STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING **01** B. WING _____	**12/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	**777 AVENUE H** **POWELL, WY 82435**

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 12/05/2023. Based on the findings of the survey team, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 12/05/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.90 except as otherwise provided in this 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, one story building of Type II (000) construction built in 1995. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 100 certified Medicare and Medicaid beds with a census of 49 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview,	K 291	The only emergency lighting for the Care	1/1/24

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

Electronically Signed | 12/29/2023

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K 291	Continued From page 1 the facility failed to test and maintain battery operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain battery operated emergency lighting could result low visibility during an emergency, which could delay egress resulting in injury or death. The deficiency affected all battery operated emergency egress lighting and could potentially affect all residents, staff, and visitors. The findings were: Document review on 12/05/2023 starting at 11:38 AM, revealed that the facility failed to perform the monthly 30 (thirty) second tests on the emergency lighting appliances. Documentation was available to demonstrate that the testing of the battery operated emergency lighting had been conducted quarterly for the last twelve (12) months. A 30 (thirty) second test shall be conducted monthly on all battery operated emergency lighting. Interview with plant operations personnel at the time of observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 19.2.9.1, 7.9.3.1.1(1), 7.9.3.1.2(5)	K 291	Center is in the generator room. At the time of the survey the book reflecting the monthly testing was not provided. Subsequently, the Plant Ops manager submitted a photo of the documentation of the monthly testing for the last 12 months to the surveyor. This will continue to be done with the monthly generator checks. Further documentation will be provided to QAPI and QC for proof of compliance.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm	K 712		1/5/24

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K 712	Continued From page 2 signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to conduct fire drills in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly conduct fire drills could result in an improper response by staff to an emergency, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 12/05/2023 starting at 11:38 AM revealed that the facility failed to conduct fire drills as required. Documentation was available at the time of the survey to demonstrate that fire drills were conducted once every quarter per shift, except for night shift, which was only conducted twice in the last twelve (12) months. Fire drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required. Interview with plant operations personnel at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement.	K 712	Fire drills shall be conducted 1x on each shift quarterly by the Plant Operations staff. Audits of the fire drills will be provided quarterly to QAPI by the Plant Ops supervisors in addition to the reporting at Safety committee and subsequently to Quality Council for verification that the drills were completed and on time.	

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K 712	Continued From page 3 Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.7.1.6	K 712		
K 753 SS=F	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observation, document review, and staff interview, the facility failed to meet the criteria for use of combustible decorations in accordance with the 2012 NFPA 101, Life Safety Code. Failure to meet the criteria for use of combustible decorations could result in increased flame and smoke spread in the event of a fire, resulting in injury or death. The deficiency affected most common areas in the facility and could potentially affect all residents, staff, and visitors.	K 753	All Christmas trees will be evaluated to find evidence that they are flame retardant and evidence attached to the trees. This will be done by the Recreation staff and IDT. If no evidence can be obtained those trees will be discarded and all future trees will have attached documentation of either the flame retardant status of the trees or the date/time of treatment with fire-retardant coating. Current trees without documentation of flame retardent status will be removed by completion date	1/11/24

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K 753	Continued From page 4 The findings were: Observation on 12/05/2023 starting at 9:55 AM, and throughout the survey, revealed that the facility provided christmas tree decorations throughout the building. Observation and document review revealed that the majority of the christmas trees had no designation or documentation to show they were flame-retardant or treated with fire-retardant coating. Combustible decorations, such as christmas trees, shall be prohibited unless flame-retardant or treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied. Interview with plant operations personnel at the time of observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 19.7.5.6	K 753	by recreation and plant ops staff.	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at	K 914		2/1/24

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K 914	Continued From page 5 intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain electrical receptacles in accordance with the 2012 NFPA 99, Health Care Facilities. Failure to properly test and maintain electrical receptacles could result in a failure of the receptacles, resulting in injury or death. The deficiency affected electrical receptacles in patient bed locations, and could potentially affect all residents in those resident rooms. The findings were: Document review on 12/05/2023 starting at 11:38 AM revealed that the facility failed to test all non-hospital grade receptacles at patient bed locations as required. No documentation was available at the time of the survey to demonstrate that testing of the non-hospital grade receptacles at patient bed locations had been conducted in the last twelve (12) months. Interview with plant operations personnel at the time of the observation acknowledge the deficiency, but indicated that they were unaware	K 914	Those outlets nearest the bed locations will be visually inspected for continuity of the grounding circuit, correct polarity, the retention force of the grounding blade as well as verifying the voltage annually, with the first check of all rooms in the Long Term Care completed by February 1, 2024, with proof submitted to QAPI at that time and subsequently Quality Council. All testing to be completed by the Plant Ops staff by the date listed.	

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K 914	Continued From page 6 of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 99 6.3.4.1.3	K 914		