STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 V (111) construction built in 1985.	K 000	CONVERSATION W/ JOHN DWYER, NHA, ON 6/28/07, ACCEPTED PROMISES FOR W/ K018 6/29/07	
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, 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 observations the facility failed to maintain 5 of 74 corridor doors. The findings	K 018	The facility will ensure that doors protecting corridor openings will latch appropriately. This will be accomplished by: 1. (a) The door closure for resident room #208 will be adjusted or will be replaced by ~~06/29/07~~. 6/28/07 (b) The door closure for resident room #206 will be adjusted or the or will be replaced by ~~06/29/07~~. 6/28/07 (c) The door closure to the air handler room by room #307 will be adjusted or will be replaced by ~~06/29/07~~. 6/28/07 (d) The door closure to the main oxygen store room will be adjusted or replaced by ~~06/29/07~~. 6/28/07 1. The latch bolt for the air handler room near room #100 room will be adjusted or replaced to ensure that it latches by ~~06/29/07~~. 6/28/07	

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

Administrator 6/22/07

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 018	Continued From page 1 were: 1. Observation on 5/15/07 between 8:30 AM and 9:30 AM revealed the following corridor doors would not latch into the door frames: a. Resident room #208. b Resident room #206. c. The air handler room by #307. d. The main oxygen store room. 2. Observation 05/15/07 at 9:31 AM revealed the corridor door to the air handler room by resident room #100 was equipped with a latch bolt which would not insert into the strike plate of the door frame.	K 018	The Maintenance Supervisor will be responsible for completing these tasks and will be monitoring them on a quarterly basis. He will report to the Quality Assurance Committee at least quarterly on any problems. K 025 The facility will ensure that smoke barriers maintain appropriate fire resistance ratings. This will be accomplished by: (a) The 300 hall attic smoke barrier wall penetration will be sealed by ~~06/29/07~~ 6/28/07 using appropriate fire rated caulking. (b) The 100 hall attic smoke barrier wall penetrations (5) will be sealed by 6/28/07 ~~06/29/07~~ using appropriate fire rated caulking. The Maintenance Supervisor will be responsible for fixing the smoke barrier penetrations and will be checking the barriers quarterly for compliance. He will report any concerns to the Quality Assurance Committee at least quarterly.	
K 025 SS=E	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 observations the facility failed to seal penetrations in 2 of 4 vertical smoke barrier walls. The findings were: Observation on 5/15/07 between 10:30 AM and 11:30 AM revealed the following smoke barrier walls had unsealed penetrations: a. The 300 hall attic smoke barrier wall had 1	K 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 025	Continued From page 2 unsealed conduit penetration. b. The 100 half attic smoke barrier wall had 5 unsealed conduit penetrations. NFPA 101 Section 3.3.20 states" Barrier, Smoke. A continuous membrane, or a membrane with discontinuities created by protected openings, where such membrane is designed and constructed to restrict the movement of smoke." NFPA 101 Section 8.3.2 states "Continuity. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces."	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 observations the facility failed to maintain 2 of 11 smoke barrier doors. The findings were: Observation on 5/15/07 between 10:30 AM and 11 AM revealed the following smoke barrier doors	K 027	K 027 The facility will ensure that smoke barriers maintain appropriate fire resistance ratings. This will be accomplished by: (a) A self-closing device will be installed on the 300 hall attic smoke barrier door by ~~06/29/07~~. 6/28/07 (b) A self-closing device will be installed on the 200 hall attic smoke barrier door by ~~06/29/07~~. 6/28/07 The Maintenance Supervisor will be responsible for completing these tasks and will be monitoring them on a quarterly basis. He will report to the Quality Assurance Committee at least quarterly on any problems.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 027	Continued From page 3 were not equipped with self-closing devices: a. The 300 hall attic smoke barrier door. b. The 200 hall attic smoke barrier door.	K 027	K 029 The facility will ensure that hazardous areas are protected in accordance with NFPA 101. This will be accomplished by: 1. (a) The door closure for the 300 hall soiled utility room will be adjusted or replaced by ~~06/29/07~~ 6/28/07 to ensure the door latches fully. (b) The door closure for the general store room will be adjusted or replaced by ~~06/29/07~~ 6/28/07 to ensure the door latches fully. 2. A self-closing device will be installed on the door to the kitchen paper store room by ~~06/29/07~~ 6/28/07. 2. A door, covering the attic access hole in boiler room #2, will be installed by ~~06/29/07~~ 6/28/07. The Maintenance Supervisor will be responsible for completing these items and will continue to monitor them on a monthly basis. He will also report any problems or concerns to the Quality Assurance Committee at least quarterly.	
