DEPARTMENT OF HEALTH AND HU[illegible]N SERVICES
CENTERS FOR MEDICARE & MEDIC[illegible]D SERVICES

MA[illegible]2 1 2007

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
	535022	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR	900 WEST 8TH STREET GILLETTE, WY 82716

(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 TYPE OF STRUCTURE: THE TOTAL FACILITY, CONSISTING OF TWO BUILDINGS, HAD A BED CAPACITY OF 150. THIS BUILDING WAS TYPE V (111) STRUCTURE. . THE BUILDING WAS PARTIALLY SPRINKLERED.. DURING A ROUTINE RECERTIFICATION SURVEY CONDUCTED ON MAY 2-3, 2007, THE FACILITY WAS FOUND NOT IN COMPLIANCE WITH 42 CFR 483.70(a), AS EVIDENCED BY THE FOLLOWING DEFICIENCIES OF NFPA 101 LIFE SAFETY CODE (LSC) AND CODES REFERENCED BY THE LSC. THE FOLLOWING DEFICIENCIES WERE OBSERVED BY THE LIFE SAFETY CODE SURVEYOR WHILE ACCOMPANIED BY THE MAINTENANCE SUPERVISOR AND THE FACILITY ADMINISTRATOR. THE DEFICIENCIES NOTED WERE AS FOLLOWS:	K 000		
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain a two hour fire barrier at the common wall with a non-conforming building.	K 011	K 011 A common wall with a non-conforming building must have a 2-hour fire resistance rating constructed of materials as required for the addition. This standard was not met as evidenced by: a. On the apartment side of the wall, penetrations around two separate sewer pipes that penetrated the fire barrier were not sealed; b. On the apartment side of the wall, over the double doors, the areas around communication lines, that penetrated the wall were not sealed; c. On the apartment side of the wall, in the apartment office, areas around an air duct and two hot water supply lines that penetrated the wall were not sealed. Corrective action for K-11 is as follows: All penetrations listed in a-c above, in the 2 hour fire barrier wall, were sealed with appropriate material and UL listed caulking material for this type of application. This corrective action was completed on May 4, 2007.	5/5/07

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

x Charles K. Collins — x Administrator — x 5/25/07

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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K 011	Continued From page 1 The findings include: 1. During a tour of the facility on May 2, 2007 at 2:00 P.M. observation was made in the presence of the maintenance supervisor of the fire barrier wall and doorway between the facility and the apartments located on the lower level near the facility cafeteria. Penetrations of this wall were observed and confirmed by the maintenance supervisor at the time of the observations: a. Observations on the apartment side of the wall were made in the pipe chase room. Areas around two separate sewer pipes that penetrated the fire barrier wall were not sealed. b. Observation was made of the apartment side of the wall over the double doors. Areas around communications lines that penetrated the wall were not sealed. c. Observation was made of the apartment side of the wall in the apartment office. Areas around an air duct and two hot water supply lines that penetrated the wall were not sealed.	K 011	Continued from page 1 This 2-hour fire barrier wall will be added to our maintenance program to be monitored for smoke tightness and fire resistance on a quarterly basis. This maintenance program is part of our Computerized Maintenance and Management Program (CMMP). In addition, inspections for work completed by vendors/contractors will be increased to ensure that all penetrations are sealed. All items associated with this deficiency will be code compliant by May 5, 2007. Monitoring will occur quarterly through PM reports run from the CMMP for completed PMs.	
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	K 025	K 025 Smoke barriers are constructed to provide at least a one half hour fire resistance rating. This standard is not met as evidenced by the following: 1. Observation was made of the smoke barrier wall between the 400 hall and the main dining room. The access panel through the wall	5/5/07

