| AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535029 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 05/29/2007 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CROOK COUNTY MEDICAL SERVICES | BOX 517<br>SUNDANCE, WY 82729 |

| (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 |
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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>The facility was a fully sprinklered single story building of Type II (111) construction built in 1985. | K 000 | POC ACCEPTED W/ LARRY POTTER, NHA/CSD, ON 6/27/07. | |
| K 011<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2<br><br>This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to seal penetrations in 1 of 1 fire rated assembly. The finding was:<br><br>Observation on 5/30/07 at 10:15 AM revealed the hospital 2-hour fire barrier had one unsealed cable penetration in the ceiling cavity above the double doors.<br>NFPA 101 Section 8.2.3.2.3.1 states "Every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. The fire protection rating for opening protectives shall be as follows: | K 011 | K011<br>The facility will maintain NFPA 101 Section 8.2.3.2.3.1 standard for 2 hour fire barrier. The unsealed cable penetration will be sealed. Maintenance will monitor this standard monthly by inspections.<br><br>ALL CITED DEFICIENCIES WILL BE REPORTED ON NEXT QA & QUARTERLY TESTED AFTER FOR THE NEXT YEAR.<br>APPROVED W/ LARRY POTTER. | ~~07/13/07~~<br>~~6/30/07~~ |

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

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| K 011 | Continued From page 1<br>(1) 2-hour fire barrier - 11/2-hour fire protection rating..." | K 011 | | |
| K 018<br>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. | K 018 | K018<br>The facility will meet this NFPA 101 standard. The latch bold and assembly will be replaced. Weekly inspections will be done by maintenance staff. | 06/30/07 |
| | | | K047<br>The facility will meet NFPA 101 section 7.10, 19.2, 10.1 standard with daily inspections done by maintenance and housekeeping staff. Any lights not working will be replaced when inspected. | 06/27/07 |
| | This STANDARD is not met as evidenced by:<br>Based on observations the facility failed to maintain 1 of 36 corridor doors. The finding was:<br><br>Observation 05/30/07 at 9:12 AM revealed the corridor door to resident room #213 was equipped with a latch bolt which would not insert into the strike plate of the door frame. | | | |
| K 047<br>SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit and directional signs are displayed in accordance with section 7.10 with continuous | K 047 | | |

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| | 535029 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 05/29/2007 |

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| K 047 | Continued From page 2<br>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 4 of 10 exits signs. The findings were:<br><br>Observation on 5/30/07 between 9:30 AM and 10 AM revealed the following exit signs were not maintained with both light bulbs continuously illuminated;<br>a. The sign near the kitchen's rear exit.<br>b. The sign in the kitchen near the dining room.<br>c. The sign near the smoke barrier.<br>d. The sign near the nurses station. | K 047 | | |
| 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 an continuous ceiling membrane in 1 of 46 rooms. The finding was:<br><br>Observation on 5/30/07 at 9:42 AM revealed the tub room's ceiling was not a continuous membrane due to a hole cut into the ceiling for repairs of a heater.<br>NFPA 13 Section 1-4.6 states "...other members do not impede heat flow or water distribution in a | K 062 | K062<br>The facility will maintain NFPA 13 section 1-4.6 standard with weekly inspections by maintenance staff. A new heater was installed on 5/30/07, giving a continuous ceiling membrane. | 05/30/07 |

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 535029 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | 05/29/2007 |

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| K 062 | Continued From page 3<br>manner that materially affects the ability of sprinklers to control or suppress a fire..." | K 062 | | |
| K 064<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and staff interview the facility failed to test 10 of 10 portable fire extinguisher. The findings were:<br>1. Observation on 5/30/07 between 9:30 AM and 10:30 AM revealed 10 of 10 portable fire extinguisher had not received an annual maintenance in the past year. The last maintenance was performed in April 2006.<br>2. Interview with the Maintenance Manger on 5/30/07 at 9:30 AM revealed the portable fire extinguishers were not scheduled for the annual maintenance.<br>NFPA 10 Section 4-4.1 states "Frequency. Fire extinguishers shall be subjected to maintenances at intervals of not more than 1 year, and the time of hydrostatic test, or when specifically indicated by an inspection." | K 064 | K064<br>The facility will meet NFPA 10 9.7.4.1, 19.3.5.6 standard by having portable fire extinguishers maintained yearly and monitoring to be done by maintenance staff monthly. | 06/29/07 |
| 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 | K 147 | | |

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| K 147 | Continued From page 4<br>prohibit flexible wiring replacing temporary fixed wiring in 2 of 46 rooms. The findings were:<br><br>Observation on 5/30/07 between 8:30 AM and 9 AM revealed the following locations had temporary electrical wiring replacing permanent fixed wiring:<br>a. Resident room #201 bed "A" had the radio plugged into an extension cord.<br>b. Resident room #210 had a surge protector plugged into another surge protector.<br>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:<br>(1) As a substitute for the fixed wiring of a structure." | K 147 | K147<br>The facility will meet NFPA 70, National Electric Code 9.1.2 standard by weekly inspections by housekeeping and maintenance staff. Extension cords will be removed. Surge protectors plugged into one another will be unplugged and rearranged to meet this standard. | 06/27/07 |

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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | PROVIDER # 535029 | MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING | DATE SURVEY COMPLETE: 5/29/2007 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: CROOK COUNTY MEDICAL SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE: BOX 517 SUNDANCE, WY | | |

6/27/07

| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES |
|---|---|
| K 050 | 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 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 1 of 8 quarterly shifts in the past year. The findings were:
1. Review of the fire drill records revealed the second shift had not conducted a fire drill during the second quarter of 2006.
2. Interview with the Maintenance Manger on 5/29/07 at 4 PM revealed there were no other records to review.

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

The above isolated deficiencies pose no actual harm to the residents

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