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

PRINTED: 02/04/2011
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
	535053	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	01/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH STREET WHEATLAND, WY 82201

(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 this 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 (NFPA). The facility was a fully sprinkled single story building with a basement and two construction types, Type V (111) construction with plan approval in 1991 and type II (111) construction with plan approval in 1978. The building was equipped with a supervised automatic wet sprinkler system and an anti-freeze branch with an addressable fire alarm system. The facility had a capacity of 43 certified Medicare and Medicaid beds with a census of 38 residents.	K 000	This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding the deficiencies cited are correctly applied. K 025 a. Policy: Platte County Memorial Nursing Home (PCMNH) will assure smoke barrier walls are smoke resistant by ensuring no ~~more than ¼"~~ gap is seen during inspections.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 2 smoke barrier walls were smoke resistant. The findings were:	K 025	b. Smoke barrier wall in the beauty shop has been extended above the ceiling tiles. All new 5/8" drywall has been installed, taped, and mudded, and insulation re-installed on both sides of the woodwork in the wall dividing the beauty shop and Room 100. c. Responsible Party: Maintenance Supervisor d. How it will be prevented in the future: Inspection of firewalls and smoke barrier walls will be added to the monthly fire door checklist to ensure no gaps or penetrations. e. Inspections will be reported to the QA Committee quarterly.	02/02/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nancy Haubke	Administrator	2/17/11

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.

POC ACCEPTED W/ NANCY GLAUBKE, NHA ON 3/01/11

RECEIVED
Wyoming Dept of Health
FEB 17 2011
Office of Healthcare Licensing and Surveys

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K 025	Continued From page 1 Observation of the north smoke barrier wall on 1/24/11 at 11:55 PM showed the wall in the beauty shop was not complete above the ceiling tile. The roof trusses were exposed the entire length of the beauty shop. At the time of observation the maintenance director reported the barrier above the double cross corridor doors were inspected quarterly, but the walls above the rooms were not routinely inspected.	K 025	K 062 a. Policy: Platte County Memorial Nursing Home (PCMNH) will ensure sprinkler heads are unobstructed, not corroded, and properly function upon activation. b. i. Hospital Maintenance replaced the corroded sprinkler head on February 16, 2011. ii. Wall between shower stalls in east shower room has been cut 18" from ceiling allowing for complete coverage of the left stall. c. Responsible Party: Maintenance Supervisor d. How it will be prevented in the future: Maintenance employee will be educated on things to look for when completing the sprinkler check list, including corrosion, looking for obstructions in both existing and new building construction, and report anomalies to supervisor. e. Inspections will be reported to the QA Committee quarterly.	02/16/11
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 observation and staff interview the facility failed to ensure sprinklers were unobstructed and failed to ensure sprinkler heads were not corroded in 1 of 3 smoke compartments. The findings were: 1. Observation of the sprinkler system on 1/24/11 at 10:43 AM showed the sprinkler head in the north shower room was corroded. At the time of observation the maintenance director reported the sprinkler system was inspected quarterly to ensure sprinklers were not obstructed, damaged or covered with foreign material. He could not explain why this head had not been noticed and replaced 2. Observation of the sprinkler system on 1/24/11 at 11:10 AM showed one of two shower stalls in	K 062		

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K 062	Continued From page 2 the east shower room did not have sprinkler coverage. The sprinkler head in the area was located 8 inches to the right of the separating wall between the two stalls. The separating wall obstructed the spray pattern for complete coverage in the left stall. At the time of observation the maintenance director reported he thought existing installations did not require modification because of previous approval.	K 062		