PRINTED: 05/16/2005
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535031	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	05/04/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER HEALTHCARE & REHAB	1002 FOREST DRIVE RIVERTON, WY 82501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) with a wet sprinkler system and fire alarm system with smoke detectors in the corridors and commons areas. The building is one story with a basement that houses the laundry, boiler room, maintenance shop, and central supply. K6: Date of Plan Approval:1966, 1984 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=90;SNF/NF=90 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections. "NFPA" National Fire Protection Association	K 000		
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 those constructed of 1¾ inch solid-bonded core wood, 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 19.3.6.3.3 are permitted. 19.3.6.3	K 018	This Plan of Correction is prepared & submitted as required by law. By submitting this Plan of Correction, Wind River Healthcare & Rehabilitation does not admit that the deficiencies listed on the HCFA 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 05/31/05

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.

ADDITIONAL ACCEPTANCE OF THE POC WITH [illegible] DOYD, NHA ON 6/3/05 @ 5:15 PM VIA TELEPHONE [illegible]

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K 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities as of March 13, 2006. This STANDARD is not met as evidenced by: Based on observations and staff interview on 5/4/05 between 8 AM and 10 AM, the facility failed to protect 2 of 64 corridor door openings in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. Room #15 and #17 had gaps between the top edge of the corridor doors and the door frames that were greater than the allowed 1/8th of an inch. Maintenance staff verified the above finding.	K 018	This STANDARD is met as evidenced by: The doors to rooms #15 and #17 will be adjusted and rubber door seals will be installed to get within 1/8" of specifications. Doors will be checked by Maintenance staff bi-annually. Records will be reviewed by Safety Committee and Performance Improvement Committee.	6/18/2005
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas, may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Except for self-testing systems, fire alarm systems are manually tested monthly. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained periodically and records of maintenance kept readily available. There is remote annunciation of the	K 051	This Plan of Correction is prepared & submitted as required by law. By submitting this Plan of Correction, Wind River Healthcare & Rehabilitation does not admit that the deficiencies listed on the HCFA 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	

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K 051	Continued From page 2 fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on record review and staff interview on 5/3/05 between 3:30 PM and 4:30 PM, the facility failed to maintain, test, and document the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The findings were: 1. Review of the maintenance records revealed the smoke detector sensitivity test had not been conducted in the past 2 years as required by the Code. The sensitivity test was last performed on February 5, 2003. 2. Review of the maintenance records revealed the annunciator panel's battery load voltage test had not been performed in the last 6 months as required by the Code. The load voltage test was last performed on October 19, 2004. 3. Maintenance staff verified the above finding.	K 051	This STANDARD is met as evidenced by: Simplex Grinnell will be notified and will conduct testing. Contract will be signed so all fire panel and sprinkler work will be performed to Life Safety code specifications. As required, load voltage will be performed every six months. Environmental Services Director will maintain records and review at Safety Committee and Performance Improvement Committee.	6/18/2005
K 056 SSFP	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system 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	K 056	This Plan of Correction is prepared & submitted as required by law. By submitting this Plan of Correction, Wind River Healthcare & Rehabilitation does not admit that the deficiencies listed on the HCFA 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	

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K 056	Continued From page 3 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 observations and staff interview on 5/3/05 between 4:30 PM and 5 PM, the facility was constructed of combustible material and not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The findings were: 1. The exterior roof above the front entrance, the northwest entrance, the southwest entrance, and the northeast entrance were all wider than 4 feet and did not have sprinkler coverage as required by the Code. 2. The exterior roof over the basement exit was wider than 4 feet and did not have sprinkler coverage as required by the Code. 3. The soiled linen closet in the SCU in the vicinity of resident room #22 was not sprinklered as required by the Code. 5. Maintenance staff verified the above findings.	K 056	This STANDARD is met as evidenced by: All exterior roof areas will have dry sprinkler heads installed to meet NFPA requirements. Bids will be secured by Rapid Fire Extinguisher. State approval will be obtained. Will apply for a 6-month extension. Will remove door from SCU vestibule. COMPLETED BY MAINTENANCE DIRECTOR.	11/18/2005 6/18/05
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	This Plan of Correction is prepared & submitted as required by law. By submitting this Plan of Correction, Wind River Healthcare & Rehabilitation does not admit that the deficiencies listed on the HCFA 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	

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K 062	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations and staff interview on 5/4/05 between 9 AM and 10 AM, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 5-6.6.3. The findings were: 1. The activities supply closet, admissions closet, and maintenance shop all had items stored withing 18 inches of the sprinkler heads. Maintenance staff verified the above findings.	K 062	This STANDARD is met as evidenced by: Items above mandatory storage limit line will be removed from activities supply closet, admissions closet and maintenance shop area. Red tape will be added for monitoring 18" requirement in each area. Areas will be checked during regular weekly building rounds. Building rounds notes will be reviewed at Safety Committee and Performance Improvement Committee.	6/18/2005
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations and staff interview on 5/4/05 between 8 AM and 10 AM, the facility failed to provide an electrical system installed in accordance with NFPA 99 Section 3-5.2.2.3. The findings were: 1. The medication refrigerators at the front and back nurses stations were not supplied with emergency power as required by the Code. Maintenance staff verified the above finding.	K 130	This STANDARD is met as evidenced by: Bids will be secured for emergency outlet circuits on all 3 nurse's stations. Outlets will be installed per code. Emergency power outlet checks will be routinely completed as part of facility preventative maintenance program. Checks will be reviewed by the Safety Committee and the Performance Improvement Committee. This Plan of Correction is prepared & submitted as required by law. By submitting this Plan of Correction, Wind River Healthcare & Rehabilitation does not admit that the deficiencies listed on the HCFA 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	6/18/2005