STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	201 14TH ST WHEATLAND, WY 82201

(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 Surveyor #18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a supervised automatic wet sprinkler system and fire alarm system. The facility has a common 2-hour wall with the hospital. The east wing is a Type II (111) with a basement. K6: Date of Plan Approval: 1965, 1978 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=43;NF=43 K9: The facility meets the Life Safety Code standards based on an acceptance of a Plan of Correction. "NFPA" National Fire Protection Association	K 000	FOC ACCEPTED W/ GNW CORRECTION CEO, on 9/13/06.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah Lockman
TITLE: CNO/Assoc. CEO
(X6) DATE: 9/11/06

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
	53A043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	201 14TH ST WHEATLAND, WY 82201

9/12/06

(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 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. This STANDARD is not met as evidenced by: Based on observations the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The finding was: 1. Observation on 08/21/06 at 12:37 PM revealed the corridor door to resident room #104 was impeded by a pulley system hung over the top of the door.	K 018	This Plan of Correction constitutes our allegation of compliance. **K 018** Platte County Memorial Hospital and Nursing Home will ensure that all doors to corridors are unimpeded from closing at all times. This will be accomplished by the maintenance director and Long Term Care(LTC) Resident Manager informing staff and educating them on keeping doors clear from all objects that could interfere with the proper closing of the doors. This information will be included on all LTC staff orientation. Any future potential deficiencies will be identified during the Life Safety daily rounds by Plant Operations. This will be reported to the maintenance director for corrective action. This will be completed by October 1, 2006.	10/01/06

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	201 14TH ST WHEATLAND, WY 82201

(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 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 Citation was removed after review of the blue prints with the engineers. The blue prints revealed the basement was business occupancy. 9/13/06	K 029		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	201 14TH ST WHEATLAND, WY 82201

(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 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 This STANDARD is not met as evidenced by: Based on observations the facility failed to separate 1 of 12 hazardous areas from other spaces by 1-hour fire rated assemblies in accordance with NFPA 101 Section 18.3.2.1. The findings were: 1. Observation on 08/21/06 at 11:30 AM revealed the health information management office that was recently relocated to the basement conference room did not have 1-hour separation as required by the Code. The findings were as follows: a. The two corridor doors were not 1-hour rated doors. b. The two corridor doors were not equipped with self-closing devices. c. The corridor door walls terminated above the ceiling tile and did not extend to the roof above.	K 029	**K029** Platte County Memorial Hospital and Nursing Home is applying for a temporary waiver of one year for the Health Information Management(HIM) area. HIM has temporary located to the basement while construction of new space is being completed. The new space will be completed by October 1, 2007. In the temporary location, the doors will have self-closing devices installed. The entire ceiling tile assembly has hold down clips on the tiles and the ceiling lights are surface mounted. The doors are solid core doors with wire glass lights in them. This area is fully sprinkled.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	201 14TH ST WHEATLAND, WY 82201

9/13/06

(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 062 SS=E	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 on observations the facility failed to install the sprinkler system in accordance with NFPA 13 Section 5-6.4.1.1. The findings were: 1. Observation on 08/21/06 between 11:30 AM and 1:30 PM revealed the following locations had sprinkler heads installed less than the allowed one inch below the ceiling: a. Six heads in the health information management office. b. One head in the corridor near resident room #109 c. One head in the corridor near resident room #102. 2. Observation on 08/21/06 at 11:45 AM revealed the basement central supply had four sprinklers on the east side of the room installed more than the allowed 12 inches below the ceiling. The sprinklers were located 18 inches below the ceiling.	K 062	**K062** Platte County Memorial Hospital and Nursing Home will ensure that the automatic sprinkler system will be continuously maintained and in reliable operating condition and tested and inspected periodically during routine rounds. The maintenance director will ensure that all elements of the sprinkler system installed is in compliance with NFPA 13 and inspected to meet that standard. All sprinkler heads are being checked and corrected if needed to be 1" below the finished ceiling. The heads in central supply will be raised within 12" of the finished ceiling. This will be completed by October 1, 2006.	10/01/06
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:	K 147	**K147** Platte County Memorial Hospital and Nursing Home will ensure that all electrical wiring and equipment is in accordance with NFPA 70. The maintenance director will ensure that all electrical equipment is installed properly and maintained and inspected as required. Permanent fixed wiring will be	10/01/06

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A043	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	201 14TH ST WHEATLAND, WY 82201

7/13/06

(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 147	Continued From page 4 Based on observations the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 400-8. The findings were: 1. Observation on 08/21/06 between 11:30 AM and 1 PM revealed the following locations had temporary wiring replacing permanent fixed wiring: a. The health informations management office had three surge protectors plugged into each other in line. Each surge protector was supply power to individual work stations. The area had insufficient electrical receptacles. b. Resident room #107 had a surge protector plugged into a surge protector. The area had insufficient electrical receptacles.	K 147	installed to replace temporary wiring in the medical records department and in room 107. Department Managers, HIM and LTC staff will be educated to the use of power strips and proper wiring by the maintenance director. Any future potential deficiencies will be identified during the Life Safety daily rounds by Plant Operations. This will be reported to the maintenance director for corrective action. This will be completed by October 1, 2006.	