STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/25/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	**4041 SOUTH POPLAR STREET** **CASPER, WY 82601**

(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 April 25, 2018. Requirements for 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 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 of Type V (111) construction with plan approval in 1992. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 120 certified Medicare and Medicaid beds with a census of 107 residents.	K 000		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under	K 324		5/20/18

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

Electronically Signed | 05/18/2018

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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K 324	Continued From page 1 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide training with cooking staff as required by the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure of management to review the instructions for manually operating the fire extinguishing system with the cooking staff may lead to injury or death due to a fire. The deficiency affected one of seven smoke compartments and was confined to the kitchen cooking area. The findings were: Observation located within the kitchen, and interview of facility cooking staff #1 and facility cooking staff #2, on 4/25/2018 at 2:43 PM revealed that neither staff member could identify where the kitchen hood suppression system pull station was located. Subsequent interview also indicated that they were unaware of how to operate the system. Interview with the facility maintenance manager at the time of the observation indicated that they were aware of the requirement. Interview with the facility administrator at the time	K 324	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared because it is required by the provisions of the state and federal law. For the purpose of any allegation that the facility is not in substantial compliance with the federal requirements of participation, this response and plan of correction constitutes the facility□s allegation of compliance in an accordance with the state operations manual. K-324 1. Cooking staff (including cooking staff #1 and #2) will receive in-service on where the kitchen hood suppression system pull station is located and how to operate the system. 2. The sited hood suppression system in the kitchen is the only hood suppression	

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K 324	Continued From page 2 of exit acknowledged the deficiency. Ref: 2012 NFPA 101 - Section - 19.3.2.5, 19.3.2.5.1, 9.2.3 2011 NFPA 96 - Section - 11.1, 11.1.4	K 324	system in the building. 3. The Dietary Manager will conduct random audits to ensure staff members can identify where the kitchen hood suppression system pull station is located and how to operate the system. 4. At least monthly for the next 90 days, a Performance Improvement tool will be utilized to review the random audits. The results/findings of the audits will be reviewed at each of the facility□s Performance Improvement Committee meetings. Note: The facility□s QAPI meetings consist of (at least) the facility□s Executive Director, Medical Director, Director of Nursing, and Director of Social Services. Other attendees as applicable and appropriate. The committee reviews at a minimum, and continually, internal audits of facility systems, facility policies, compliance issue(s), other Quality Measures, et. al. If the committee recognizes a problematic trend(s) within any of the review(s), the committee or a subcommittee is assigned to create and implement an action plan designed specifically to mitigate the outlying trend. Subsequent meetings review the results of the action plan(s). 5. Compliance met on or before May 20, 2018.	
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	K 345		5/20/18

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K 345	Continued From page 3 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: 1. Based on observation and staff interview, the facility failed to adhere to the testing and inspection requirements of the 2010 NFPA 72, The National Fire Alarm and Signaling Code. Failure to provide testing in accordance with NFPA 72 may result in injury or death in the event of an emergency. The deficiency affected approximately 50 percent of the fire alarm system. The findings were: Observation on 4/25/2018 at 3:03 PM located in the telephone room revealed the dial out system battery had not been tested semi-annually as required. Interview with facility maintenance manager at the time of the observation indicated he was not aware that a battery was in this location. Further interview with the facility maintenance manager confirmed that the system was part of the fire alarm system. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2010 NFPA 72 Table 14.4.5 Testing Frequencies Section 6 2. Based on document review and staff interview, the facility failed to test the fire alarm in accordance with the 2010 NFPA 72, National Fire Alarm Signaling Code. Failure to comply with the	K 345	K-345 1. The facility cannot go back retrospectively and test the dial out system battery semi-annually and document the testing of audible and visible notification devices annually. 2. The sited dial out system battery and audible and visible notification devices are the only ones in the building. 3. The Maintenance Director will add semi-annual testing to the dial out system battery and retain documentation of annual testing of audible and visible notification devices. 4. At least monthly for the next 90 days, a Performance Improvement tool will be utilized to review the completion/documentation of the dial-out system semi-annual test and annual testing of audible and visible notification devices. The results/finding of the completion/documentation will be reviewed at each of the facility□s Performance Improvement Committee meetings. 5. Compliance met on or before May 20, 2018.	