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K 025	Continued From page 2 This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain smoke barrier walls to maintain a one-half hour fire resistance rating. The findings include: 1. Observation was made of the smoke barrier wall between the 400 hall and the main dining room. The access panel through the wall had penetrations that were not sealed. This was confirmed by the maintenance supervisor at the time of the observation.	K 025	Continued from Page 2 had penetrations that were not sealed. Corrective action for K-25 is as follows: Smoke barrier penetrations at the wall between the 400 hall and the main dining room were sealed with UL listed caulking material for this type of application. This corrective action was completed on May 5, 2007. All smoke penetrations identified during the survey were corrected by May 5, 2007 All smoke barriers be included in maintenance program to check for smoke tightness. The program calls for all barriers to be checked quarterly. This PM program is part of our computerized maintenance and management program (CMMP). In addition, inspections for work completed by vendors/contractors will be increased to ensure that all penetrations are sealed. All items associated with this deficiency will be code compliant by May 5, 2007.	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 fire alarm system. 19.3.5	K 056		
	This Standard is not met as evidenced by: Based on observation and staff interview the facility failed to maintain automatic sprinklers for all areas of the facility. The findings include: 1. A tour of the facility was conducted with the maintenance supervisor on 5/3/07 at 7:30 A.M.			

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K 025	Continued From page 2 This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain smoke barrier walls to maintain a one-half hour fire resistance rating. The findings include: 1. Observation was made of the smoke barrier wall between the 400 hall and the main dining room. The access panel through the wall had penetrations that were not sealed. This was confirmed by the maintenance supervisor at the time of the observation.	K 025		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 fire alarm system. 19.3.5 This Standard is not met as evidenced by: Based on observation and staff interview the facility failed to maintain automatic sprinklers for all areas of the facility. The findings include: 1. A tour of the facility was conducted with the maintenance supervisor on 5/3/07 at 7:30 A.M.	K 056	K 056 The fire sprinkler system is installed to provide complete sprinkler coverage for all areas of the facility. This standard is not met as evidenced by: a. At the end of Hall 100, a breezeway has been constructed between the facility and the adjacent apartment building that is approximately 30 feet long and 8 feet wide. The breezeway is attached to the building and is made of combustible material and is not protected by an automatic sprinkler system. b. At the EXIT of the 200 hallway to the outside courtyard there is an overhang from the doorway to the end of the roof. The overhang is approximately 10 long. The overhang is made of combustible materials and is	5/25/07

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K 025	Continued From page 2 This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain smoke barrier walls to maintain a one-half hour fire resistance rating. The findings include: 1. Observation was made of the smoke barrier wall between the 400 hall and the main dining room. The access panel through the wall had penetrations that were not sealed. This was confirmed by the maintenance supervisor at the time of the observation.	K 025	Continued from page 3A not protected by an automatic sprinkler system. Corrective action for K56 is as follows: As a result of the survey conducted at Pioneer Manor on May 2-3, 2007, Pioneer Manor is requesting a Waiver for K 056 to allow time for a plan submission to the Wyoming State Department of Health for approval to add additional fire sprinkler heads to protect the identified areas as written on the CMS-2567. Pioneer Manor will install fire sprinkler heads to protect the non-sprinklered areas. The waiver is requested to allow time to design a plan, submit it to the Wyoming Department of Health, Office of Healthcare Licensing and Surveys for plan/design review and approval, and for installation of the sprinkler heads and final inspection. The following information details the timeline for completion and correction of the deficiency. Design of the new fire sprinkler heads system will begin by May 29th, 2007. A design package (Blue print) will be submitted to the Office of Healthcare Licensing and Surveys no later than June 15, 2007. Pioneer Manor anticipates 120 days for plan approval by the Department. Once
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 fire alarm system. 19.3.5 This Standard is not met as evidenced by: Based on observation and staff interview the facility failed to maintain automatic sprinklers for all areas of the facility. The findings include: 1. A tour of the facility was conducted with the maintenance supervisor on 5/3/07 at 7:30 A.M.	K 056		