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 observations the facility failed to separate 2 of 9 hazardous areas from other spaces by smoke-resistant assemblies. The findings were: 1. Observations on 5/15/07 between 8:30 AM and 10 PM revealed the following locations had self-closing devices which would not fully latch the doors into the door frames: a. The 300 hall soiled utility room. b. The general store room. 2. Observation on 5/15/07 at 10:05 AM revealed the door to the kitchen paper store room was not equipped with a self-closing device. 3. Observation on 5/15/07 at 10:36 AM revealed boiler room #2 did not have a door covering the attic access hole.	K 029		
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 046		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 046	Continued From page 4 Emergency lighting of at least 1¼ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain 1 of 1 emergency battery light at the generator. The finding was: Observation on 5/15/07 at 10:31 AM revealed the emergency battery light at the emergency generator would not work when tested by the General Manager. NFPA 101 Section 7.9.1.2 states "Where maintenance of illumination depends on changing from one energy source to another, a delay of not more than 10 seconds shall be permitted."	K 046	K 046 The facility will ensure that emergency lighting of at least 1 ½ hour duration is provided. This will be accomplished by: A new battery was purchased and placed in the emergency light on 05/24/07. The Maintenance Supervisor will test the lighting on a monthly basis and will report to the Quality Assurance Committee the results of such testing.	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain 1 of 12 exits signs. The finding was: Observation on 5/15/07 at 10:20 AM revealed the exit sign near the laundry was not illuminated.	K 047	K 047 The facility will ensure that exit and directional signs will be appropriately maintained. This will be accomplished by: A new bulb was placed in the exit sign near the laundry facility on 05/15/07 by the Maintenance Supervisor. The Maintenance Supervisor will check all exit signs for proper illumination at least monthly. All facility staff will be encouraged to report any light that are out on the maintenance log. The Maintenance Supervisor will report to the Quality Assurance Committee at least quarterly.	
K 050 SS=E	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	K 050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 050	Continued From page 5 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 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 conduct a fire drill on 5 of 12 quarterly shifts in the past year. The findings were. 1. Review of the fire drill records revealed the followings shifts had not conducted fire drills: a. The second shift on the second quarter of 2006. b. The third shift on the second, third and fourth quarters of 2006. c. The second shift on the first quarter of 2007. 2. Review of the fire drill records revealed the first shift had conducted all of the fire drills in the last year between 10:30 AM and 11:30 AM and did not vary the times of the drills. 3. Interview with the General Manager on 5/17/07 at 12:30 PM revealed there were no other records to review.	K 050	K 050 The facility will ensure that fire drills are conducted under various conditions and at least quarterly on each shift. This will be accomplished by: 6/28/07 By ~~06/29/07~~, the Maintenance Supervisor will implement a new tracking mechanism for fire drills that will account for the date, time, and shift as to when the drills are being completed. The Maintenance Supervisor will be responsible for conducting the drills at an interval of once per shift, per quarter and will review with Administrator and Quality Assurance Committee at least quarterly.	
