STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/23/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(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 #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (000) single story building with a complete supervised automatic wet sprinkler system and fire alarm system. K6: Date of Plan Approval: 1961 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=105;SNF/NF=105 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	Preparation and/or execution of the plan of correction does not constitute admission or agreement by the provider of the truth of the alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by provision of Federal and State law. This plan of correction is the facility's credible allegation of compliance.	
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5	K 075	K- 075 – Immediate: One container has been removed from the area near Room #15. Risk: The Administrator will post a notice at the area near Room #15 stating that only one (1) container can be housed in that area. System: The checking of this area for compliance will be incorporated as part of the facility's preventive maintenance schedule. Monitor: Compliance will be reviewed monthly at the QA&A committee for trends. Recommendations will be followed to ensure continued compliance. Data will be reviewed monthly X3 months. Date of compliance is April 10, 2006.	

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

Dr. Stacks — Administrator — 3/16/06

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. MAR 16 2006

ADMITTED & RECEIPTED OF THIS POC WITH DAN STACKS, NHA, DO 3/20/06 @ 10:50AM VIA TELECONFERENCE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535025	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/23/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(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 075	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to limit the amount of trash collection receptacles in non-hazardous areas in accordance with NFPA 101 Section 19.7.5.5. The finding was: 1. On 02/23/06 at 11:12 AM, the alcove near resident room #15 was storing two 32 gallon trash barrels. The barrels were not separated by 8 square feet as required by the Code.	K 075		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 400-8. The finding was: 1. On 02/23/06 at 11:29 AM, the telephone bank, outside of the boiler room, had two power strip bars/surge protectors attached to the buildings surface. The area did not have enough electrical receptacles for all the appliances at the telephone bank.	K 147	K-147 – Immediate: The two (2) power strip bars/surge protectors will be removed from the telephone bank. System: The Maintenance Director will solicit bids from vendors to run new conduit and acquire the proper hardware for the telephone bank. Monitor: Compliance will be reviewed monthly at the QA&A committee for trends. Recommendations will be followed to ensure continued compliance. Data will be reviewed monthly X3 months. Date of compliance is April 10, 2006. FACILITY IS REQUESTING A TIME LIMITED WAIVER. SEE ATTACHMENT. WAIVER REQUEST WITH DRAWN PER DANIELLE ON 4/10/06.	