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| | 535029 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | 08/22/2006 |

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| K 000 | INITIAL COMMENTS<br>Surveyor#18185<br>The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced.<br><br>K3: Building: Type II (111) single story building with a complete automatic supervised wet sprinkler system and fire alarm system.<br>K6: Date of Plan Approval: 1985<br>K7: Life Safety Code surveyed under 2000 Existing Health Care<br>K8: Total Beds=32;SNF/NF=32<br>K9: The facility meets the Life Safety Code standards based on an acceptance of a Plan of Correction.<br><br>"NFPA" National Fire Protection Association | K 000 | | |
| K 012 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1<br><br>This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to limit interior walls to noncombustible or limited-combustible materials in accordance with NFPA 101 Section 19.1.6.3. The finding was:<br>1. Observation on 08/22/06 at 2:45 PM revealed the west vestibule near resident room #217 was not constructed of noncombustible or limited-combustible material. The vestibules vertical jam's were constructed of wood studs which were not covered by materials with a flame | K 012 | K O12<br>The facility will maintain NFPA 101 Section 19.1.6.3<br>Standards by having wood studs covered by materials with a flame spread rating of less than 25. This standard will be met by 9/30/06. | 9/30/06 |

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

CEO — 9-14-06

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.

SEP 18 2006



WYOMING DEPT OF HEALTH
HEALTH FACILITIES

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| K 012 | Continued From page 1<br>spread rating of less than 25, such as sheet rock above the ceiling tile. Maintenance staff could not be determined if the studs were listed fire-retardant-treated wood, at the time of survey. | K 012 | | |
| K 018 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>Roller latches are prohibited by CMS regulations in all health care facilities.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were:<br>1. Observation on 08/22/06 between 1 PM and 2 PM revealed the following corridor doors did not fit tight into the frames and provide smoke | K 018 | K 018<br>The facility will maintain a corridor door to frame fit to provide a smoke resistant barrier to meet NFPA 101 section 19.3.6.3 on all corridor doors. Maintenance staff will monitor monthly. Resident rooms #202 and 213 will have no more than 1/8" gap and room #214 will close without excessive force by 9/29/06. | 9/29/06 |

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| K 018 | Continued From page 2<br>resistant barriers:<br>a. Resident room #202.<br>b. Resident room #213.<br>2. Observation on 08/22/06 at 1:42 PM revealed the corridor door to resident room #214 would not close without excessive force due to the door binding in the frame. | K 018 | | |
| K 029 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to separate 1 of 8 hazardous areas from other spaces by smoke-resistant assemblies in accordance with NFPA 101 Section 19.3.2.1. The finding was:<br>1. Observation on 08/22/06 at 12:55 PM revealed the corridor door to the medical records office was impeded from closing by a box of paper. | K 029 | K 029<br>The facility will maintain NFPA 101 section 19.3.2.1 standard of no self closing corridor door being impeded from closing. This was done 8/22/06. Maintenance staff will monitor by daily walk through. | 8/22/06 |

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| K 046 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review the facility failed to test the corridor emergency lighting system in accordance with NFPA 101 Section 19.2.8, 7.8.1.2, and 7.9.1.2. The findings were:<br>1. Review of the emergency lighting records on 08/22/06 at 11:22 AM revealed the continuously illuminated corridor egress lights were being supplied with power from the emergency generator electrical panel. The emergency generator transfer times had not been collected since January 2006. A generator test at the time of survey revealed the emergency generator transferred the electrical load from normal power to emergency power in 9 seconds. | K 046 | K046<br>The facility will maintain NFPA 101 section 19.2.3, 7.8.1.2 and 7.9.1.2 standards by recording monthly emergency generator transfer times. This will be done on a monthly basis as of ~~10/19/06~~. Maintenance staff will monitor and record transfer times. | ~~10/19/06~~ 10/6/06 |
| K 047 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to maintain 2 of 12 exits signs in accordance with NFPA 101 Section 7.10.5.2. The findings were:<br>1. Observation on 08/22/06 between 11:30 AM and 1 PM revealed the following exit signs were | K 047 | K 047<br>The facility will maintain exit signs in accordance to NFPA 101 section 7.10.5.2. The EXIT signs by hospital 2 hour barrier and kitchen to dining room were brought into these standards on 8/22/06. Maintenance staff will monitor exit signs daily. | 8/22/06 |

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|---|---|
| CROOK COUNTY MEDICAL SERVICES | BOX 517<br>SUNDANCE, WY 82729 |