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	K 052	K 052 The facility will ensure that the fire alarm system is installed, tested and maintained in accordance with applicable codes. This will be accomplished by:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 052	Continued From page 6 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to test 4 of 9 fire alarm system components and did not post the central certificate. The findings were: 1. Review of the fire alarm system testing records revealed the annunciator panel and the fire alarm system batteries had not been tested in the past year. NFPA 72 Table 7-3.2 Section 6 (c) (3) states "Fire Alarm Systems, Sealed Lead-Acid Batteries shall have a load voltage test on a semiannual basis." NFPA 72 Table 7-3.2 Section 14 states "Remote Annunciators, shall be tested annually." 2. Review of the fire alarm system testing records revealed the supervising station receiver had not been tested for the months of April, September, and October 2006. NFPA 72 Table 7-3.2 Section 23 states "All Supervising station Fire Alarm Systems, Receivers shall be tested on a monthly basis." 3. Review of the fire alarm system revealed the supervisory signal devices had not bee tested during the first quarter of 2007. NFPA 72 Table 7-3.2 Section 15 (j) states "Supervisory Signal Device shall be tested quarterly." 4. Interview with the General Manager on 5/17/07 at 12:30 PM revealed there were no other records to review.	K 052	1. The fire alarm annunciator panel and batteries were tested on 05/24/07 by independent contractor. The Maintenance Supervisor will be responsible for contacting independent contractor and ensuring the test is completed semi-annually. He will also report to the Quality Assurance Committee at least quarterly on any problems. 2. A fire drill was conducted in 06/07 to test the supervising station receiver. The Maintenance Supervisor will test monthly in accordance with fire drills. Any problems will be reported to the Quality Assurance Committee on a quarterly basis. 3. The supervisory signal will be tested by ~~06/29/07~~ 6/28/07 by the Maintenance Supervisor or independent contractor. This testing will be completed quarterly and any problems will be reported to the Quality Assurance Committee on a quarterly basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 052	Continued From page 7 5. Observation on 5/15/07 at 1:40 PM revealed the central station placard was not posted within 36 inches of the fire alarm panel as required by the Code. NFPA 72 Section 5-2.2.3.1.1 states "Fire alarm systems providing services that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component."	K 052	4. No additional records were found. 5. The central station placard was placed on the inside of the fire alarm panel on 05/24/07. The Maintenance Supervisor will ensure the placard remains in place by inspecting each month. He will report concerns to the Quality Assurance Committee at least quarterly.	
K 062 SS=F	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 observations on 1 of 1 day, record review and staff interview, the facility failed to test and maintain the sprinkler system. The findings were: 1. Observation on 5/15/07 between 8 AM and 10 AM revealed the sprinkler escutcheon plates for the following locations were not smoke resistant: a. Resident room #205. b. Resident room #208. c. Resident room #211. d. Resident room #202. e. Resident room #203. f. The 300 hall sitting room. g. The medication room.	K 062	K 062 The facility will ensure that the fire sprinkler system is continuously maintained in reliable operating condition. This will be accomplished by: 1. (a) The gap near the escutcheon plate in room #205 will be repaired by ~~06/29/07~~. 6/28/07 (b) The gap near the escutcheon plate in room #208 will be repaired by ~~06/29/07~~. 6/28/07 (c) The gap near the escutcheon plate in room #211 will be repaired by ~~06/29/07~~. 6/28/07 (d) The gap near the escutcheon plate in room #202 will be repaired by ~~06/29/07~~. 6/28/07 (e) The gap near the escutcheon plate in room #203 will be repaired by ~~06/29/07~~. 6/28/07	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 062	Continued From page 8 h. The kitchen store room. NFPA 13 Section 3-2.7.2 states "Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly." 2. Observation on 5/15/07 at 9:28 AM revealed the privacy curtain in the shower room had mesh on the top panel which measured less than the allowed 1/2 inch on the diagonal. NFPA 13 Section 5-6.5.2.3 states "Suspended or Floor-Mounted Vertical Obstructions. The distance from sprinklers to privacy curtains...in light hazard occupancies shall be in accordance with Table 5-6.5.2.3 and Figure 5-6.5.2.3. 3. Observation on 5/15/07 at 9:52 AM revealed the laundry ceiling was not a continuous membrane due to a missing ceiling tile. NFPA 13 Section 1-4.6 states "...other members do not impede heat flow or water distribution in a manner that materially affects the ability of sprinklers to control or suppress a fire..." 4. Observation on 5/15/07 at 11:03 AM revealed 1 of 7 sprinklers heads in the 200 hall was an intermediate temperature head (green glass) instead of an ordinary temperature head (red glass). NFPA 13 Section 5-3.1.4.1 states "Ordinary-temperature-rated sprinklers shall be used throughout buildings." 5. Review of the fire sprinkler system testing records revealed the main drain had not been tested during the first quarter of 2007. NFPA 25 Section 9-2.6 states "Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to	K 062	(f) The gap near the escutcheon plate in the 300 hall sitting room will be repaired by ~~06/29/07~~. 6/28/07 (g) The gap near the escutcheon plate in the medication room will be repaired by ~~06/29/07~~. 6/28/07 (h) The gap near the escutcheon plate in the kitchen store room will be repaired by ~~06/29/07~~. 6/28/07 The Maintenance Supervisor will make the appropriate repairs and will monitor this area on an annual basis as he performs his preventative maintenance. He will report any problems to the Quality Assurance Committee on a quarterly basis. 2. The privacy curtain in the shower room will be replaced with a new curtain rod and curtain by 6/28/07 ~~06/29/07~~. The Maintenance Supervisor will monitor at least monthly to ensure compliance. He will also report to the Quality Assurance Committee at least quarterly. 3. The Maintenance Supervisor placed a new ceiling tile in the laundry area on 05/17/07. Laundry staff has been encouraged to notify maintenance personnel when there are missing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 062	Continued From page 9 determine whether there has been a change in the condition of the water supply piping and control valves. see Table 7-3.1. "	K 062	tiles. The Maintenance Supervisor will be monitoring missing tiles at least monthly and will report to the Quality Assurance Committee at least quarterly.	
