again.	8/15/11

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K 048	Continued From page 6 The deficiency affected 1 component of 8 compartments of the plan. Ref: 2000 NFPA 101 Section 18.7.2.2(6)	K 048		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide an automatic sprinkler system as required. Findings include: On July 7, 2011 at 12:15 pm during the survey of the exterior of the building 1) An overhang approximately 10 " x 16 ' in area was found to be without sprinkler coverage. 2) 2 each, exterior side wall sprinklers were missing their escutcheon rings 3) The escutcheon ring of one side wall sprinkler was out of place under the covered main entrance.	K 056	K 056 1) The overhang approximately 10"x16" will have a sprinkler installed. The sprinkler will be installed by an outside contractor and monitored my DCC maintenance or designee. 2) The two exterior side wall sprinklers that were missing escutcheon rings will be replaced. The escutcheon rings will be replaced by an outside contractor and monitored by DCC maintenance or designee. 3) The escutcheon ring on the side wall sprinkler under the covered main entrance will be adjusted. This will be done by an outside contractor and monitored by DCC maintenance or designee. Maintenance will add to matrix to do walk through of escutcheon rings on a quarterly basis and bring to QA that quarter, to ensure the problem doesn't occur again.	8/15/11

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K 056	Continued From page 7 The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to install sprinklers as per NFPA 13 increases the risk of death or injury due to fire. The deficiency is isolated in the number of heads affected relative to the number of heads in the system. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.1.1; 1999 NFPA 13 5-13.8.1 (exterior roof) Ref: 2000 NFPA 101 Section 18.3.6.1, 9.7.1.1; 1999 NFPA 13 3-2.7.2 (escutcheon)	K 056		
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. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on records review and interview, the facility failed to test the sprinkler system as required. Findings include: On July 7, 2011 at 3:00pm the facility could not produce the semiannual valve tamper switch testing or the quarterly water flow alarm testing for 2011.	K 062	K 062 The semiannual valve tamper will be done and the quarterly flow testing will be done. DCC Maintenance or designee will ensure that the main drain test will be done on a quarterly basis and brought to QA on a quarterly basis.	8/31/11

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K 062	Continued From page 8 The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to test sprinklers as required increases the risk of death or injury due to fire. The deficiency 2 of 4 quarters of testing in the last year. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.5, NFPA 25 Table 2-1	K 062		
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 interview, the facility failed to provide electrical wiring in accordance with NFPA 70, National Electric Code Findings include: On July 7, 2011 at 12:30, and electrical box in the ceiling of the janitors closet in the C wing was found missing its cover. The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to maintain electrical systems as required increases the risk of death or injury due to fire.	K 147	K 147 The electrical box cover in the ceiling of the janitor's closet in the C wing was replaced. It was replaced by DCC maintenance and will be monitored by maintenance or designee to ensure the problem does not occur again.	8/15/11

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K 147	Continued From page 9 The deficiency affected 1 of 5 smoke compartments. Ref: 2000 NFPA 101 Section 18.5.1.1, 9.1.2; 1999 NFPA 70 Article 370-28(c)	K 147		
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to have a policy for when the sprinkler system was out of service for more than 4 hours in a 24 hour period where the AHJ was notified, the building was evacuated or a fire watch was provided. Findings include: On July 7, 2011 at 3:00pm, the staff could not produce a policy for a sprinkler system outage lasting more than 4 hours. The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to provide a policy for sprinkler system outages increases the risk of death or injury due	K 154	K 154 A policy will be produced concerning when the sprinkler system is out of service for more than 4 hours in a 24 hour period the AHJ was notified, the building was evacuated or a fire watch has to be provided This will be done by DCC NHA or designee and will be monitored on an annual basis.	8/15/11

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K 154	Continued From page 10 to fire. The deficiency affected 5 of 5 smoke compartments. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.6.1	K 154		
K 155 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to have a policy for when the fire alarm system was out of service for more than 4 hours in a 24 hour period where the AHJ was notified, the building was evacuated or a fire watch was provided. Findings include: On July 7, 2011 at 3:00pm, the staff could not produce a policy for a fire alarm system outage. The maintenance manager and the administrator acknowledged the finding when the deficiency was identified. Failure to have a policy for fire alarm outages increases the risk of death or injury due to fire.	K 155	K 155 A policy will be produced concerning when the fire alarm system is out of service for more than 4 hours in a 24 hour period the AHJ was notified, the building was evacuated or a fire watch has to be provided this will be done by DCC NHA or designee and will be monitored on an annual basis.	8/15/11

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K 155	Continued From page 11 The deficiency affected 5 of 5 smoke compartments. Ref: 2000 NFPA 101 Section 18.18.3.4.1, 9.6.1.8	K 155		

Karpowicz, Wendy A. (CMS/WC)

From: Sun, Kenneth T. (CMS/CQISCO)
Sent: Thursday, August 11, 2011 4:27 PM
To: Karpowicz, Wendy A. (CMS/WC)
Subject: FW: A fax has arrived from remote ID '3073581891'.
Attachments: AB001742.PDF

Recommend acceptance with the exception of page of 8 of 12 that was corrected in the previous email.

CDR Kenneth Sun, P.E.
U.S. Department of Health and Human Services Centers for Medicaid and Medicare Services 1600 Broadway, Denver, Colorado 80202
Direct: 303.844.7073 Fax: 443-380-5467

pages: 1, 5, 9

-----Original Message-----
From: CMS RightFax@cms.gov [mailto:CMS RightFax@cms.gov]
Sent: Thursday, August 11, 2011 8:36 AM
To: Sun, Kenneth T. (CMS/CQISCO)
Subject: A fax has arrived from remote ID '3073581891'.

A fax has arrived from remote ID '3073581891'.

8/11/2011 10:30:35 AM Transmission Record
Received from remote ID: 3073581891
Inbound user ID S5CS, routing code 5467
Result: (0/352;0/0) Successful Send
Page record: 1 - 13
Elapsed time: 04:39 on channel 13

Karpowicz, Wendy A. (CMS/WC)

From: Sun, Kenneth T. (CMS/CQISCO)
Sent: Thursday, August 11, 2011 4:24 PM
To: Karpowicz, Wendy A. (CMS/WC)
Subject: FW: A fax has arrived from remote ID '3073581891'.
Attachments: AB001793.PDF

Recommend acceptance of this page of the POC. 8/8/12

CDR Kenneth Sun, P.E.
U.S. Department of Health and Human Services Centers for Medicaid and Medicare Services 1600 Broadway, Denver, Colorado 80202
Direct: 303.844.7073 Fax: 443-380-5467

-----Original Message-----
From: CMS RightFax@cms.gov [mailto:CMS RightFax@cms.gov]
Sent: Thursday, August 11, 2011 3:43 PM
To: Sun, Kenneth T. (CMS/CQISCO)
Subject: A fax has arrived from remote ID '3073581891'.

A fax has arrived from remote ID '3073581891'.

8/11/2011 5:42:14 PM Transmission Record
Received from remote ID: 3073581891
Inbound user ID S5CS, routing code 5467
Result: (0/352;0/0) Successful Send
Page record: 1 - 2
Elapsed time: 00:46 on channel 20