STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535032	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/25/2005

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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) with a wet sprinkiler system and a dry sprinkler branch in the attic. A one story building with direct ground level access. K6: Date of Plan Approval: 1987 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=160;SNF/NF= 160 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	This plan of correction constitutes Life Care Center of Cheyenne's credible allegation compliance with the Life Safety Code Standard effective 6/17/05. BASED ON A TELECONFERENCE CONVERSATION WITH DEREK SCHMIDT, HE STATED THAT FACILITY WAS BACK IN COMPLIANCE & A SCHEDULED F/U INSPECTION WOULD BE APPROPRIATE. 6/15/05	
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 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	K018 The facility will ensure that all doors are free of impediments to closing, resist the passage of smoke, and have latcing devices that deep the door tightly close in the frame. 1. Resident rooms 327, 321, 319, 124 and the Community relations office had the trash cans removed during survey. 2. Room 316 had the door replaced on 5/15/05. 3. The Maintenance Director will conduct a facility-wide audit to identify and repair all found problems by 6/17/05.	6/17/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 6/10/05

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.

CORRECTIONS ACCEPTANCE OF POC WITH DEREK SCHMIDT, NHA, ON 6/16/05 @ 3 PM VIA TELECONFERENCE.

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and staff interview on 4/18/05 between 9 AM and 12 PM, the facility failed to protect 6 of 81 corridor door openings in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. Resident room #327, #321, #319, #124, and the community relations office had corridor doors that were impeded from closing by trash cans placed in front of the door. 2. Resident room #316 had a corridor door that would bind in the door frame and would not fully latch without added force. 3. Maintenance staff verified the above findings.	K 018	4. The Maintenance Director will audit monthly to ensure compliance. This audit will be reported at Quality Assurance meeting for three months or until ongoing compliance is established.	
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 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 and staff interview on 4/18/05 between 9 AM and 9:30 AM, the facility	K 029	K029 The facility will ensure doors are self-closing and non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. 1. The corridor door to the washing machine room in the laundry was equipped with a self-closing device. 2. The Maintenance Director will conduct a facility-wide audit to identify and repair all found problems by 6/17/05. 3. The Maintenance Director will audit monthly to ensure compliance. This audit will be reported at Quality Assurance meeting for three months or until	6/17/05

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K 029	Continued From page 2 failed to provide 1 of 14 hazardous areas with proper separation in accordance with NFPA 101 Section 19.3.2.1. The finding was: 1. The corridor door to the washing machine room in the laundry was not equipped with a self-closing device. Maintenance staff verified the above finding.	K 029	ongoing compliance is established. A WAIVER REQUEST WILL BE SUBMITTED DUE TO CONSTRUCTION DELAY. 6/10/05	
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas, may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Except for self-testing systems, fire alarm systems are manually tested monthly. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained periodically and records of maintenance kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on record review and staff interview on	K 051	K051 The facility will ensure a fire alarm system with approved components , devices or equipement is installed according to NFPA, 72 National Fire Alarm Code, to provide effective warning of fire in any part of the building. 1. The annunciator panel, alarm notification appliances, manual fire alarm boxes, heat detectors will be tested by an outside company. 2. Sensitivity testing will be conducted by an outside company. 3. The annunciator panel's battery load will be tested by an outside company. 4. The Maintenance Director will conduct a facility-wide audit to identify and repair all found problems by 6/17/05. 5. The Maintenance Director will audit monthly to ensure compliance. This audit will be reported at Quality Assurance meeting for three months or until ongoing compliance is established.	6/17/05

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K 051	Continued From page 3 4/18/05 between 12:30 PM and 2 PM, the facility failed to test the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The findings were: 1. Review of the maintenance records revealed the annunciator panel, alarm notification appliances, manual fire alarm boxes, heat detectors, smoke dampers, and smoke detectors had not been tested in the past 12 months as required by the Code. The fire alarm system was last tested on February 18, 2004. 2. Review of the maintenance records revealed the smoke detector sensitivity test had not been conducted in the past 2 years as required by the Code. The sensitivity test was last performed on February 26, 2003. 3. Review of the maintenance records revealed the annunciator panel's battery load voltage test had not been performed in the last 6 months as required by the Code. The load voltage test was last performed on February 18, 2004. 4. Maintenance staff verified the above findings.	K 051		
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	K 056	K056 The facility will ensure there is an automatice sprinkler system installed in accordance with NFPA 13. 1. The facility will install sprinkler heads in the car port, front entrance and the six exit overhangs. Plan design will be submitted within 60 days and approval within 180 days. We are currently collecting bids. SEE WAIVER REQUEST.	6/17/05

