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 _____	**02/01/2022**

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 02/01/2022. 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 02/01/2022. 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 32 residents. .	K 000		
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of	K 920		3/20/22

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

Electronically Signed | 02/24/2022

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 _____	**02/01/2022**

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K 920	Continued From page 1 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to utilize power strips in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to utilize power strips could result in injury or death in the event of electrical or equipment failure. The deficiency affected two (2) of forty four (44) resident rooms. The findings were: Observation on 02/01/2022 at 12:32PM in resident room 201, and at 12:35 PM in resident room 210, revealed power strips located in the patient care area while Patient Care Related Electrical Equipment (PCREE) was present. Observation of resident room 201 revealed a C-PAP machine plugged directly into a power strip. Observation of resident room 210 revealed a power strip located in the patient care area while a C-PAP machine was present. PCREE	K 920	The facility will maintain compliance with Electrical Equipment-Power Cords and Extensions in accordance with 2012 NFPA 101 Life Safety Code. This will be accomplished by: A) Maintenance staff removed the power strips from resident rooms 201 and 210 that have PCREE (Patient-Care Related Electrical Equipment). This was completed on February 1, 2022. B) Maintenance staff will check all resident rooms quarterly to ensure there are no power strips in rooms with PCREE. Infractions will be corrected immediately. C) The maintenance manager or designee will educate the maintenance staff and the AHCC DON will educate the	

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	53A002	A. BUILDING **01** B. WING _____	**02/01/2022**

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K 920	Continued From page 2 shall not be plugged into power strips and power strips shall not be located in the patient care area when PCREE is present. Interview with the facility manager at the time of the observation acknowledged the deficiency. Interview with the Administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 99 10.2.3.6, CMS S&C: 14-46-LSC	K 920	facility nurses, CNAs and housekeeping staff that if a resident uses PCREE they may have no power strips of any kind, and that if a resident doesn't use PCREE in their room power strips are allowed for personal electronics provided they are UL1363. Staff will be directed to address any questions or concerns with maintenance or the AHCC DON immediately. D) The maintenance manager or designee will develop a QAPI tool to perform quarterly inspections of all resident rooms to ensure there are no power strips in resident rooms with PCREE. This will be reviewed by the QAPI committee quarterly.	