STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535031	A. BUILDING 01 - MAIN BUILDING 01 B. WING	05/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER HEALTHCARE & REHABILITATION CENTER	1002 FOREST DRIVE RIVERTON, WY 82501

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K 000	INITIAL COMMENTS 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. The facility was a fully sprinkled single story building with a basement of Type V (111) construction built in 1966 and 1984. The building was equipped with a supervised automatic wet sprinkler system and a zoned fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds with a census of 74.	K 000	This plan of correction is the Center's credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alle4ged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 5 smoke barrier walls was smoke resistant. The findings were: Observation of the smoke barrier wall near	K 025	K025 Unsealed cable penetrations in the attic portion of the wall near Resident room #7 will be filled with fire barrier sealant. All smoke barrier walls in the attic portion will be inspected to ensure all penetrations are sealed. Maintenance staff will be inserviced relating to inspecting all attic portions of smoke barrier walls being inspected. Maintenance Supervisor will audit the smoke barrier walls in the attic portion of the facility once per month for one month and at the quarterly inspection thereafter. Audit results will be taken	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ED — (X6) DATE: 6-15-12

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.

POC ACCEPTED W/ JOAN ANDRICH, ED, ON 6/26/12

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K 025	Continued From page 1 resident room #7 on 5/30/12 at 4:10 PM showed the attic portion of the wall had two unsealed cable penetrations. Further observation showed the largest gap measured 1 inch across. At the time of the observation the maintenance director could not explain why the holes had not been noticed and repaired during the quarterly inspection.	K 025	K025 continued: to the Quality Assurance Committee at least quarterly.	7.6.12
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 7 smoke compartments. The findings were: Observation of the laundry on 5/30/12 at 2:06 PM showed an unsealed pipe penetration behind the drier. Further observation showed the gap measured ½ inch across. At the time of the observation the maintenance director could not explain why the hole had not been noticed and repaired during the quarterly inspection.	K 029	K029 Observed unsealed pipe penetration behind the drier will be sealed with fire barrier sealant. All penetrations in the walls in the laundry area will be inspected to ensure all penetrations are sealed. Maintenance staff will be inserviced relating to inspecting all laundry portions of smoke barrier walls being inspected. Maintenance Supervisor will audit the smoke barrier walls in the laundry portion of the facility once per month for one month and at the quarterly inspection thereafter. Audit results will be taken to the Quality Assurance Committee at least quarterly. K038 The observed front door exit push button will be labeled with signage	7.6.12

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K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 9 exits doors did not require special knowledge to exit. The findings were: Observation of the front exit on 5/30/12 at 2:59 PM showed the horizontal sliding double doors were equipped with an automatic door opening device. Further observation showed the opening device did not operate with motion sensors, but a red button was required to be pushed which was located to the right of the door. The button was not identified in any way or obvious, so special knowledge was required to activate the release button. All staff members were aware of the push button. At the time of the observation the maintenance director reported he was unaware the release button was required to be obvious without special knowledge to operate. Reference NFPA 101, 2000 Edition, 19.2.2.2.4; 7.2.1.14 Horizontal Sliding Doors. Horizontal sliding doors shall be permitted in means of egress, provided that the following criteria are met: (1) The door is readily operable from either side without special knowledge or effort. (2) The force that, when applied to the operating	K 038	K038 continued: indicating the button must be pushed to open the door from inside the facility. As the observed door is the only such door in the facility, any future installation of similar doors will include signage regarding how to use the push button to open such doors. Staff will be inserviced relating to ensuring the signage is present on the exit. Maintenance Supervisor will complete audits relating to the signage being at the exit one time per week for one month and randomly thereafter. Audit results will be taken to the Quality Assurance Committee at least quarterly. K062 Sprinkler head in the alcove near Resident room #40 will be replaced. All sprinkler heads will be inspected to ensure no others are sprayed with foreign material.	7.6.12

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K 038	Continued From page 3 device in the direction of egress, is required to operate the door is not more than 15 lbf (67 N). (3) The force required to operate the door in the direction of door travel is not more than 30 lbf (133 N) to set the door in motion and is not more than 15 lbf (67 N) to close the door or open it to the minimum required width. (4) The door is operable with a force not more than 50 lbf (222 N) when a force of 250 lbf (1110 N) is applied perpendicularly to the door adjacent to the operating device, unless the door is an existing horizontal sliding exit access door serving an area with an occupant load of fewer than 50. (5) The door assembly complies with the fire protection rating and, where rated, is self-closing or automatic-closing by means of smoke detection in accordance with 7.2.1.8, and is installed in accordance with NFPA 80, Standard for Fire Doors and Fire Windows.	K 038	K062 continued: Maintenance staff will be inserviced relating to inspecting all sprinkler heads to ensure none are sprayed with foreign material. Maintenance Supervisor will audit sprinkler heads in facility for evidence of foreign material one time per month for one month and upon quarterly inspection thereafter. Audit results will be taken to the Quality Assurance Committee at least quarterly. K144 Load bank test will be redone by contractor using the correct two consecutive hours. All future load bank testing will be completed using two consecutive hours. Maintenance Supervisor will inservice the contractor relating to the appropriate times required. Maintenance Supervisor will audit the upcoming testing and yearly thereafter. Audit results will be taken to the	7.6.12
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: Based on observation and staff interview, the facility failed to ensure a sprinkler head sprayed with foreign material was replaced in 1 of 7 smoke compartments. The findings were: Observation of the corridor sprinkler head in the alcove near resident room #40 on 5/30/12 at 2:31	K 062		

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K 062	Continued From page 4 PM showed sheet rock texture had been sprayed on the head. At the time of the observation the maintenance director reported a sprinkler contractor reviews the sprinkler system annually to ensure heads were not painted, damaged or covered with foreign material. He could not explain why this head had not been noticed and replaced. Reference, NFPA 101, 2000 Edition, 19.3.5.1, 9.7.5, NFPA 25, 1998 Edition; 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged or loaded, or in the improper orientation.	K 062	K144 continued: Quality Assurance committee at least quarterly.	7.6.12
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a complete load bank test was performed on the emergency generator. The findings were:	K 144		

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K 144	Continued From page 5 Review of the emergency generator testing log showed the corridor lights were supplied with emergency power from the diesel generator. Further review showed the generator ran at 28% of the name plate during the monthly load tests. Review of the emergency generator testing records showed a load bank test was performed on 4/4/12. Further review showed the test was performed for one consecutive hour, not two hours as required. On 5/31/12 at 9:15 AM the maintenance director could not explain why the test had not been conducted for 2 consecutive hours. Reference, NFPA 101, 2000 Edition, 19.2.9.1, 7.9.2.3, NFPA 110, 1999 Edition; 6.4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating (2) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer 6.4.2.3* Diesel-powered EPS installations that do not meet the requirements of 6.4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.	K 144		