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

PRINTED: 10/07/2009
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
	535049	A. BUILDING _____ B. WING _____	09/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

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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. The facility was a single story building of Type V (111) construction built in 1992. The building was equipped with a supervised automatic wet sprinkler system and addressable fire alarm system.	K 000	K012 The facility will ensure smoke partitions are maintained as a continuous membrane, this will be accomplished by: A)The ceiling tile has been replaced in the Unit 2 Emergency Eye Wash Room. The wall was repaired in resident room #107.	11/11/2009
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke partitions were maintained as a continuous membrane in 1 of 6 smoke compartments. The findings were: Observation on 9/29/09 at 12:48 PM revealed two unsealed penetrations in the ceiling tile in the unit #2 "emergency eye wash" room. The cable originated from two electrical boxes used for the facility's new magnetic lock system that was installed within the past year. Observation on 9/29/09 at 12:53 PM revealed one unsealed penetration of the wall in resident room #107 where the bed height adjustment handle had penetrated the wall.	K 012	The attic door has been closed and will remain closed unless being accessed by authorized personnel/vendors. B&C) Ceiling tiles, walls and attic doors will be monitored to assure smoke partitions are maintained as a continuous membrane. D) A quality monitoring tool will be developed and the Environment Service Director will report semi-annually at the facility's performance improvement committee compliance of maintaining smoke partitions as a continuous membrane.	

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

Executive Director — 10/22/2009

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.

Approved without changes. Administrator notified 10/30/09 12:00p

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K 012	Continued From page 1 Observation on 9/29/09 at 11:38 AM revealed the attic entrance door in the room located next to the Unit 2 Nurses' Station that was labeled "janitor" was open with an extension ladder was leading up into the attic. The maintenance manager confirmed the observations at the times stated above.	K 012	K015	
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to provide an interior finish with a class "A" rating in 1 of 5 mechanical closets. The findings were: Observation on 9/29/09 at 1:22 PM in the emergency eye wash room near the Unit #2 Nurses' Station revealed untreated plywood was being used as backing for two magnetic lock electrical boxes.	K 015	The facility will ensure that interior finishes for rooms and spaces not used for corridors or exitways will have a flame spread rating of Class A or Class B. This will be accomplished by: A) The untreated plywood in the emergency eye wash room near the Unit #2 Nurses Station will be painted with flame spread with a rating of Class A or Class B. B&C) Interior finishes for rooms and spaces not used for corridors or exitways will be monitored to assure they are treated with a flame spread with a rating of Class A or Class B. D) A quality monitoring tool will be developed and the Environment Service Director will report semi-annually to the facility's performance improvement committee regarding the compliance of treating interior finishes for rooms and spaces not used for corridors or exitways with flame spread with a rating of Class A or Class B.	11/11/2009
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	K 018		

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K 018	Continued From page 2 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. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor doors were capable of resisting the passage of smoke in 1 of 6 smoke compartments. The findings were: Observation on 9/29/09 at 2:18 PM revealed corridor doors did not seat in their frames unless a force in excess of 5 foot-pounds of pressure was applied in the following locations: resident rooms #107, #219, #221, #222 and the resident bathing room on the Unit #2. In addition, the door to resident room #216 was propped open with a plastic bucket, preventing easy closure in the event of an emergency. Interview with the maintenance manager at that time confirmed the excessive force required to close the aforementioned doors.	K 018	K018 The facility will ensure corridor doors are capable of resisting the passage of smoke. This will be accomplished by: A) Doors 107, 219, 221, 222, and resident bathing room have been adjusted to allow closure with less than 5lb of pressure. The bucket has been removed from in front of room 216. B & C) Doors protecting corridor openings will be monitored to assure they close with less than 5 lb. pounds of pressure. D) A quality monitor will be developed and the Environment Service Director will report semi-annually at the facility's performance improvement committee compliance of doors to the corridors are capable of resisting the passage of smoke.	11/11/2009
K 027	NFPA 101 LIFE SAFETY CODE STANDARD	K 027		

