PRINTED: 10/17/2005
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 _____	10/07/2005

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 original building with a supervised automatic wet sprinkler system and fire alarm system. The facility is separated from the hospital by a 2-hour barrier. Type II (111) single story east wing with a supervised automatic wet sprinkler system and fire alarm system. K6: Date of Plan Approval: 1965 and 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 corrections "NFPA" National Fire Protection Association	K 000	RECEIPT OF THIS POC W/ VERBAL NOTICE, CEO, ON 11/9/05 @ 11 AM VIA TDS CONFIRMED.	
K 027 SS=D	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	K 027	**K 027** Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 ¾-inch thick solid bonded wood core. 1. The facility will insure that the smoke barrier double doors near the Social Services office will be maintained so that the latching mechanisms fully latch and create a smoke resistant seal. The Plant Operation's Manager will adjust the latching mechanisms to insure they latch properly and will check them	10/28/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenneth Leyba — TITLE: CEO — (X6) DATE: 10/28/05

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 027	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations the facility failed to protect 1 of 2 smoke barrier doors in accordance with NFPA 101 Section 19.3.7.3 and 8.3.2. The findings were: 1. Observation on 10/7/05 at 1:30 PM revealed the smoke barrier double doors near the social services' office were equipped with latching mechanisms, which prevented the doors from fully latching and creating a smoke resistant seal.	K 027	monthly to make sure they stay in adjustment to create a smoke resistant seal. The double doors by Social Services have been adjusted by the Plant Operations Manager and now create a smoke resistant seal and latch properly.	
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 observation the facility failed to provide 2 of 7 hazardous areas separated from other spaces by smoke-resistant doors in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. Observation on 10/7/05 at 1 PM revealed the	K 029	**K 029** One hour fire rated construction or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. 1. The facility will maintain all corridor doors to insure they latch properly with a self-closing device. The facility Plant Operation's Manager will adjust the closing device on the medical records storage room to insure the door will latch positively each time. The Plant Operation's Manager has adjusted the closing devise so that the medical records storage room door closes positively every time. 2. The facility will insure that the supply room door at the nurses station is kept closed and not propped open. The facility Plant Operation's Manager has removed the foot stools from the supply store room. Staff education has been	10/28/05 10/28/05

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K 029	Continued From page 2 corridor door of the medical records department was equipped with a self-closing device, which did not latch the door in the door frame. 2. On 10/7/05 at 2:30 PM, the supply store room at the nurses' station was noted to be impeded by a stepstool.	K 029	provided and will continue as to why the doors are not allowed to be propped open. Plant Operations will monitor these areas daily to insure they are kept in compliance with this door being kept closed.	
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 on observation and staff interview the facility was not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The findings were: 1. Observation on 10/7/05 at 1:15 PM revealed the exterior roof above the front entrance was constructed of combustible material. In addition, the structure was wider than 4 feet and did not have sprinkler coverage. 2. Observation on 10/7/05 at 1:17 PM revealed the exterior roof above the south concourse patio	K 056	**K 056** If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provided complete coverage for all portions of the building. 1-4. The facility will apply for a two-year waiver of this standard in the NFPA 13, Section 5-1.1 and 5-13.8.1 so that plans can be drawn and submitted to the State Health Department for approvals to add sprinklers to the three areas listed: 1. Exterior roof above front entrance 2. Exterior roof above south concourse patio 3. Exterior roof above south exit. Sprinklers will be installed during the renovation of the existing long term care dining facility unless an alternative solution is implemented sooner.	~~11/21/07~~ 11/21/05

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K 056	Continued From page 3 was constructed of combustible material, was wider than 4 feet, and did not have sprinkler coverage. 3. Observation on 10/7/05 at 2:41 PM revealed the exterior roof above the south exit was constructed of combustible material, was wider than 4 feet, and did not have sprinkler coverage. 4. Interview with a member of the maintenance staff on 10/7/05 at 2:41 PM verified the building's roof was constructed of combustible material.	K 056		