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
	535050	A. BUILDING 01 - MICHAEL MANOR B. WING _____	01/24/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICHAEL MANOR	1108 BIRCH ST. DOUGLAS, WY 82633

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	K 000		

This Life Safety Code (LSC) survey was conducted on 1/24/2005. The existing section of the 2000 (LSC) was used in keeping with the requirements of the Federal Register at 42CFR 483.70(a). This facility was built in 1970. It was single story with a partial basement. It was considered partially sprinklered due to the lack of sprinkler coverage for the front porch canopy. The licensed capacity was 60 beds.

The deficiencies observed were as follows:

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K 018 SS=E	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 sold-bonded core wood, 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 19.3.6.3.3 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities as of March 13, 2006.	K 018	In accordance with NFPA 101 Section 19.3.6.3.3 the following issue is being addressed and corrected: Doors will be sealed with sealant so they are tight to air. Those doors that are warped (Rooms 4 and 17) will be adjusted by maintenance to make a seal tight to air. This will be monitored on weekly rounds by maintenance.	3/05/05

This Standard is not met as evidenced by:
Based upon observation and staff interview during the survey, it was determined that the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Beverly Wilson	NHA	3/8/05

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 018	Continued From page 1 facility failed to provide corridor doors that would resist the passage of smoke. The findings included; 1. Eight of 29 resident room corridor doors that were not closings to form a seal which was resistant to the passage of smoke included: (1, 2, 5, 8, 12, 15, 18, and 27). 2. Resident corridor doors that appeared to be warped and not sealing included #4 and # 17. The above were verified with the maintenance director at the time of the survey.	K 018		
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This Standard is not met as evidenced by: Based upon observation and staff interview during the survey, it was determined that the facility failed to provide smoke barrier doors at 1 of 1 set of doors that would resist the the passage of smoke. The findings included: 1. It was observed at 11:30 AM 1/24/05, that the	K 027	In accordance with NFPA 101 Sections 19.2.2.2.6, 19.3.7.5, 19.3.7.6, and 19.3.7.7 the following issues are being addressed and corrected: 1. The cross corridor smoke barrier doors at the entrance to the east wing will be adjusted by maintenance, by cutting if necessary, for a tight closure. 2. The door between the business office and the administrator's office will be equipped with a self-closing device and kept closed as directed. These doors will be monitored on weekly rounds by maintenance for compliance.	3/05/05

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K 027	Continued From page 2 cross corridor smoke barrier doors at the entrance to the east wing were rubbing against each other, when closed, preventing a smoke resistant closure. 2. The door between the business office and the administrator's office was in line with the smoke barrier wall of the building. This door must be equipped with a self closing device and kept closed or provided with a fire alarm activated automatic release device. It was observed at 2:00 PM on 1/24/05, that the self closing device on this door had been deactivated. This was verified with the maintenance director and the administrator at that time.	K 027		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based upon documentation review and staff interview during the survey, it was determined that the facility failed to test the emergency light. The findings included: 1. Upon reviewing the facility's safety documentation during the AM of 1/24/05, it was observed that there was no documentation that the battery emergency light for the generator and transfer switch located in the boiler room had not been tested for 30 seconds each 30 days or for 1.5 hours/ year. This was verified with the maintenance director at	K 046	In accordance with NFPA 101 Section 19.2.9.1 the following issue is being addressed and corrected: Emergency light testing will be documented and put on the maintenance list. The emergency light testing will be checked monthly when generator is checked as directed. The documentation will be kept up to date.	3/5/05

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K 046	Continued From page 3 that time.	K 046		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This Standard is not met as evidenced by: Based upon record review, observation, and staff interview, it was determined during the survey that the facility failed to provide a complete sprinkler system. The findings included: 1. Observation of the combustible front porch canopy indicated it exceeded 4 feet in depth and was not equipped with sprinkler protection. 2. Review of the facility's safety records determined that there was no documentation of yearly and quarterly tests of the sprinkler system. This was verified with the maintenance director at this time.	K 056	In accordance with NFPA 101 Section 19.3.5 the following issue is being addressed and corrected: 1. Pyrotech of Casper recommended that we detach the front porch canopy from the building to prevent fire from spreading to the building. This is being done because Pyrotech noted that it is not feasible to install a sprinkler system to the canopy due to extreme changes in temperature that could cause freezing and flooding. 2. The annual inspection of the sprinkler system has been performed by Pyrotech. We will make sure that such records are kept readily available in the facility for inspection.	9/18/05 3/5/05

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K 062	Continued From page 4	K 062		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Based upon observation and staff interview during the survey, it was determined that the facility failed to provide the sprinkler system continuously maintained in reliable operating condition. the findings included: 1. It was observed at 11:00 AM on 1/24/05, that 3 of 3 sprinkler heads located in the laundry had an accumulation of lint on them. This was verified with the maintenance director at that time.	K 062	In accordance with NFPA 101 Section 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 the following issue is being addressed and corrected: The lint was removed from the sprinkler heads in the laundry by maintenance. Further accumulation of lint will be prevented by checks and cleanings made by maintenance as part of the routine checks of the sprinkler system.	3/5/05
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, 9.7.4.1, NFPA 10 This Standard is not met as evidenced by: Based upon observation, documentation review, and staff interview during the survey, it was determined that the facility failed to maintain the	K 064	In accordance with NFPA 101 Section 9.7.4.1. 19.3.5.6, 9.7.4.1, NFPA 10 the following issue is being addressed and corrected: Fire extinguisher will be inspected monthly by maintenance and initialed when completed. Accurate records of this will be kept by maintenance.	3/5/05

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K 064	Continued From page 5 fire extinguishers of the building. The findings included: 1. It was observed that the fire extinguishers located throughout the building had not had a monthly inspection performed on them with documentation kept as to such activity. This was verified with the maintenance director at this time.	K 064		
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.6.2.2 This Standard is not met as evidenced by: Based upon observation and staff interview during the survey, it was determine that the facility failed to maintain the ventilating system in operating condition. The findings included: 1. It was determined by observation that the central exhaust system serving the resident toilet rooms and other soiled areas such as the soiled utility room was not working. This was confirmed with the maintenance director, the administrator, and the building owner at the exit interview.	K 067	In accordance with NFPA 101 Section 19.5.2.1, 9.2, NFPA 90A, 19.6.2.2 the following issue is being addressed and corrected: In 1993 or 1994 when the centralized air exchange was installed to the outside, the wires to the bathroom fans were cut to enable the air to be exchanged to the outside not the attic. The central air exhaust to the outside has been checked and is working. This was approved by the state and plans are on file with the state department of health engineer. The day of inspection the fans were turned off by the plumber who was working on the furnace and wanted to check the heat before departure and inadvertently didn't turn it back on.	3/5/05