POC acceptable 9/23/11 Ken Sun

SEP-20-2011 15:41 P.03

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
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/23/2011

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 42 CFR 483.70(a) Long Term Care Facilities Construction type: Type II (111) K7: Survey under 2000 Health Care Existing Constructed: 1988 K0180: Fully Sprinkled	K 000		
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a 2-hour separation between the hospital the nursing facility. Findings include: On 8/23/2011 a 2 hour fire barrier was identified between the hospital and the nursing facility. The doors between the hospital and the nursing facility had panic hardware instead of the required fire hardware. Panic hardware was indicated by the label. It was also found that the latching mechanism could be locked in the unlatched position with an Allen wrench. Fire doors must always have a functional latch. Although both hospital and health care are classified as the same occupancy type, and do not require a 2 hour separation, a 2 hour separation is provided	K 011	K 011 South Lincoln Nursing Center will ensure that the two hour fire barrier is maintained. 1.) The panic hardware on the fire doors between the hospital and the nursing facility will be replaced with fire hardware so as to always have a functional latch. 2.) The director of plant operations will develop a quality monitoring tool to ensure that fire barriers are maintained. 3.) The results of the monitoring tool will be reported at the monthly QA/QI meeting	9/26/11 9/26/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 09/21/11

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.

SEP 26 2011

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K 011	Continued From page 1 so that each facility can be surveyed individually. As such, the 2 hour barrier must be maintained. The Physical Plant Superintendent acknowledged the finding when the deficiency was identified. Failure to provide fire door hardware as required increase the risk of death or injury due to fire from the adjacent facility. The deficiency affected 1 of 4 smoke compartments. Ref: 2000 NFPA 101 section 19.1.2.1, 4.6.12.1	K 011		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain building construction as required. Findings include: On 8/23/2011 at 8:35am, two layers of 5/8 sheetrock was found above the doors at the 2 hour fire barrier separating the nursing facility from the hospital. Based on review of the plans that indicated the building was a Type II(111) construction type, it appears that the sheet rock was provided to fire resistance to building structural elements. The sheetrock was found to	K 012	K 012 South Lincoln Nursing Center will ensure that building construction is maintained as required 1.) The two layers of 5/8 sheetrock above the doors at the two hour fire barrier separating the nursing facility from the hospital will be repaired, closing the 12-15 inch gap in the fire protection 2.) The director of plant operations will develop a quality monitoring tool to ensure that fire barriers are maintained. 3.) The results of the monitoring tool will be reported at the monthly QA/QI meeting.	9/26/11 9/26/11 9/26/11

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K 012	Continued From page 2 have been cut so that there was a 12-18 inch gap in the protection. The Physical Plant Superintendent acknowledged the finding when the deficiency was identified. Failure to maintain the continuity of the sheetrock and thus the fire resistance of the structural elements of the building increases the risk of death or injury due to fire. The deficiency affected 1 of 4 smoke compartments. Ref: 2000 NFPA 101 Section 19.1.6	K 012		
K 020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6, 19.3.1.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain vertical openings as required. Findings include: On 8/23/2011 at 7:00am, 5 pipe penetrations in the elevator machine room in the basement were found to be unsealed. Floors that separate stories in a building are required to be constructed as a smoke barrier. The Physical Plant Superintendent acknowledged	K 020	K 020 South Lincoln nursing Center will ensure that vertical openings are maintained as required. 1.) The five pipe penetrations in the elevator machine room in the basement will be sealed 2.) The director of plant operations will develop a quality monitoring tool to ensure that smoke barriers are maintained. 3.) The results of the quality monitoring tool will be reported at the monthly QA/QI meeting.	9/26/11 9/26/11 9/26/11