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K 025	Continued From page 2 This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain smoke barrier walls to maintain a one-half hour fire resistance rating. The findings include: 1. Observation was made of the smoke barrier wall between the 400 hall and the main dining room. The access panel through the wall had penetrations that were not sealed. This was confirmed by the maintenance supervisor at the time of the observation.	K 025	Continued from Page 3B approval is received, with anticipated date of October 31, 2007, the fire sprinkler installation would start no later than November 16, 2007. The project will be completed with a final inspection request to be submitted to the Office of Healthcare Licensing and Surveys staff engineers by November 23, 2007. The facility would anticipate receiving final approval by December 7, 2007.	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 fire alarm system. 19.3.5 This Standard is not met as evidenced by: Based on observation and staff interview the facility failed to maintain automatic sprinklers for all areas of the facility. The findings include: 1. A tour of the facility was conducted with the maintenance supervisor on 5/3/07 at 7:30 A.M.	K 056		

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K 056	Continued From page 3 The following was observed: a. Observation was made of the exit at the end of Hall 100. A breezeway had been constructed between the facility to an assisted living building. The breezeway was approximately 30 feet long and eight feet wide. It was constructed with combustible materials and was attached to the facility. The breezeway was not protected by an automatic sprinkler system. b. Observation was made of the exit at the end of hallway 200 from the dining/activity area to the outside. The overhand from the doorway to the end of the roof was approximately 10 feet. The overhang was constructed of combustible materials and was not protected by an automatic sprinkler system.	K 056		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in acoordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Through observation it was determined that the facility failed to maintain electrical wring and and equipment in a safe manner. The findings include: 1. During a tour of the facility on 5/2/07 at 7:30 A.M. observation was made of resident room 411 and 409. A six outlet adaptor was being used in an electrical outlet for room 411 and a three outlet adaptor was being used in room 409. The maintenance supervisor stated that he was not aware that these adaptors were being used and confirmed that their use was not appropriate.	K 147	K 147 Electrical wiring and equipment is in accordance with NFPA 70. This standard is not met as evidenced by: 1. A six-outlet adaptor was being used in an electrical outlet in resident room 411 and a three outlet adaptor was being used in resident room 409. Corrective action for K 147 is as follows: The six-outlet adaptor and the three-outlet adaptor were removed from rooms 411 and 409 on May 5, 2007. Residents and families will be informed personally and through the Pioneer Manor newsletter that multi-outlet adaptors do not meet code and are not safe to use. Review of the policy on the use of multi-outlet adaptors will be discussed at the next	5/30/07

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K 056	Continued From page 3 The following was observed: a. Observation was made of the exit at the end of Hall 100. A breezeway had been constructed between the facility to an assisted living building. The breezeway was approximately 30 feet long and eight feet wide. It was constructed with combustible materials and was attached to the facility. The breezeway was not protected by an automatic sprinkler system. b. Observation was made of the exit at the end of hallway 200 from the dining/activity area to the outside. The overhand from the doorway to the end of the roof was approximately 10 feet. The overhang was constructed of combustible materials and was not protected by an automatic sprinkler system.	K 056	Continued from page 4 Safety/Environment of Care meeting. All staff will be educated on the dangers of using these adaptors in resident rooms or anywhere in the facility at the next scheduled All Staff meetings. Staff will be trained that flexible cords, cables and multiple outlet plugs are not to be used as a substitute for fixed wiring where fixed wiring is required and in-serviced to watch for damaged cord and the need to and method of reporting. Correction to this deficiency will be completed by May 30, 2007. Environmental rounds, conducted quarterly on each neighborhood, will include surveillance for electrical issues. Pioneer Manor will be in compliance with NFPA 70 electrical requirements by May 30, 2007.	
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: Through observation it was determined that the facility failed to maintain electrical wring and and equipment in a safe manner. The findings include: 1. During a tour of the facility on 5/2/07 at 7:30 A.M. observation was made of resident room 411 and 409. A six outlet adaptor was being used in an electrical outlet for room 411 and a three outlet adaptor was being used in room 409. The maintenance supervisor stated that he was not aware that these adaptors were being used and confirmed that their use was not appropriate.	K 147		

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