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 _____	C 03/16/2006

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 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) COMPLETIO DATE
K 052 SS=L	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 observation and staff interview the facility did not ensure that the fire alarm system was maintained in accordance with the Code. It was determined the system did not provide automatic notification to the fire department dispatcher during one of one fire drill. Findings were: Observation on 3/14/06 between 9:30 AM and 10:15 AM revealed two fire alarms sounded in the building. Cognitive residents in the activities room commented both times that they did not need to do anything because those were probably false alarms. Interview with the maintenance supervisor on 3/13/06 at 4:45 PM revealed the sprinkler system was down; he was working on it, and alarms were going off periodically. Interview with the maintenance director again on 3/14/06 at 2:30 PM revealed the fire department did not show up when the alarms sounded because he had called them when he had started working on the sprinkler system and told them to disregard	K 052	K052 The facility will ensure this is accomplished by: 1. The alarm system was repaired on 03/16/06. An outside contractor installed a new dialer for the fire alarm system We have contracted a different certified central station that will test the system on a weekly basis. 03/31/06 2. When the alarm system goes down for any reason the contracted company call the Fire Department first to report the alarm ~~& send the fire department if needed~~. 03/31/06 3. The sheriffs office dispatcher receives the same alarm and calls the fire department giving us duel coverage for the alarm. 03/31/06 4. Our policy has been changed to state that we call on every drill to verify that they received the alarm. 03/31/06 5. This will be monitored by QA & the maintenance Director. 03/31/06	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Roland Pack — TITLE: General Manager — (X6) DATE: 4-10-06

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.

APR 19 2006 ACCEPTANCE OF POC w/ Roland Pack, GM, on 4/24/06 @ 1:30pm via Tele-Conference

ATEMENT OF DEFICIENCIES ND 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 _____	C 03/16/2006

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 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) COMPLETIO DATE
K 052	Continued From page 1 any alarms. It was unclear from the interview how the fire department would know whether or not to respond to a signal based on the alarms that were going off throughout the day. A fire drill held at the request of the surveyor on 3/14/06 at 2:30 PM resulted in the maintenance supervisor calling the sheriff's office dispatcher (who would normally notify the volunteer fire department in the event of a fire alarm received from the facility) and telling that person to disregard the upcoming signal because the facility was conducting a drill. At 2:37 PM the maintenance supervisor called the sheriff's dispatcher to determine what time the signal was received and was told no signal had been received. Prior to that call, the maintenance manager stated that he was unaware the automatic notification system was non-functional, and did not know how long the system had been down. Observation of the drill, itself, revealed there was no alternative method for running a drill that did not involve the alarms and the automatic notification system.	K 052		

ATEMENT OF DEFICIENCIES ND 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 _____	C 03/16/2006

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 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) COMPLETIO DATE
K 056 SS=L	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 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 staff interview the facility did not ensure the automatic sprinkler system was maintained in accordance with NFPA 25. Findings were: Maintenance staff interview on 3/13/06 at 4:45 PM revealed that the sprinkler system had been down anywhere from 9 to 26 times over this winter. The maintenance supervisor said water had been condensing in the pipes, freezing, and breaking sprinkler pipes throughout the building because the attic where the pipes were located was not heated. At the time of the interview, the maintenance supervisor stated the sprinkler system had been down for about 6 hours that day. Refer to K052 related to the maintenance department's failure to ensure the automatic remote signalling system was functional or that an alternative fire notification system was in place.	K 056	K056 The facility will ensure this requirement is accomplished by: 1. We have installed a new valve and have checked low drain points to ensure no water is collecting in the sprinkler system. 03/23/06 2. This will be monitored by QA & maintenance director. 03/23/06 5. CONTRACT WITH ENGINEERING FIRM TO CERTIFY THAT SPRINKLER SYSTEM MEET NFPA 13 & NATIONAL STANDARDS.	

ATEMENT OF DEFICIENCIES ND 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	C 03/16/2006

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

4/24/06

(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) COMPLETIC DATE
K 062 SS=L	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: Refer to K052 regarding the facility's failure to ensure the remote signalling system was functional. Refer to K056 regarding the facility's failure to ensure the sytem was fully operational and properly maintained.	K 062	K062 The facility will ensure this requirement is accomplished by: 1. A new valve was installed and weekly checks of all low points to ensure no water is collecting in the sprinkler system. 2. We had a contractor put in a new dialer that will send alarm to a certified central station that will call the fire department and also the sheriff's dispatcher any time the alarm activates. 3. This will be monitored by QA & the maintenance director.	03/31/(03/31/06 03/31/0(
K 154 SS=L	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 staff interview it was determined the facility failed to notify the authority having jurisdiction when the automatic sprinkler system was out of service for more than four hours and failed to implement an approved fire watch system. Findings were:	K 154	K154 The facility will ensure this requirement is accomplished by: 1. Anytime the sprinkler system goes down with in 15 min the maintenance director will initiate the fire watch. A clip board with a complete policy & tracking sheets will be given to the person on fire watch.	03/31/(

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 _____	C 03/16/2006

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 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) COMPLETIO DATE
K 154	Continued From page 4 Maintenance supervisor interview on 3/13/05 at 4:45 PM revealed the facility's sprinkler system had been down for approximately six hours. The maintenance supervisor stated the sprinkler system had been non functional on more than one occasion this winter. He stated he had to replace anywhere from 9 to 26 sprinkler pipes this year because the attic wasn't heated and the pipes were freezing and breaking. The maintenance supervisor also stated when the system was down it was usually of 6 to 8 hours in duration. The maintence supervisor indicated he had not contacted the authority having jursidiction at the state licensure agency during any of those times. It was further revealed the facility had not implemented a formal fire watch policy. The maintenance supervisor stated he, personally, was making rounds looking for fires, but he had not completed any documentation on the facility's "fire walk" form. There was no evidence the fire watch policy had been approved by the authority having jurisdiction. There was no evidence a dedicated individual was performing the watch.	K 154	2. If the system is down for 4 hours all proper departments and personnel will be notified. Fire department, land owners, Healthcare licensing & surveys. 3. Fire department will be notified every time the alarm goes off. 4. See attachment of fire watch policy. 5. This will be monitored by QA & the maintenance Director.	03/31/0 03/31/0 03/31/06 03/31/06
K 155 SS=L	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm 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 is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by:	K 155	K155 The facility will ensure this requirement is accomplished by: 1. Anytime a sprinkler head is replaced the air pressure is bleed off, this causes the alarm to go off. The sprinkler head is changed and air pressure builds back up and system is put back on line. Fire department is notified.	03/31/06

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 _____	C 03/16/2006

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

#1 4/24/06

(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) COMPLETIO DATE
K 155	Continued From page 5 Based on staff interview and review of the facility's "fire walk" policy and form the facility did not follow notification, evacuation, or fire watch procedures as specified in the Code when the automatic sprinkler system was out of service for more than four hours. Refer to K 056 for further information on the state of the automatic sprinkler system. Refer to K154 related to concerns with the facility's notification and fire watch policy.	K 155	2. Fire department will be notified immediately when alarm is down. 3. Healthcare & Licensing Surveys will be notified if the alarm is down for more than 4 hours. 4. See attachment of Fire watch policy. 5. This will be monitored by QA & the maintenance director.	03/31/(03/31/0(03/31/0(03/31/06