DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2008
FORM APPROVED
OMB NO. 0938-0391

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 _____	09/24/2008

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

(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
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type II (111) construction built in 1995. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system.	K 000		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure two of seven smoke barriers were smoke resistant. The findings were: 1. Observation on 9/24/08 at 12:40 PM revealed the smoke barrier wall above the double doors near resident room #101 had an unsealed gap around a newly installed electrical raceway.	K 025	K 025 The Facility shall repair the penetrations in the smoke barrier construction to protect the area specific purpose. A. The Engineering Technician has sealed the penetration in the smoke barrier wall above the double doors near resident room #101 WITH FIRE BARRIER CAULK A. The Engineering Technician has properly sealed the smoke barrier wall above the double doors near resident room #306 by removed the expanding foam and replacing it with the proper fire stop material. B. All residents have the potential to be affected by failing to maintain the construction integrity of smoke compartment barriers. C. Director of Plant Operations or his designee shall conduct monthly visual inspections of various department s and make necessary repairs to assure compliance. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis. Completed: 10/10/2008	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 10-14-08

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.

RECEIVED W/ PLAN BEGINNING, CEO, 10/20/08.

OCT 14 2008

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

10/30/08

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K 025	Continued From page 1 Interview with the maintenance director at the time of observation revealed the raceways was installed two months earlier by an outside contractor. He further reported all barrier walls were inspected quarterly. 2. Observation on 9/24/08 at 1:05 PM revealed the smoke barrier wall above the double doors near resident room #306 had three conduit penetrations filled with expanding foam. Interview with the maintenance director at the time of observation revealed the foam was not fire rated. He further reported that he was aware that all fire stop material was required to be fire rated.	K 025		
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure one of two oxygen storerooms were posted with no smoking signs. The findings were: Observation on 9/24/08 at 11:10 AM revealed the oxygen storeroom near resident room #103 was not posted with an "Oxygen in Use, No Smoking" sign. Interview with the maintenance director at the time of observation revealed he was aware that oxygen storerooms required no smoking signs. He further reported that the area had been posted previously, but the sign had been removed.	K 141	K141 The facility shall ensue that Oxygen storage rooms are posted with no smoking signs. A. The Engineering Technician has obtained and installed proper "oxygen, no smoking" sign on the oxygen storage room near resident room #103. B. All residents have the potential to be affected by failing to provide adequate and proper safety signs. C. The Engineering Technician shall conduct daily rounds throughout the facility to ensure proper safety signs are in place. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis. Completed: 10/10/2008	