STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING **01** B. WING _____	**02/09/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	**497 W LOTT** **BUFFALO, WY 82834**

(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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Licensing and Surveys on 02/09/2023. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements of 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 02/09/2023. Requirements for Long Term Care Facilities, Section 42 CFR 483.90 except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, two story building of Type II (III) construction with plan approval in 2016. The building is equipped with a supervised, automatic wet sprinkler system and dry system, and an addressable fire alarm system. The facility had a capacity of 44 certified Medicare and Medicaid beds with a census of 31 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be	K 321		3/26/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/06/2023

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K 321	Continued From page 1 separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain resident rooms in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain resident rooms as required could delay egress from the building during an emergency resulting in injury or death. The deficiency affected two (2) of numerous rooms. The findings were: Observation on 02/09/2023 at 10:18 AM in resident room 210 revealed that the room was cluttered with an excessive amount of combustible materials and decorations, resulting in the space having a degree of hazard greater than that normal to the general occupancy of the	K 321	The facility will maintain resident room in accordance with the 2012 NFPA 101. This will be accomplished by: A) The DON or designee will educate the residents in rooms 203 and 210 about the clutter with an excessive amount of combustible materials and decorations, resulting in the space having a degree of hazard greater than that normal to the general occupancy of the building. This could delay egress from the building during an emergency resulting in injury or death. B) The DON or designee will help the residents in rooms 203 and 210 declutter	

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	53A002	A. BUILDING **01** B. WING _____	**02/09/2023**

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K 321	Continued From page 2 building. As such, the room was considered to be a hazardous area in accordance with the Life Safety Code, which requires the space to be separated from other spaces by smoke partitions, and that the door to the room is provided with a self-closing or automatic-closing device. Observations on 02/09/2023 at 10:22 AM in resident room 203 revealed conditions similar to room 210. Interview with the maintenance manager at time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance manager and CEO at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.2.1, 8.7.1.1	K 321	their rooms to acceptable standards. C) The DON or designee will help apply flame retardant to items as needed in rooms 203 and 210. D) The DON or designee will reeducate residents in rooms 203 and 210 as needed the clutter in their rooms and safety concerns. E) The DON or designee will educate staff about the clutter with an excessive amount of combustible materials and decorations, resulting in the space having a degree of hazard greater than that normal to the general occupancy of the building. This could delay egress from the building during an emergency resulting in injury or death. F) The DON or designee will develop a QAPI tool to monitor the about the clutter in rooms 203 and 210 and report to the QAPI committee quarterly.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source	K 353		3/26/23

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K 353	Continued From page 3 _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the fire sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly maintain the fire sprinkler system could result in injury or death in the event of a fire. The deficiency was in one (1) of numerous above ceiling areas. The findings were: Observation on 02/09/2023 at 10:55 AM in the above ceiling corridor space near room 400 revealed that several IT, fire alarm, and other wires were draped across the fire sprinkler piping. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance manager and CEO at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.3.5.1, 9.7.5 2011 NFPA 25, Section: 5.2.2.2	K 353	Survey Date: February 02/09/2023, a Life Safety Code Survey K353 □ Completion Date 3/24/2023 unless otherwise stated The facility ceiling corridor space near room 400 door wires will be secure and in compliance with 2012 NFPA 101, Life Safety Code and the 2011 NFPA, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. This will be accomplished by: A) The Maintenance manager or designee will secure the IT, fire alarm and other wires draped across the sprinkler piping. B) The Maintenance manager or designee will educate maintenance staff on the need to make sure the secure the IT, fire alarm and other wires are secure and not draped across the sprinkler piping. C) The Maintenance manager or designee will develop a QAPI tool to monitor the ceiling corridor space near room 400 door to make sure the IT, fire alarm and other wires are secure and not draped across the sprinkler piping and report to the QAPI committee quarterly.	