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 _____	01/27/2011

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. The facility was a fully sprinklered 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. The facility has a capacity of 100 certified Medicare and Medicaid beds.	K 000		
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 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 1 hazardous area was separated from patient use areas in 1 of 5 resident wings. The findings were: Observation on 1/26/11 at 11:30 AM revealed the	K 029	K 029 - The facility shall provide proper enclosure of hazardous areas in accordance with NFPA 101, Section 19.3.2.1 A. The Engineering department technician has adjusted the hydraulic door closure device on the North report room. B. All patients, visitors and staff members have the potential to be affected by failure to provide proper hazardous area enclosures for smoke petitions. C. The Director of Plant Operations or his designee shall perform monthly visual inspections of various departments. The Engineering department staff shall make prompt and proper repairs to all areas of non-compliance. D. An aggregated report of the previous inspections shall be provided to the Safety Committee on a monthly basis. Completion date: 2-11-11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Bernard MSW LP | TITLE: Administrator | (X6) DATE: 2/15/2011

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
Wyoming Department of Health
FEB 18 2011
Office of Healthcare Licensing and Surveys

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 _____	01/27/2011

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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K 029	Continued From page 1 north report room did have a self closure device attached to the door. However, the door did not close upon two attempts. The maintenance manager confirmed the above observation.	K 029		
K 062 SS=D	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 and staff interview the facility failed to ensure sprinkler heads were properly maintained in 1 of 5 resident wings. The findings were: Observation on 1/26/11 at 11:11 AM revealed the ceiling sprinkler head escutcheon in the hallway outside resident room 207 had come away from the ceiling approximately one-half inch. Interview with the maintenance manager at the time confirmed a gap existed between the escutcheon and the ceiling.	K 062	K 062 - The facility shall continuously maintain the required automatic sprinkler system in a reliable operating condition to meet or exceed NFPA 13 and NFPA 25 requirements. A. The Engineering technician has adjusted and repaired the gap around the fire sprinkler escutcheon in the hallway outside of Room 207. B. All patients, visitors and staff members have the potential to be affected by failure to provide adequate unobstructed sprinkler heads. C. The Engineering technician shall periodically inspect the automatic sprinkler system to ensure it is maintained in a reliable condition. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a quarterly basis. Completion date: 2-11-11	