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K 027 SS=D	Continued From page 3 Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 6 smoke barrier doors was capable of resisting the passage of smoke. The findings were: Observation on 9/29/09 at 11:48 AM revealed the corridor door to the Special Care Unit did not close completely. Observation also revealed the vinyl covering on the door was coming away from the door and prevented the door from closing in its frame. At the time of observation the maintenance manager confirmed the observation and immediately contacted maintenance staff to come and fix the door.	K 027	K027 A) The facility will repair the corridor door to the Special Care Unit to assure it does not prevent the door from closing in its frame. B & C) Smoke barrier doors will be monitored to assure they are capable of resisting the passage of smoke. D) A quality monitoring tool will be developed and the Environment Service Director will report semi-annually at the facility's performance improvement committee that smoke barrier doors are capable of resisting the passage of smoke.	11/11/2009
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029		

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K 029	Continued From page 4 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure one hazardous area was separated from other spaces by smoke resistant assemblies. The findings were: Observation on 9/29/09 at 12:08 PM revealed the Unit #1 linen closet door did not seat in its frame with three separate attempts. The door had a self-closure device attached. Interview with the facility's maintenance manager at the time confirmed the observation and stated the door would require an adjustment in order to properly close.	K 029	K029 The facility will ensure that hazardous areas are separated from other spaces by smoke resistant assemblies. This will be accomplished by: A) The Unit #1 linen closet door was adjusted to seat in its frame. B & C) Fire-rated doors will be monitored to assure they close adequately to provide a smoke resistant partition. D) A quality monitoring tool will be developed and the Environment Service Director will report semi-annually to assure fire-rated doors close adequately to provide a smoke resistant partition.	11/11/2009
K 044 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure a horizontal exit door was fully operational. The findings were: Observation on 9/29/09 at 2:48 PM revealed the exit door near the Unit #2 nurses' station did not close in its frame with three separate attempts. The door lacked a self-closing device. Interview with the maintenance manager at the time of the	K 044		

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K 044	Continued From page 5 observation verified that the door would require an adjustment in order to properly close.	K 044	K044	
K 062 SS=E	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 observation, record review and staff interview, the facility failed to ensure the fire suppression (sprinkler) system was maintained as required. The findings were: Record review on 9/29/09 at 3:48 PM revealed the sprinkler system had not been inspected during the first quarter of 2009. Record review revealed the earliest inspection in 2009 occurred on 4/1/09. Observation on 9/29/09 at 9:48 AM revealed a gap between the sprinkler head escutcheon and the ceiling in the boiler room. Observation also revealed a hole in the ceiling of the laundry room where a sprinkler head had been removed. Interview with the maintenance manager at the time confirmed the above observations and stated he started working for the facility during the first quarter of the year and was not aware of inspection and maintenance requirements for the sprinkler system.	K 062	The facility will ensure that horizontal exit doors are full operational. This will be accomplished by: A) The exit door near Unit 2 nurses station has been adjusted so it will close in its frame. B & C) Horizontal exit doors will be monitored to assure they close in their frames. D) A quality monitoring tool will be developed and the Environmental Service Director will report semi-annually to the facility's performance Improvement committee the results of the monitoring of horizontal exit doors closing completely in their frames.	11/11/2009
K 211 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser	K 211		

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K 211	Continued From page 6 capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure alcohol based hand rub (ABHR) dispensers were not installed over ignition sources in 3 of 6 smoke compartments. The findings were: Observation on 9/29/09 at 12:11 PM revealed the room in Unit #1 labeled "blood spill kit" had an ABHR dispenser attached to the wall approximately 12 -inches directly above a light switch.	K 211	K062 The facility will ensure that the automatic sprinkler systems are continuously maintained in reliable operating condition. This will be accomplished by: A,B,C) A monitoring tool will be developed and maintained to assure that the quarterly inspections are made of the facility's fire suppression (sprinkler) system. D) The results of the monitoring for quarterly inspections of the fire suppression system will be reported quarterly to the facility's performance improvement committee by the director of environment services. K0211 The facility will ensure alcohol based hand rub dispensers are not installed over ignition sources. This will be accomplished by: A) The ABHR in the unit 1 blood spill kit room has been moved away from the light switch. B,C,D) A monitoring tool will be developed and the Environment Service Director will report semi-annually to the facility's performance improvement committee the compliance of ABHR's installed away from ignition sources.	11/11/2009 11/11/2009