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K 056	Continued From page 4 fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on blue print review, observations, and staff interview on 4/25/05 between 2:15 PM and 2:45 PM, the facilities exterior roofs were not sprinkled as required by NFPA 13 Section 5-13.8.1. The findings were: 1. The front entrance car port was wider than 4 ft. Review of the facilities blue prints revealed it was constructed of combustible material and not sprinklered as required by the Code. 2. The front entrance exterior roof was wider than 4 ft. Review of the facilities blue prints revealed it was constructed of combustible material and not sprinklered as required by the Code. 3. The exterior roofs over the six exits were all wider than 4 ft. Review of the facilities blue prints revealed they were constructed of combustible material and not sprinklered as required by the Code. 4. Administrative staff verified the above findings.	K 056		
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:	K 062	K062 The facility will maintain installed sprinkler systems and ensure they are inspected and tested periodically in accordance with NFPA 25. 1. Decoration in room #229 was removed from sidewall sprinkler head deflector during survey.	6/17/05

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K 062	Continued From page 5 Based on observation and staff interview on 4/18/05 between 11 AM and 11:30 AM, the facility failed to maintain the installed sprinkler system in accordance with NFPA 25 Section 2-2.1.1. The finding was: 1. Resident room #229 had a decoration hanging from the sidewall sprinkler head deflector. Maintenance staff verified the above finding.	K 062	2. The Maintenance Director will conduct a facility-wide audit to identify and remove all found problems by 6/17/05. 3. The Maintenance Director will audit monthly to ensure compliance. This audit will be reported at Quality Assurance meeting for three months or until ongoing compliance is established.	
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 on observation and staff interview on 4/18/05 between 9 AM and 10 AM, the facility failed to maintain and test 1 of 1 portable fire extinguisher in accordance with NFPA 10 Table 5-2. The finding was. 1. The K-type portable fire extinguisher in the kitchen was manufactured in 1999 and had not receive a five year hydrostatic test as required by the Code for wet chemical extinguishers. Maintenance staff verified the above finding.	K 064	K064 The facility will ensure portable fire extinguishers are provided in all the health care occupancies in accordance with NFPA 10. 1. The K-type extinguisher was replaced. 2. The Maintenance Director will conduct a facility-wide audit to identify and repair all found problems by 6/17/05. 3. The Maintenance Director will audit monthly to ensure compliance. This audit will be reported at Quality Assurance meeting for three months or until ongoing compliance is established.	6/17/05
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than	K 076		

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K 076	Continued From page 6 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview on 4/18/05 between 10 AM and 11 AM, the facility failed to provide proper oxygen storage for 1 of 2 oxygen cylinders in accordance with NFPA 99 Section 4-3.1.1.1. The finding was: 1. Resident room #321 had one "E" sized oxygen cylinder that was not restrained from falling or being knocked over. Maintenance staff verified the cylinder was not restrained.	K 076	K076 The facility will ensure medical gas storage and administration areas are protected in accordance with NFPA 99. 1. The "E" sized tank in room 321 was removed and stored properly during survey. 2. The Maintenance Director will conduct a facility-wide audit to identify and properly store all found problems by 6/17/05. 3. The Maintenance Director will audit monthly to ensure compliance. This audit will be reported at Quality Assurance meeting for three months or until ongoing compliance is established.	6/17/05
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations and staff interview on 4/18/05 between 9 AM and 12 PM, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 110-27, 370-25, and 400-8 respectively. The findings were: 1. Resident room #409 had an electrical receptacle which had been damaged by the residents bed. The receptacle was the same	K 130	K130 Other LSC deficiency 1. The electrical receptacles in rooms 409, 112 and classroom were repaired. 2. The soda machines outside the are being plugged directly into an outlet. 3. The Maintenance Director will conduct a facility-wide audit to identify and remove all found problems by 6/17/05. 4. The Maintenance Director will audit monthly to ensure compliance. This audit will be reported at Quality Assurance meeting for three months or until	6/17/05

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K 130	Continued From page 7 height of the residents bed and not safe guarded against physical damage. 2. Resident room #112 had an electrical receptacle with a damaged faceplate. 3. The classroom had an electrical receptacle without a faceplate. 4. The two soda machines outside the service entrance were supplied with power by extension cords which are prohibited by the Code. 5. Maintenance staff verified the above findings.	K 130	ongoing compliance is established.	
K 135 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99. 4.3, 10.7.2.1. This STANDARD is not met as evidenced by: Based on observations and staff interview on 4/18/05 between 9 AM and 12:30 PM, the facility failed to restrict flammable liquids from egress corridors in accordance with NFPA 101 Section 8.4.3.2. The finding was: 1. Alcohol based hand rub dispensers were attached to the walls in all resident sleeping corridors. Maintenance staff verified the finding.	K 135	K135 The facility will ensure flammable and combustible liquids used from and stored in approved containers in accordance with NFPA 45. 1. Alcohol based hand rub dispensers are now permitted in sleeping cooridors. THE FACILITY WILL MEET ALL REQUIREMENTS OF NFPA 101, 2000 EDITION SECTION 19.3.2.7.	6/17/05

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