9/22/06

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| K 047 | Continued From page 4<br>not maintained with both light bulbs continuously illuminated:<br>a. The sign by the hospitals 2-hour barrier.<br>b. The sign in the kitchen leading to the dining room. | K 047 | | |
| K 050 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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 conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2<br><br>This STANDARD is not met as evidenced by:<br>Based on record review the facility failed to conduct quarterly fire drills on each shift in accordance with NFPA 101 Section 19.7.1.2. The findings were:<br>1. Review of the fire drill records on 08/22/06 at 10:50 AM revealed the second shift had not conducted a fire drill during the fourth quarter of 2005 or the second quarter of 2006. | K 050 | K050<br>The facility will conduct quarterly fire drills to meet NFPA 101 section 19.7.1.2. Maintenance will record and monitor these drills regularly by ~~10/30/06~~. | ~~10/30/06~~<br>10/6/06<br>XS |

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| K 052 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and observation, the facility failed to test the installed fire alarm system in accordance with NFPA 72 Table 7-3.2, 3-9.5.1, and 1-5.8 respectively. The findings were:<br>1. Review of the fire alarm system testing records on 08/22/06 at 11:05 AM revealed the smoke detector sensitivity test had not been conducted in the past 2 years as required by the Code. The test was last performed on July 8, 2004.<br>2. Observation on 08/22/06 at 2:15 PM revealed the smoke damper in the duct work near resident room #201 had two exposed wire splices and one of the two splices was not connected. The fire alarm panel was in alert mode, but the maintenance director reported that was activated after a lightning storm. | K 052 | K052<br>1) The facility will meet NFPA 72 Table 7-3.2, 3-9.5.1, and 1-5.8 by conducting regular smoke detector and sensitivity testing to meet codes by 9/29/06. Maintenance staff will monitor.<br><br>2) The facility will test and inspect smoke dampers in duct work regularly to meet standards. Smoke damper in duct work near resident room #201 and alarm panel alert mode will meet standard by 9/29/06. Maintenance staff will monitor and record. | 9/29/06<br><br>9/29/06 |

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| K 062 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 5-6.5.2.3. The finding was:<br>1. Observation on 08/22/06 revealed the mesh on the top panel of the privacy curtain in resident room #214 measured less than the allowed 1/2 inch on the diagonal. | K 062 | K062<br>The facility will meet the standards of NFPA 13 section 5-6.5.2.3. Privacy curtain in resident room #214 was replaced to meet this standard on 8/23/06. Maintenance staff will monitor with random inspections. | 8/23/06 |
| K 144 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and staff interview, the facility failed to install and maintain required electrical equipment in accordance with NFPA 110 Section 5-7.5. The findings were: | K 144 | | |

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| K 144 | Continued From page 7<br>1. Observation on 08/22/06 at 12:15 PM revealed the air intake louver system had been modified without calculating the air intake needs of the generator. The air intake louver system next to the control panel did not have a control arm attached to the motor unit. Maintenance staff reported the arm was removed because it rubbed against the control panel. | K 144 | K144<br>The facility will meet NFPA 110 section 5-7.5 by having the generator air intake louver system control arm connected and working freely by ~~10/15/06~~. Maintenance staff will monitor operation monthly. | ~~10/15/06~~<br>10/6/06 |
| K 147<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 400-8, 410-3, 517-32, and 700-12. The findings were:<br>1. Observation on 08/22/06 at 12:41 PM revealed the administration area near the north and west walls had a surge protector plugged into a surge protector.<br>2. Observation on 08/22/06 at 1:39 PM revealed the electrical cord to the oxygen concentrator in resident room #217 was damaged near the plug.<br>3. Observation on 08/22/06 at 12:12 PM revealed the emergency generator for the nursing home also supplied power to the hospital and was a Type I essential electrical system. The automatic transfer switch room was not provided with a battery powered emergency light feed from the Life Safety Branch electrical panel. | K 147 | K147<br>The facility will meet NFPA 70 section 400-8, 410-3, 517-32 and 700-12.<br>1) The facility will arrange office equipment to unplug a surge protector from another by 9/29/06. Maintenance staff will monitor.<br><br>2)The facility will meet standards by inspecting cords on equipment. Oxygen concentrator cord in resident room #217 was repaired to meet standard on 9/1/06. Maintenance staff will inspect and monitor monthly.<br><br>3) The facility will install battery powered emergency light by ~~11/30/06~~. Maintenance staff will monitor correct operation. | 9/29/06<br><br>9/1/06<br><br>~~11/30/06~~<br>10/6/06 |