K 147 SS=E	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 observations the facility failed to prohibit flexible wiring replacing temporary fixed wiring, failed to provide covers for all junction boxes, and failed to provided an emergency battery light at the generator set in 7 of 107 rooms. The findings were: 1. Observation on 5/15/07 between 8 AM and 9:30 AM revealed the following locations had temporary electrical wiring replacing permanent fixed wiring: a. Resident room #201 had the TV plugged into a 3-way adapter. b. The medical records room had a surge protector plugged into an extension cord. NFPA 70 Article 400-8 states " Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure" (4) Where attached to building surfaces" 2. Observation on 5/15/07 between 8IAM and 10 AM revealed the following locations did junction box covers: a. An electrical receptacle in resident room #110. b. An electrical receptacle in resident room #203. c. A junction box in the main electrical room.	K 147	4. On 05/18/07, the immediate temperature head was replaced with an ordinary (red) head. The Maintenance Supervisor will be responsible for ensuring the appropriate sprinkler heads are installed. He will monitor this on a monthly basis as he does room checks. He will report any adverse results to the Quality Assurance Committee on a quarterly basis. 5. The main drain will be tested by the Maintenance Supervisor or independent contractor by ~~06/29/07~~ 6/28/07 and quarterly thereafter. The Maintenance Supervisor will monitor and report to the Quality Assurance Committee each quarter on any problems.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 147	Continued From page 10 NFPA 70 Article 370-28 states"Pull and Junction Boxes. (3) (c) cover. All pull boxes, junction boxes and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use..." 3. Observation on 5/15/07 at 10:29 AM revealed the automatic transfer switch (ATS) was not equipped with an emergency battery light. NFPA 72 Article 517-32 states "...The life safety branch of the emergency system shall supply power for the following lighting, receptacles, and equipment. (e) Generator Set Location, task illumination battery charger for emergency battery-powered lighting unit(s) and selected receptacles at the generator set location.	K 147	K 147 The facility will ensure that electrical and wiring is in accordance with required codes. This will be accomplished by: 1. (a) The 3-way adapter in room #201 was removed on 05/21/07. (b) The extension cord was removed from the medical records office on 05/21/07. The Maintenance Supervisor will identify wiring concerns during room checks that will be done at least quarterly. He will report any findings or areas of concern to the Quality Assurance Committee at least quarterly. 2. (a) The electrical receptacle in room #110 was replaced on 05/19/07. (b) The electrical receptacle in room #203 was replaced on 05/23/07. (c) A cover was placed on the junction box in the main electrical room on 05/19/07. (A)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 147	Continued From page 10 NFPA 70 Article 370-28 states"Pull and Junction Boxes. (3) (c) cover. All pull boxes, junction boxes and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use..." 3. Observation on 5/15/07 at 10:29 AM revealed the automatic transfer switch (ATS) was not equipped with an emergency battery light. NFPA 72 Article 517-32 states "...The life safety branch of the emergency system shall supply power for the following lighting, receptacles, and equipment. (e) Generator Set Location, task illumination battery charger for emergency battery-powered lighting unit(s) and selected receptacles at the generator set location.	K 147	The Maintenance Supervisor will identify wiring or electrical concerns during room checks that will be done at least quarterly. He will report any findings or areas of concern to the Quality Assurance Committee at least quarterly. 3. A new emergency light will be installed at the automatic transfer switch. A request for 6-month waiver will be requested from Wyoming Department of Health, Office of Healthcare Licensing and Surveys for plan approval process and work to be completed.	

(B)