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K 020	Continued From page 3 the finding when the deficiency was identified. Failure to maintain floors as smoke barriers increases the risk of death or injury due to fire. The deficiency affected 2 of 4 smoke compartments. Ref: 2000 NFPA 101 Section 19.3.1.1, 8.2.5.1	K 020		
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 interview, the facility failed to maintain smoke barriers as required. Findings include: On 8/23/2011 at 9:05am, a 1 " sprinkler pipe penetration going through a 2 " diameter hole in the barrier separating the lobby from the kitchen was found unsealed. In addition, a 1 " sprinkler pipe penetration going through a 2 " diameter hole in the barrier separating the board room from a resident room was found unsealed.	K 025	K 025 South Lincoln Nursing Center will ensure that smoke barriers are maintained as required. 1.) The one inch sprinkler pipe penetration going through a two inch diameter hole in the smoke barrier separating the lobby from the kitchen will be sealed. And the one inch sprinkler pipe going through a two inch diameter hole in the barrier separating the board room from a resident room will be sealed. Also the smoke barrier doors leading from the lobby to the resident area adjacent to the activities room will be adjusted to close completely when released. 2.) The director of plant operations will develop a quality monitoring tool to ensure that smoke barriers are maintained and smoke barrier doors close and latch properly. 3.) The results of the quality monitoring tool will be reported at the monthly QA/QI meeting.	9/26/11 9/26/11 9/26/11

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K 025	Continued From page 4 Smoke barriers are required to form 2 smoke compartments on sleeping room floors of more than 30 residents. Smoke compartments are not permitted to exceed 22,500 sf. The floor area is estimated to exceed 22,500 sf thus requiring the smoke barrier. On 8/23/2011 at 7:50 am, the smoke barrier doors leading from the lobby to the resident area adjacent to the activities room did not close completely when release due to what appeared to be air flow. Smoke compartment doors are required to self close. The Physical Plant Superintendent acknowledged the findings when the deficiency was identified. Failure to maintain smoke barriers as required increases the risk of death or injury due to fire. The deficiency affected 2 of 4 smoke compartments. Ref: 2000 NFPA 101 Section 19.3.7.3	K 025		
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	K 029		

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K 029	Continued From page 5 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 8/23/2011 at 6:10am, a Dutch door between the kitchen and the dining area that was open to the corridor was found with a 0.5 inch gap that would not resist the passage of smoke. Corridor doors are required to be self closing and to resist the passage of smoke in sprinkled facilities. The Physical Plant Superintendent acknowledged the finding when the deficiency was identified. Failure to provide smoke resistant doors in hazardous areas increases the risk of death or injury due to fire. The deficiency affected 1 of 4 smoke compartments. Ref: 2000 NFPA 101 section 19.3.2.1	K 029	K 029 South Lincoln Nursing Center will ensure that smoke barriers are maintained as required. 1.) The Dutch door between the kitchen and the dining area will be repaired so as to resist the passage of smoke. 2.) The director of plant operations will develop a quality monitoring tool to ensure that smoke barriers are maintained. 3.) The results of the quality monitoring tool will be reported at the monthly QA/QI meeting.	9/26/11 9/26/11 9/26/11
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by:	K 038		

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K 038	Continued From page 6 Based on observation and interview, the facility failed to maintain the means of egress as required. Findings include: On 8/23/2011 at 7:50am, the exit discharge from the great room passed through a patio area. The concrete slab walking surface had settled leaving 3 joints with abrupt elevation differences estimated at 1.5 inches. Walking surfaces are permitted a maximum 0.25 inch abrupt change in elevation. Changes exceeding 0.25 inches but less than 0.5 inches are permitted to be beveled. Otherwise the abrupt changes must be accommodated with a ramp or a step. Ref: 2000 NFPA 101 section 7.1.6.2, 7.1.7.1 The Physical Plant Superintendent acknowledged the finding when the deficiency was identified. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. The deficiencies affected 3 of 4 smoke compartments.	K 038	K 038 South Lincoln Nursing Center will ensure that the means of egress will be maintained as required. 1.) The exit discharge from the great room passing through a patio area where concrete slabs have settled leaving surfaces with abrupt changes in elevation will be repaired so as not to exceed 0.25 inches. 3.) The director of plant operations will develop a quality monitoring tool to ensure that means of egress Is maintained. 4.) The results of the quality monitoring tool will be reported at the monthly QA/QI meeting.	9/26/11 9/26/11 9/26/11
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050		

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K 050	Continued From page 7 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 August 23, 2011 at 9:40am, 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 Physical Plant Superintendent acknowledged the finding when the deficiency was identified. Failure to evacuate smoke compartments increases the risk of death or injury due to fire. The deficiency affected 1 of 8 components of the plan. Ref: 2000 NFPA 101 section 19.7.2.2	K 050	K 050 South Lincoln nursing center will provide a fire safety plan as required. 1.) the plan will provide for the evacuation of smoke departments 2.) The director of plant operations will develop a quality monitoring tool to ensure that the evacuation of smoke compartments is taught during fire drills and other training days. 3.) The results of the quality monitoring tool will be reported at the monthly QA/QI meeting	9/26/11 9/26/11 9/28/11
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		

