STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING **01** B. WING _____	**02/25/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	**497 W LOTT** **BUFFALO, WY 82834**

(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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 02/25/2021. Based on the findings it was determined the facility was in compliance with all requirements. .	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on February 25, 2021. 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 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 (III) construction with plan approval in 2016. The building is equipped with a supervised, automatic wet sprinkler system and dry system, and an addressable fire alarm system. The facility had a capacity of 44 certified Medicare and Medicaid beds with a census of 40 residents. .	K 000		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall.	K 372		3/17/21

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

Electronically Signed | 03/17/2021

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 372	Continued From page 1 Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoke compartment barriers in accordance with the 2012 NFPA 101 Life Safety Code. Failure to properly maintain smoke compartment barriers could result in injury or death in the event of a fire. The deficiency affected two (2) of six (6) smoke compartments. The findings were: Observation on 02/25/21 at 1:15 PM revealed an unprotected fire sprinkler pipe penetration of a smoke compartment separating smoke barrier. The unprotected penetration was located above the cross corridor doors of the smoke barrier in the "300" wing on the second floor. Smoke compartment separating barriers shall be constructed to have a minimum 1/2 hour fire rating and all penetrations shall be protected by a system that is capable of limiting the transfer of smoke. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirements. Interview with the CEO at the time of exit acknowledged the deficiency.	K 372	K372 □ Completion Date 03/17/2021 unless otherwise stated The facility will maintain smoke compartment barriers in accordance with the 2012 NFPA 101 Life Safety Code. This will be accomplished by: A) Maintenance staff will caulk and seal the penetration above 300 corridor. This was completed on March 3, 2021. B) The maintenance manager or designee will educate the maintenance staff on maintaining smoke compartment barriers in accordance with the 2012 NFPA 101 Life Safety Code and performing quarterly inspection for any unprotected penetrations above corridor 300. The maintenance or designee will re-educate maintenance staff on an as needed basis. C) The maintenance manager or designee will develop a QAPI tool to performing quarterly inspection for any unprotected penetrations above corridor 300 and report to the QAPI committee annually.	

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K 372	Continued From page 2 Reference: 2012 NFPA 101 19.3.7.3; 8.4.4.1	K 372		