STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 B. WING _____	R-C 05/16/2006

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

6/20/06

(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) 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) single story building with two complete automatic supervised dry sprinkler systems and fire alarm system. K6: Date of Plan Approval: 1985 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=60;SNF/NF=60 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000		
{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 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a supervisory station in accordance with NFPA 101 Section 19.3.4.1,	{K 052}	K052 The facility will ensure that a supervisory station is provided in accordance with NFPA 101 Section 19.3.4.1, 9.6.1.4, NFPA 72 Section 5-2.2. This will be accomplished by: 1. During the system inspection of May 18, the service technician established the correct protocol with the central alarm company ensuring that when the fire alarm activates the central alarm company notifies the local sheriff's office of the alarm via a phone call. The sheriff's office then calls Rocky Mountain Care to confirm the alarm. This process has been tested on two occasions since the reactivation of the correct protocol and has tested successfully. This process will be confirmed and documented each occurrence of an alarm whether it is for a drill or false alarm.	

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

Mark Craig | Administrator | 6/8/06

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.

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	535038	A. BUILDING 01 B. WING _____	R-C 05/16/2006

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{K 052}	Continued From page 1 9.6.1.4, NFPA 72 Section 5-2.2. The findings were: 1. Observations on 05/16/06 at 9:35 AM revealed the following issues during a fire drill: Prior to the fire drill the local sheriff's department dispatch office was contacted to inform them of the impending fire drill; they were asked to record the time the supervising station contacted them. After the fire drill, the sheriff's office was again contacted to see when the supervising station had contacted them. The sheriff's office reported the supervising station had not contacted them. Nursing staff at the facility reported the supervising station had called the facility to see if the alarm was a real fire or a fire drill. The nurse reported a fire drill was occurring, and the supervising station did not retransmit the fire alarm signal to the sheriff's department. 2. Record review of the fire alarm system testing records on 05/16/06 at 9:40 AM revealed the supervisory station station was not a listed central station as required by the Code. 3. Observation on 05/16/06 at 9:44 AM revealed the required central station placard was not posted within 36 inches of the fire alarm panel.	{K 052}	2. The supervisory alarm station has been changed to a UL listed station as required by code. 3. The required UL listed central station placard has been posted within 36 inches of the fire alarm panel.	5-18-06

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING 01 B. WING _____	R-C 05/16/2006

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

6/20/06

(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) COMPLETION DATE
{K 056} SS=F	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 had not provided a sprinkler system which properly drained and prevented freezing of pipes in accordance with NFPA 13 Section 5-14.2.1. The findings were: 1. Maintenance staff interview on 05/16/06 at 8:15 AM revealed a fire sprinkler system engineering firm had not been able to review the sprinkler system. When administrative staff was asked how they would insure the sprinkler system would not freeze next winter they reported they were contracting with a fire sprinkler engineering firm to review the system, but they had not been able to review the system to date. K-056 COVERED BY K-062 WAIVER UNTIL OCTOBER 20, 2006. PER CONVERSATION WITH FRANCIS REVERE CMS DENVER REGIONAL OFFICE ON 6/19/06 @ 3:15 PM	{K 056}	K056 The facility will ensure the fire sprinkler system is properly drained and prevented from freezing pipes in accordance with NFPA 13 Section 5-14.2.1. This will be accomplished by: 1. The facility has contacted four firms to take a look at the system. The facility was successful in arranging for one fire sprinkler system engineering firm to review the system on June 1, 2006. Based on the findings of the firm the facility is evaluating whether to convert the existing dry/wet system to a wet system, following appropriate approvals from the state, or upgrade the current system. The facility continues to wait for a proposal from the firm that did the review. The facility has requested a waiver and received approval to work on correction of the system until October, 2006.	6/1/06

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{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: 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 RECEIVED A WAIVER FROM CMS REGIONAL OFFICE, DENER, ON MAY 25, 2006. THIS DOC WILL COVER ALL SURVEYS UNTIL OCTOBER 20, 2006 PER FRANCIS ZUVER TELECONFERENCE 6/19/06 @ 3:15 PM. ← WAIVER	{K 062} (Pg. 1)	K062 The facility will ensure the remote signaling system is functional and ensure the fire alarm system is fully operational and properly maintained. This will be accomplished by: 1. During the system inspection of May 18, the service technician established the correct protocol with the central alarm company ensuring that when the fire alarm activates the central alarm company notifies the local sheriff's office of the alarm via a phone call. The sheriff's office then calls Rocky Mountain Care to confirm the alarm. This process has been tested on two occasions since the reactivation of the correct protocol and has tested successfully. This process will be confirmed and documented each occurrence of an alarm whether it is for a drill or false alarm. 2. The supervisory alarm station has been changed to a UL listed station as required by code.	

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Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535038	A. Building 01 - MAIN BUILDING 01 B. Wing	05/16/2006

Name of Facility	Street Address, City, State, Zip Code
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

complaint

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix Reg. # NFPA 101 LSC K0154	03/31/2006	ID Prefix Reg. # NFPA 101 LSC K0155	03/31/2006	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	[signature]	5/22/06	[signature]	5/16/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 3/16/06

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO