STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A060	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE AFTON, WY 83110

(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 the 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. The facility was a fully sprinklered single story building of Type II (111) construction built in 1996. The facility is joined to the Star Valley Medical Center Critical Access Hospital (CAH) by a long enclosed corridor. A fire rated door is located at the end of the CAH end of the corridor. The building was equipped with a supervised automatic wet sprinkler system and addressable fire alarm system.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jean Pinter RN | TITLE: NHA | (X6) DATE: 17 June 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/26/2011

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure one corridor door was resistant to the passage of smoke in 1 of 2 smoke compartments. The findings were: Observation on 5/25/11 at 1:48 PM revealed the double corridor doors leading into the conference room from the waiting room did not close completely in its frame with three separate attempts. A self-closure device was attached to the doors. Interview with the maintenance manager at the time of the observation confirmed the finding.	K 018	K018 The facility will ensure that corridor Door is resistant to the passage of smoke. Facilities dept. leader will be responsible Agent for monitoring. This item will be Added to facility-wide continuous quality Improvement program. This is complete.	June 14, 2011
K 069 SS=F	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 record review and staff interview the facility failed to ensure the cooking equipment was properly maintained. The findings were: Record review revealed an annual inspection of the food preparation equipment was conducted 1/13/11 by Fire Services of Idaho. The report showed moderate build up of grease in the exhaust system. Interview with the maintenance manager on 5/25/11 at 11:48 AM revealed it had been "over a year since the kitchen exhaust system was cleaned, and it is time to be cleaned again."	K 069	K069 Facility will ensure cooking Equipment is properly maintained. Kitchen Exhaust system will be cleaned & monitored By facilities dept. leader. Food services Dept. leader will also monitor grease build-Up & report to facilities dept. leader. This Item will be added to facility-wide continuous Quality Improvement program. An outside Company has completed this.	June 14, 2011

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	53A050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 electrical wiring was in compliance with the National Electric Code in 1 of 2 smoke compartments. The findings were: Observation on 5/25/11 at 11:48 PM revealed an extension cord was plugged into an electrical wall outlet in resident room 208. Plugged into the extension cord was a television set. In addition, observation on 5/25/11 at 12:48 PM revealed one wall mounted electrical outlet was not ground fault circuit interrupter (GFCI) protected. The outlet was located within six feet of the sink in the beauty shop. Interview with the maintenance manager at the time of the observations confirmed the findings. NEC 70, 2011 Edition, Section 400.8: "...flexible cords and cables shall not be used for ...(1) As a substitute for the fixed wiring of a structure."	K 147	K147 Facility will ensure that electrical wiring Will be in compliance with National Electrical Code. Facilities dept. leader will make rounds With Dir. of Nursing to assure no electrical Extension cords are in use. This item will be added to facility-wide continuous quality Program. Electrical outlet will have hospital grade ground Circuit Interrupter (GFCI) protected. Breaker. Facilities dept. leader will monitor this. This item will be added to facility-wide cont. Quality program. Completed by	July 1, 2011