STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/10/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT CTR	1445 UINTA GREEN RIVER, WY 82935

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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 fully sprinklered single story building of Type V (111) construction built in 1987. The building was equipped with a supervised automatic dry sprinkler system with an anti-freeze branch and zoned fire alarm system.	K 000	POC MODIFIED & ACCEPTED W/ TODD HENRIKSEN, NHA, OD 4/15/08.	
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 observation and staff interview the facility failed to ensure 1 of 6 smoke barrier walls was smoke resistant. The findings were: Observation on 3/10/08 at 4:10 PM revealed the east attic smoke barrier wall had two unsealed conduit penetrations. Interview with the maintenance director at the time of observation	K 025	K 025 NFPA 101 LIFE SAFETY CODE STANDARD Penetration was sealed on 3/11/08. A picture of the sealed conduits were taken on 3/24/08 at 10:13a.m. (see attachment #1). It will be checked each spring and fall when maintenance department performs maintenance on exhaust fans. Performed by Maintenance Supervisor. Results will be reported to QA Committee bi-annually.	4/18/08

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

administrator 4-3-08

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.

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K 025	Continued From page 1 revealed the attic smoke barrier wall was only inspected annually or after a contractor had installed new equipment.	K 025		
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 2 of 16 smoke barrier doors were equipped with self-closing devices. The findings were: Observation on 3/10/08 at 3:58 PM revealed the two smoke barrier doors in the west portion of the attic were not equipped with self-closing devices. Interview with the maintenance director at the time of observation revealed he was unaware attic smoke barrier doors were required to be self-closing.	K 027	K 027 NFPA LIFE SAFETY CODE STANDARD The 2 smoke barrier doors were remounted with mechanical fasteners to make a minimum of 20 minute fire protection agency on 3/11/08. A picture was taken of the barrier doors on 3/24/08 at 10:12 a.m. (see attachment #2). Barrier doors will monitored twice a year by the Maintenance Supervisor. Results will be reported to QA Committee bi-annually.	4/18/08
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	K 029	K 029 NFPA 101 LIFE SAFETY CODE STANDARD The rubber wedges were removed on 3/10/08. Staff instructed on the importance of not impeding corridor doors on 3/11/08. Maintenance Supervisor will review at mandatory Inservice Meetings.	4/18/08

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K 029	Continued From page 2 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 the corridor doors to 2 of 14 hazardous areas were not impeded. The findings were: 1. Observation on 3/10/08 between 2:30 PM and 3 PM revealed the following corridor doors were equipped with self-closing devices and blocked open by rubber wedges: a. The corridor door to the clean side of the laundry room. b. The corridor door to the housekeeping storeroom. 2. Interview with the maintenance director on 3/10/08 at 2:37 PM revealed the corridor doors to hazardous areas were not inspected on a routine basis. He further reported that all staff had been instructed not to impede corridor doors.	K 029	Results will be reported to QA Committee bi-annually.	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are	K 050	K050 NFPA LIFE SAFETY CODE STANDARD Fire drill for evening shift conducted on 1/31/08 (see attachment #3). Auditing system will be developed to better maintain records by Maintenance Supervisor. Results will be reported to QA Committee bi-annually.	4/18/08

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K 050	Continued From page 3 conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure fire drills were conducted on 1 of 3 shifts each quarter. The findings were: 1. Review of the fire drill records revealed the evening shift was from 2 PM to 10 PM. A fire drill had not been conducted on the evening shift for the first and third quarters of 2007. 2. The maintenance director confirmed the fire drills had not occurred on the above mentioned shift during an interview on 3/10/08 at 6:15 PM.	K 050		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure 6 of 9 fire alarm system	K 052	K 052 NFPA LIFE SAFETY CODE STANDARD Fire alarm batteries in annunciator panel were re-tested on 3/18/08 (see attachment #4). Smoke and heat detectors were tested by outside contractor on 3/12/08 (see attachment #5). Maintenance Supervisor will develop auditing system to better maintain records. (2) Results will be reported to QA Committee bi-annually. (1) SMOKE DETECTOR SENSITIVITY. (2) ALARM SYSTEM ACTIVATION MONTHLY FOR 1 OF 2 MNTS. PERSONNEL.	4/18/08