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K 345	Continued From page 4 testing requirements of NFPA 72 may result in injury or death in the event of a fire. The deficiency affected less than 20 percent of the testing requirements for fire alarm systems. The findings are as follows: Document review on 4/25/2018 at 4:25 PM revealed that there was no documentation available to demonstrate the annual testing of audible and visible notification devices. Device test results (alarm initiating, supervisory alarm initiating and notification) are required to be in an itemized list with the device type, location and test result as applicable. Interview with the facility maintenance manager at the time of the observation indicated that he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.2 2010 NFPA 72 Table 14.4.5 Item 20	K 345		
K 355 SS=E	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to provide maintenance documentation for monthly fire extinguisher	K 355	K-355 1. At the time of the survey, all fire	5/20/18

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K 355	Continued From page 5 maintenance as required by 2010 NFPA 10, Standard for Portable Fire Extinguishers. Failure to maintain fire extinguishers per NFPA 10 may result in injury or death in the event of a fire. The deficiency affected all fire extinguishers within the facility. The findings were: Document review on 4/25/2018 at 4:22 PM revealed missing documentation for monthly fire extinguisher maintenance for the past 12 months. Interview with facility maintenance manager at the time of the observation indicated that he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 - Section 19.3.5.12, 9.7.4.1 2010 NFPA 10 - Section 7.2.1.2, 7.2.4.5	K 355	extinguishers depicted that they were serviced in April of 2018 by our external vendor. Additionally, the fire extinguishers were last internally inspected on April 14, 2018. 2. The sited fire extinguishers where the extinguishers serviced and inspected in April of 2018. 3. The Maintenance Director or designee will complete monthly maintenance on all portable fire extinguishers, including documentation of maintenance. Then the ED or designee will audit the documentation of the monthly fire extinguisher maintenance. 4. At least monthly for the next 90 days, a Performance Improvement tool will be utilized to review the audits of the monthly fire extinguisher maintenance. The results/findings of these audits will be reviewed at each of the facility□s Performance Improvement Committee meetings. 5. Compliance met on or before May 20, 2018.	
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.	K 741		5/20/18

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K 741	Continued From page 6 (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to adhere to the smoking regulations as required by the 2012 NFPA 101, Life Safety Code. Failure to adhere to the smoking regulations as required could result in injury or death from a fire due to the improper disposal of cigarettes. The deficiency affected one of seven exterior exit doors. The findings were: Observation on 4/25/2018 at 1:51 PM located adjacent to the outside generator revealed several cigarette butts laying on the ground. Further observation revealed that a trash can next to the generator had multiple cigarette butts combined with trash and there was no noncombustible astray in the area. Interview with facility maintenance manager at the time of the observation indicated that they were a non-smoking facility, and that he was aware of	K 741	K- 741 1. The facility grounds and trash were cleaned up of cigarette butts and disposed of properly on 5/3/2018. The sited trash can was removed on 5/17/2018. 2. The sited trash can was the only trash can with cigarette butts combined with trash. 3. The ED or designee will conduct an in-service on or before 5/20/2018 with staff on the smoking regulation, specifically the proper and improper disposal of cigarettes.. Random audits will be completed to ensure, if any, disposal of cigarette butts is done properly. 4. At least monthly for the next 90 days, a Performance Improvement tool will be utilized to review the audits of proper	

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K 741	Continued From page 7 the requirement. Interview with the facility administrator at time of exit acknowledge the deficiency. Ref: 2012 NFPA - Section - 19.7.4	K 741	cigarette butt disposal. The results/findings will be reviewed at each of the facility□s Performance Improvement Committee meetings. 5. Compliance met on or before May 20, 2018.	
K 916 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to adhere to the requirements for a generator annunciator panel in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to provide a generator annunciator panel as required may result in injury or death in an emergency. The deficiency affected (1) of (1) emergency power systems. The findings were: Observation on 4/25/2018 at 3:15 PM revealed a generator annunciator panel located in an environmental closet. Interview with the facility maintenance manager at the time of observation indicated that staff were not present in the space to monitor the	K 916	K-916 1. The facility contains two annunciator panels, located in an environmental closet, with 18 features and nurses station, with five features. 2. These are the only annunciator panels in the facility. 3. The facility will have a contract vendor relocate the annunciator panel from the environmental closet to the nurses□ station to be monitored continuously. The ED or designee will conduct an in-service on the monitoring of new annunciator panel upon completion of work. 4. At least monthly for the next 90 days, a	5/20/18

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K 916	Continued From page 8 annunciator panel continuously. Subsequent interview revealed that he was not aware of the requirements for the panel to be monitored on a continuous basis. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 99 Section - 6.4.1.1.17	K 916	Performance Improvement tool will be utilized to review the completion of the work and in-service on the annunciator panel. The findings will be reviewed at each of the facility□s Performance Improvement Committee meetings. 5. This work was authorized on or before May 20, 2018.	

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Licensing and Surveys on April 25, 2018. Based upon the findings of the survey team, it was determined the facility was in complianc with all Emergency Preparedness requirements.	E 000		

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Electronically Signed | 05/21/2018

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