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 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

(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 Surveyor #: 18185 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}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark K. Calley — TITLE: Administrator — (X6) DATE: 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 provides 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.

JUN 09 2006

WYOMING DEPT OF HEALTH
HEALTH FACILITIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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4/20/06

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{K 018} SS=E	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 protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. Observation on 03/21/06 between 8:53 AM and 10:57 AM revealed the following corridor doors had gaps between the top edge of the doors and the door frames which were greater than 1/8 inch: a. Resident room #307. b. Resident room #308. c. Resident room #203.	{K 018}	K018 The facility will ensure that the corridor system is protected in accordance with NFPA 101 Section 19.3.6.3. This will be accomplished by: 1. Doors to resident rooms 307, 308 and 203 have been corrected by installing Warnock Hersey Smoke and Draft Gaskets manufactured by Pemko Manufacturing Co. on the doors and/or door frames to provide protection in accordance with the NFPA 101 Section 19.3.6.3.	5/17/06

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	535038	A. BUILDING 01 B. WING _____	R 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

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{K 046} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review, the facility failed to test the emergency light system in accordance with NFPA 101 Section 7.9.3 and 7.9.2.1 respectively. The findings were: 1. Review of generator powered emergency lighting testing records On 05/16/06 at 9:05 AM revealed the emergency generator transfer times had not been collected since June, 2005.	{K 046}	K046 The facility will ensure emergency lighting of at least 1 ½ hour duration is provided in accordance with NFPA 101 Section 7.9.3 and 7.9.2.1 and 19.2.9.1. This will be accomplished by: 1. Ensuring the emergency generator transfer times are logged each week when the generator is exercised and specifically one time per month under full load. The recording of run times will be the responsibility of the Director of Maintenance with the facility Administrator monitoring to ensure that this is completed as required by code.	5/19/06

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	535038	A. BUILDING 01 B. WING _____	R 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 051} SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on record review, staff interview and observations, the facility failed to maintain and test the installed fire alarm system in accordance with NFPA 101 Section 19.3.4.1, 9.6.1.4, NFPA 72 Section 5-2.2, Table 7-3.2, and Section 5-2.2.3.1.1. The findings were: 1. Review of the fire alarm system testing records on 05/16/06 at 9:25 AM revealed the annunciator panel, alarm notification appliances, manual fire alarm boxes, heat detectors, smoke dampers,	{K 051}	K051 The facility will ensure the maintenance and testing of the installed fire alarm system in accordance with NFPA 101 Section 19.3.4.1, 9.6.1.4, NFPA 72 Section 5-2.2, Table 7-3.2, and Section 5-2.2.3.1.1. This will be accomplished by: 1. The company responsible for testing and maintaining the fire alarm system did provide a complete annual test of the fire alarm system on 6/10/05 (see attached work order for service rendered) including the annunciator panel, alarm notification appliances, manual fire alarm boxes, heat detectors, smoke dampers, and smoke detectors. In addition, batteries were replaced along with two zone cards. On May 18, 2006, a complete annual test was provided to include all the components as listed above as required by code. The semi-annual System Sensitivity testing was provided on May 26.	

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{K 051}	Continued From page 4 and smoke detectors had not been tested in the past year as required by the Code. 2. 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. 3. 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. 4. 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 051}	2. 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 be for a drill or false alarm. 3. The supervisory alarm station has been changed to a UL listed station as required by code. 4. The required UL listed central station placard has been posted within 36 inches of the fire alarm panel.	~~5-18-06~~ 5/26/06

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ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

6/20/06

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{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 observations, the facility's sprinkler system was not installed in accordance with NFPA 13 Section 5-6.4.1.1. The findings were: 1. Observation on 05/16/06 between 8:10 AM and 9:30 AM revealed the following locations had sprinkler deflectors located within 1 inch of the ceiling: a. The boiler room. b. The restroom in resident room #301. c. Resident room #309. d. Resident room #311. e. Resident room #200. f. The closet in resident room #202. g. Resident room #210. h. The restroom in resident room #211. i. The 100 hall west bathroom. 2. Observation on 05/16/06 between 8:10 AM and 9:30 AM revealed the following locations had sprinkler deflectors located more than the allowed 6 inches from the ceiling:	{K 056}	K056 The facility will ensure the facility sprinkler system is installed in accordance with NFPA 13 Section 5-6.4.1.1. This will be accomplished by: 1. Facility had placed an order for replacement sprinklers for the following sprinkler deflectors that are located less than 1 inch from the ceiling on March 24, 2006. The vendor stated delivery of sprinklers would be on or about May 15, 2006. We have attempted on many occasions to obtain a confirmation for delivery of these sprinkler heads, including 6/8/06, and have not received cooperation from the vendor to this end. Last verbal report for receipt of sprinklers is June 16, 2006.	6/23/06

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{K 056}	Continued From page 6 a. The dining room. b. The general storeroom.	{K 056}	a. The boiler room b. The restroom in resident room #301 c. Resident room #309 d. Resident room #311 e. Resident room #200 f. The closet in resident room #202 g. Resident room #210 h. The restroom in resident room #211 i. The 100 hall west bathroom 2. Facility had placed an order for replacement sprinkler deflectors on March 24, 2006 to replace the following sprinklers deflectors that are located more than 6 inches from the ceiling. The vendor stated delivery of sprinklers would be on or about May 15, 2006. We have attempted on many occasions to obtain a confirmation for delivery of these sprinkler heads, including 6/8/06, and have not received cooperation from the vendor to this end. Last verbal report for receipt of sprinklers is June 16, 2006.	6/15/06

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{K 056}	Continued From page 6 a. The dining room. b. The general storeroom.	{K 056}	a. The dining room b. The general storeroom	

Department of Health and Human Services
Centers For Medicare & Medicaid Services

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

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 CMS2567 (prefix codes shown to the left of each requirement on the survey report form).

Upload 53 — 107824

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item 6/23/06 B.	(Y5) Date
ID Prefix	Correction Completed 04/28/2006	ID Prefix	Correction Completed 04/28/2006	ID Prefix	Correction Completed 04/25/2006
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0025		LSC K0027		LSC K0029	
ID Prefix	Correction Completed 04/28/2006	ID Prefix	Correction Completed 04/28/2006	ID Prefix WAIVER	Correction Completed 05/01/2006
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0047		LSC K0050		LSC K0062	
ID Prefix	Correction Completed 04/28/2006	ID Prefix	Correction Completed 04/29/2006	ID Prefix	Correction Completed 04/28/2006
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0064		LSC K0147		LSC K0154	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	B	5/22/06			5/12/06
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on 03/21/2006

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