PRINTED: 08/08/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	560029	A. BUILDING _____ B. WING _____	07/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	715 OAK STREET 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
K 000	INITIAL COMMENTS	K 000		

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 sprinklered single story building of Type II (111) construction built in 1985. The building was equipped with a supervised automatic wet sprinkler system and fire alarm system.

K 012 SS=D — NFPA 101 LIFE SAFETY CODE STANDARD

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

This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all smoke barriers were maintained as a continuous membrane in 1 of 3 smoke compartments. The findings were:

Observation on 7/25/12 at 12:48 PM revealed a 3 ft x 1 ft ceiling panel in the staff dining area was dislodged from its supportive frame creating a gap between the aluminum frame and the panel. As a result, the sprinkler head escutcheon coming through the panel was not flush with the panel. Interview with the maintenance manager at the time of the observation confirmed this finding. The maintenance manager also stated the gap occurred when the attic air handlers came on, creating a difference in air pressure above and

K 012

The facility will meet this standard by assuring a tight fitting tile to frame, also a tight fit between sprinkler head escutcheon and tile. This standard will be K 012 maintained by monthly inspections by maintenance staff. Monitoring by QA/QI program

8/25/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris VanBeek — TITLE: Administrator — (X6) DATE: 08-16-12

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.

FORM CMS-2567(02-99) Previous Versions Obsolete — Event ID: EL2021 — Facility ID: WY0000 — If continuation sheet Page 1 of 4

approved without changes on 9/7/12 @ noon. Notified maint. mngr.

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	530029	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	713 OAK STREET SUNDANCE, WY 82729

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K 012	Continued From page 1 below the false ceiling. Reference: NFPA 101, Life Safety Code, 2000 edition, 19.1.6.4 Each exterior wall of frame construction and all interior stud partitions shall be firestopped to cut off all concealed draft openings, both horizontal and vertical, between any cellar or basement and the first floor. Such firestopping shall consist of wood not less than 2 in. (5 cm) (nominal) thick or shall be of noncombustible material. 19.3.6.2.2* Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012		
K 018 SS=D	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 19.3.6.3.8 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K 018 The facility will meet this standard by adjusting doors to close with less than 5 foot pounds. This standard will be maintained with monthly checks by maintenance staff. Monitoring by monthly QA/QI program.	8/15/12

8-16-12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535028	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	713 OAK STREET 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
K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 2 corridor doors were resistant to the passage of smoke in 1 of 9 smoke compartments. The findings were: Observation on 7/26/12 between 11 AM and 1:30 PM revealed the corridor doors to resident rooms #216 and #205 did not close completely in their frames unless force in excess of 5 foot pounds of pressure was applied. The maintenance manager verified these findings at the times of the observation. Reference: NFPA 101, Life Safety Code, 2000 edition, Section 19.3.6.3.2. (existing) 19.3.6.3.2 Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5lbf is applied at the latch edge of the door.	K 018		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical wiring in accordance with NFPA 70, National Electric Code, in 1 of 3 smoke compartments. The findings were: Observation on 7/25/12 between 11 AM and 1:30	K 147	K 147 The facility will meet this standard by replacing the broken outlet cover and removing the surge protector in the MDS office from another surge protector. This standard will be maintained by monthly inspections by maintenance staff. Monitoring through QA/QI program. 7/26/12	

JW 8-16-12

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	535020	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	713 OAK STREET SUNDANCE, WY 82729

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K 147	Continued From page 3 PM revealed a busted plastic cover on an electrical wall outlet in the resident dining room. In addition, a surge protector was plugged into another surge protector in the MDS coordinator's office. Several electric appliances were plugged into the distal protector. The maintenance manager acknowledged the findings at the time of the observation. Ref: 2000 NFPA 101 Section 19.5.1 (existing), section 9.1.2; Reference: NFPA 70, National Electrical Code, 1999 Edition.	K 147		

08-16-12