STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/25/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	999 AVENUE G POWELL, WY 82435

(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 #: 20082 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type 11(111) with a complete wet sprinkler system. K6: Date of Plan Approval: 1995 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=100; SNF/NF=100 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	ACCEPTANCE OF THIS POC WITH POST-PLACED, CED, ON 10/10/05 @ 1400 PM VIA TELECONFERENCE.	
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.	K 018	**TAG K18** The facility shall maintain corridor doors in accordance with NFPA101 Section 19.3.6.3. A. The Engineering Department Technician has repaired the damaged smoke seal on the Dementia Care Unit dining room door. A. The Engineering Department Technician has repaired the damaged smoke seal on the storage room door next to the Home Health Office. A. The Engineering Department Technician has adjusted and repaired the following doors which failed to latch due to self closing device problems: 1) South housekeeping closet. 2) South clean storage room. 3) North cart wash room. 4) Nutritional dirty dish room. 5) Assisted dining room double doors. 6) Restorative Therapy storage room. 7) South crawl space access. **TAG K18 CONTINUED ON NEXT PAGE**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	CED	9-16-05

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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10/10/05

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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 8/24/05 between 9:55 AM and 2:59 PM, the facility failed to protect 9 corridor door openings in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. At 10:35 AM a 5 inch horizontal piece of smoke seal was observed to have separated from above the west door to the Dementia Care Unit creating a gap between the top edge of the corridor door and the door frame that was greater than the allowed 1/8th of an inch. 2. At 11:53 AM a 4 inch piece of smoke seal on the door to the Home Health office above the upper door hinge was observed to have separated from the frame creating a gap between the edge of the corridor door and the door frame that was greater than the allowed 1/8th of an inch. 3. The self closure devices on the following doors were observed at the following times to not allow the doors to close completely creating a gap greater than the allowed 1/8th of an inch. a) the south housekeeping closer door at 9:55 AM b) the clean storage door at 11:15 AM c) the cart washing room door at 1:20 PM d) the dirty dishes room at 2:01 PM e) the double doors to the Alternate Dining Room at 2:12 PM f) the Respiratory and Physical therapy equipment storage room door at 2:22 PM	K 018	**TAG K18 CONTINUED FROM PREVIOUS PAGE** B. All residents, visitors and staff have the potential to be affected by failure to maintain doors properly, to the resistance of the passage of smoke. C. The Director of Plant Operations or his designee shall perform monthly visual inspections of various departments. The Engineering Technician shall make prompt and proper repairs to all areas of non-compliance and provide written documentation to the Director of Plant Operations. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis.	09/16/05

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K 018	Continued From page 2 g) the crawl space access door at 2:59 PM 4. Maintenance staff verified these findings.	K 018		
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: Based on observations and staff interview on 8/240/05 between 9:45 AM and 2:22 PM, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 5-6.5.3. The findings were: 1. The following rooms were observed at the specified times to have items stored closer than the allowed 18 inches from the sprinkler heads: a) resident room 103, closet A, at 9:45 AM b) resident room 301, closet B, at 11:05 AM c) respiratory and physical therapy storage equipment room at 2:22 PM 2. Maintenance staff verified the finding.	K 062	**TAG K62** The facility shall provide and maintain an automatic sprinkler system in a reliable operating condition, to be tested and inspected periodically. A. The Director of Plant Operations has removed the item stored within 18" (inches) of the closet sprinkler in Room 103 – bed 1. A. The Engineering Technician has removed the shelf unit and items stored within 18" (inches) of the closet sprinkler in Room 301 – bed 2. A. The Engineering Technician has removed the items stored with 18" (inches) of the ceiling in the Restorative Therapy Department storage room. Additionally, the Engineering Technician has installed a fire line on the wall for departmental reference. B. All residents, visitors and staff have the potential to be affected by failure to provide an automatic sprinkler system in a reliable condition. C. The Director of Plant Operations or his designee shall perform monthly visual inspections of various departments to ensure compliance. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis.	09/16/05