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K 052	Continued From page 4 components were tested annually. The findings were: 1. Review of the fire alarm system testing records revealed the system was not activated on a monthly basis during July and August of 2007. 2. Review of the fire alarm system testing records revealed the batteries in the annunciator panel had not been tested in the past year. According to the facility's records, the batteries were last tested on 12/20/06 by an outside contractor. 3. Review of the fire alarm system testing records revealed the heat detectors and smoke detectors had not been inspected in the past year. According to the facility's records, the detectors were last tested on 12/20/06 by an outside contractor. 4. Review of the fire alarm system testing records revealed smoke detector sensitivity test had not been conducted in the past two years. According to the facility's records the detectors were last inspected on 12/30/05 by an outside contractor. 5. The maintenance director confirmed the aforementioned tests had not been conducted in accordance with Code requirements during an interview on 3/10/08 at 6:15 PM.	K 052		
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	K 062	K 062 NFPA LIFE SAFETY CODE STANDARD Per Simplex Grinnell, an outside contractor, sprinkler heads in housekeeping storeroom and kitchen will be moved to at least one inch below the ceiling. Work scheduled for 3/25/08. Maintenance Supervisor will submit results upon completion.	4/18/08

- ITEMS STORED IN CLEAN HOUSEKEEPING RM. WERE REMOVED FROM BELOW SPRINKLERS.
- ALL AREAS INSPECTED QUARTERLY FOR STORAGE TO BE LESS THAN 18" BELOW SPRINKLERS. MOVED

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K 062	Continued From page 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 2 of 6 smoke compartments. The findings were: 1. Observation on 3/10/08 between 2:30 PM and 3 PM revealed the following sprinkler heads were not maintained at a minimum of 1 inch below the ceiling: a. One of four heads in the housekeeping storeroom. b. One of eight heads in the kitchen. 2. Observation on 3/10/08 at 3:19 PM revealed one of two sprinkler heads in the clean holding room had storage items closer than 18 inches below the deflector. 3. The maintenance director revealed the sprinkler system was inspected annually during an interview on 3/10/08 at 2:55 PM.	K 062	IL-062 RESULTS WILL BE REPORTED TO QA COMMITTEE BI-ANNUALLY.	
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 observation the facility failed to ensure electrical equipment was protected from damage and failed to provide proper work space in front of electrical equipment. The findings were: 1. Observation on 3/10/08 between 3 PM and 4 PM revealed the following locations had oxygen concentrators in use with damaged electrical	K 147	K 147 NFPA LIFE SAFETY CODE STANDARD Oxygen concentrator cords were repaired in resident rooms #4, #9 and #19. The electrical receptacle in room #29 near bed 2 was replaced 3/11/08. Maintenace Supervisor will instruct nursing staff on proper method to unplug cords. Food service carts were removed from the front of the electrical panels on 3/10/08 (see attachment #6). Maintenance Supervisor will monitor and record daily boiler room checks. & ELECTRICAL ROOM	4/18/08

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K 147	Continued From page 6 cords at the plug: a. Resident room #9. b. Resident room #4. c. Resident room #19. 2. Interview with the maintenance director on 3/10/08 at 3:01 PM revealed all the concentrator were inspected by the nursing staff on a weekly basis. 3. Observation on 3/10/08 at 3:24 PM revealed the electrical receptacle near bed #2 in resident room #29 had a charred faceplate. 4. Observation on 3/10/08 between 3 PM and 4:30 PM revealed a food service cart was stored in front of three electrical panels in the main electrical room. 5. Interview with the maintenance director on 3/10/08 at 4:24 PM revealed he was aware items were not to be stored in front of electrical panels.	K 147	Results will be reported to QA Committee bi-annually.	
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to provide a fire watch policy for the	K 154	K154 NFPA 101 LIFE SAFETY CODE STANDARD In the event of the automatic sprinkler system becoming non-functional, the Fire Watch Policy was put in Health and Safety Manual on 3/19/07 (see attachment #7).	4/18/08

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K 154	Continued From page 7 loss of water to the automatic sprinkler system for 4 hours in a 24 hour period. The findings were: 1. Review of the maintenance department's emergency policies revealed the facility did not have a fire watch policy in the event for the automatic sprinkler system might become nonfunctional. 2. Interview with the maintenance director on 3/10/08 at 6:20 PM verified there was no fire watch policy to review.	K 154		