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K 052	Continued From page 8 This STANDARD is not met as evidenced by: Based on records review and interview, the facility failed to maintain the fire alarm system as required Findings include: On 8/23/2011 at 10:40am, records review indicated that the semiannual load voltage test for sealed lead acid batteries was only performed on an annual basis. Voltage tests were performed quarterly but were not under load. The Physical Plant Superintendent acknowledged the finding when the deficiency was identified. Failure to test fire alarm equipment as required increases the risk of death or injury due to fire. The deficiency was missing one of 2 tests in the past 12 months. Ref: 2000 NFPA 101 section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	K 052 South Lincoln Nursing Center will maintain the fire alarm as required 1.) The facility will maintain records that show that the sealed lead batteries will be tested twice per year. 9/26/11 2.) The plant operations superintendent will develop a quality monitoring tool to ensure the lead batteries are tested at least twice a year. 3.) The results of the Quality monitoring tool will be reported at the QA QI\monthly meetings.	9/26/11 9/26/11 9/26/1
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on records review and interview, the facility failed to clean cooking range hoods as required	K 069		

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K 069	Continued From page 9 Findings include: On 8/23/2011 at 10:40am, The Physical Plant superintendent could not produce any records of kitchen hood cleaning. In interview, he stated that staff cleaned the hood filters and the hood but did not clean the ductwork. In the records review, the inspection records for the hood fire suppression system indicated that the hood needed to be cleaned. For moderate use facilities, the hood must be inspected on a semiannual basis and cleaned as needed. The Physical Plant Superintendent acknowledged the finding when the deficiency was identified. Failure to clean kitchen hoods as required increases the risk of death or injury due to fire. The deficiency affected 1 of 4 smoke compartments. Ref: 2000 NFPA 101 Section 19.3.2.6, 9.2.3; NFPA 96 Section 8-3.1.1, 8-3.1.2	K 069	K 069.) South Lincoln Nursing Center will maintain records that show the kitchen hood to be cleaned at least twice per year. 1.) The facility will clean the kitchen hood at least every six months. 2.) The plant operations superintendent will develop a quality monitoring tool to ensure the kitchen hood is cleaned at least twice a year. 3.) The results of the quality monitoring tool will be reported at the monthly QA/QI meetings.	9/26/11 9/26/11 9/26/11
K 076 SS=D	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	K 076		

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K 076	Continued From page 10 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 interview, the facility failed to maintain medical gas storage as required. Findings include: On 8/23/2011 at 7:20 am, the oxygen cylinders in the oxygen manifold room were found to have a chain around the bank of tanks on the manifold. The chain was attached to the wall in a manner that it would not restrain a tank or several tanks from falling over. Tanks are required to be secured so that they are not able to fall over. Failure to secure tanks as required increases the risk of death or injury due to fire should a tank fall over, become damaged and leak. Ref: 2000 NFPA 101 Section 19.3.2.4; 1999 NFPA 99 section 4-3.1.1.2(a)3 On 8/23/2011 at 7:30, the oxygen storage room was found to have two light switches located at 48 inches above finished floor. Oxygen tanks were stored in racks to an estimated 54 inches above the floor. Light switches are required to be located at 60 inches above the floor to protect them from damage. Ref: 2000 NFPA 101 Section 19.3.2.4; 1999 NFPA 99 section 4-3.1.1.2(a)4 The Physical Plant Superintendent	K 076	K 076 South Lincoln Nursing Center will ensure that medical gas storage and administration areas are protected in accordance with NFPA 99, standards for health care facilities. 1.) The plant operations superintendent will ensure that medical gas cylinders in the manifold room will have the proper restraints. 2.) The plant operations superintendent will ensure that the light switches in the oxygen storage room are located at 60 inches above the floor. 3.) The plant operations superintendent will develop a quality monitoring tool to ensure oxygen storage areas have electrical wiring at the correct elevation. And that tanks have the proper restraints. 4.) The results of the quality monitoring tool will be reported monthly at the QA/QI meeting.	9/26/11 9/26/11 9/26/11

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SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

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K 076	Continued From page 11 acknowledged the findings when the deficiency was identified. The deficiency affected 1 of 4 smoke compartments.	K 076		