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

PRINTED: 08/05/2011
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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/27/2011

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 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 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building with a fire separated basement of Type II (111) construction with plan approval in 1998. The building was equipped with a supervised automatic wet sprinkler system and an anti-freeze loop feed by a fire pump and an addressable fire alarm system. The facility had a capacity of 24 certified Medicare and Medicaid beds with a census of 24 residents.	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure the smoke barrier was smoke resistant. The findings were:	K 025	South Lincoln Nursing Center will ensure that the fire barrier is maintained. 1.) The 1inch hole in the fire barrier has been filled with fire caulking. 8/2/11 2.) The director of plant operations will develop a quality monitoring too to ensure that fire barriers are maintained. 8/18/11 3.) The results of the monitoring tool will be reported at the monthly QA/QI meeting. 9/11/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eric Boley, Administrator — TITLE: CEO — (X6) DATE: 08/21/2011

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.

POC ACCEPTED W/ERIC BOLEY, CEO, ON 8/31/11

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WyomingDeptofHealth
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OfficeofHealthcare
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K 025	Continued From page 1 Observation of the smoke barrier above the east double doors on 7/27/11 at 10:40 AM showed a 1 inch hole unsealed pipe penetration. At the time of observation the maintenance director reported the smoke barrier was inspected on a quarterly basis and after work has been completed in the area. He could not explain why the hole had not been noticed and filled. Reference: NFPA 101, 2000 Edition; 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour.	K 025		
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure oxygen cylinders were restrained in 1 of 2 smoke compartments. The	K 076	South Lincoln Nursing Center will ensure that oxygen cylinders are restrained in all oxygen storage areas. 1.) The Director of Plant Operations will monitor to ensure future compliance and the Respiratory staff has been educated on the need to keep oxygen cylinders restrained . 7/28/11 2.) The Director of Plant Operations will implement a quality monitoring tool and will do random surveillance to ensure that the oxygen tanks are restrained in all oxygen storage areas. 8/18/11 3.) The results of the monitoring tool and the random surveillance will be reported at the monthly QA/QI meeting. 9/11/11	

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K 076	Continued From page 2 findings were: Observation of the oxygen transfilling room on 7/27/11 at 10:10 AM showed twenty five, 12 inch "B" oxygen cylinders and ten, 16 inch "D" oxygen cylinders were not restrained and free standing. At 10:42 AM the respiratory therapist reported she was aware oxygen cylinders are required to be restrained. Furthermore, she reported the cylinders were scheduled to be removed that week, but she could not explain why they had not been secured. Reference: NFPA 101, 2000 Edition Section 19.3.2.4, NFPA 99, 1999 Edition; Section 8-3.1.11.2 (h); 4-3.5.2.1 (b) 27 Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.	K 076		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the emergency generators annual load bank test was performed. The findings were:	K 144	South Lincoln Nursing Center will ensure the emergency generator will have a load bank test at least yearly. 1.) The Director of Plant Operations will monitor to ensure future compliance. 8/2/11 2.) A quality monitoring tool will be implemented by the Director of Plant Operations to ensure a load bank test is completed annually. 8/18/11 3.) The results of the monitor will be reported at the monthly QA/QI meeting. 9/11/11	

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K 144	Continued From page 3 Review of the emergency generators testing records showed the facility was unaware of the kilowatts the diesel powered generator ran at during the monthly full load test. Further review showed a load bank test was last performed on 4/25/10. On 7/27/11 at 11:26 AM the maintenance director reported he was not aware the annual load bank test was required if the generator ran at less than thirty percent of capacity during the monthly load test. Reference: NFPA 101, 2000 Edition Section 20.2.9.2, NFPA 99, 1999 Edition Section 3-4.4.1.1, NFPA 110, 1999 Edition; 6.4 Operational Inspection and Testing. 6.4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating (2) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer 6.4.2.3* Diesel-powered EPS installations that do not meet the requirements of 6.4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.	K 144		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 147		

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K 147	Continued From page 4 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 staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring and failed to ensure electrical equipment had adequate work room in 1 of 2 smoke compartments. The findings were: 1. Observation of the electrical system on 7/27/11 between 9 AM and 10 AM showed resident room #103 and #105 had television sets plugged into a 3-way electrical adapter. At 9:16 AM the maintenance director reported he was aware electrical adapters were prohibited. He could not explain why the adapters had not been noticed during the last quarterly inspection and removed. 2. Observation of the electrical system on 7/27/11 at 9:42 AM showed the two electrical panels in the soiled utility room were obstructed by two attached linen carts. At the time of observation certified nursing assistant #2 reported the carts were continually stored in this area. The maintenance director was not aware the nursing staff was storing the cart in this location. Reference: NFPA 101, 2000 Edition Section 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 110-26. Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation	K 147	South Lincoln Nursing Center will ensure that temporary electrical wiring will not replace permanent fixed wiring and to ensure that electrical equipment has adequate work room. 1.) The three way electrical adapters in rooms #103 and #105 have been removed. 2.) The two carts in from the the electrical panels in the soiled linen closets have been removed. 3.) A quality monitoring tool will be implemented by the Director of Plant Operations to ensure future compliance. 4.) The results of the monitoring will be reported at the monthly QA/QI meeting.	8/2/11 8/2/11 8/18/11 9/11/111

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K 147	Continued From page 5 and maintenance of such equipment ... (a) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of (1), (2), and (3) or as required or permitted elsewhere in this Code. (1) Depth of Working Space. The depth of the working space in the direction of access to live parts shall not be less than indicated in table 110-26(a) ... Table 110-26(a) Nominal Voltage To Ground — Minimum Clear Distance (ft) 0/150 — 3 ft. (b) Clear Space. Working space required by this section shall not be used for storage ... 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147		