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

PRINTED: 10/08/2012
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
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/26/2012

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 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 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 of Type V (111) construction built in 1985. The building was equipped with a supervised automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 41.	K 000		
K 029 SS=E	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 5 smoke compartments. The findings were:	K 029	1. The laundry/housekeeping office door will have gasket added to minimize gapping of door and frame. Door will be racked to adjust fit with frame to minimize gasket needed before 10-15-2012. All doors will be added to a quarterly inspection to prevent further gaps. Any concerns will be corrected immediately and reported quarterly to the QA committee.	10-15-2012

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

Nancy — ADMINISTRATOR — 10/25/12

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.

BC ACCEPTED w/ MARK WAGSTAFF, DON, ON 10/29/12.

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10/29/12

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K 029	Continued From page 1 1. Observation of the housekeeping/laundry on 9/25/12 at 9:01 AM showed the corridor door had a ¾ inch gap between the door and latch side of the door frame. At the time of the observation, the director of maintenance could not explain why the door was not noticed and repaired during the quarterly inspection. 2. Observation of the laundry back drier room on 9/25/12 at 10:36 AM showed there were three unsealed pipe penetration. The largest gap measured 1 inch by 8 inches. At the time of the observation, the maintenance director reported this mechanical room was only inspected annually. He could not explain how long the drier pipe escutcheon rings had been out of place.	K 029	2. All current penetrations in laundry back dryer room will be filled and escutcheon rings properly placed. Laundry back dryer room will be placed on a monthly check to ensure no future occurrences. Any concerns will be addressed immediately and reported to the QA committee.	10-15-2012
K 046 SS=F	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 observation and staff interview, the facility failed to ensure the emergency generator was equipped with a remote emergency stop button. The findings were: Observation of the emergency corridor lights showed they were supplied with power from the emergency generator. Observation of the generator on 9/25/12 at 10:38 AM showed it was located inside in the electrical room. Further observation showed the generator was not equipped with an emergency stop button. At the time of the observation, the maintenance director reported he was unaware an emergency stop	K 046	Emergency stop button will be installed in main electrical room. Contact made with a contractor on 10-1-2012. Contractor will be on site on 10-8-2012 to inspect and prepare a proposal to install emergency stop button. Emergency stop button will be installed per regulations and guidelines, including plan approval letter submitted to State of WY.	11-9-2012

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K 046	Continued From page 2 button was required. Reference, NFPA 101, 2000 Edition, 19.2.9.1, 7.9.2.3, NFPA 110, 1999 Edition; 3-5.5.6 All Level 1 and Level 2 installations shall have a remote manual stop station of a type similar to the break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.	K 046		
K 050 SS=D	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 ensure fire drills were held at varying times on 1 of 3 shifts. The findings were: Review of the fire drill testing records showed the first shift occurred between 6 AM and 2 PM. Further review showed the past four drills on the first shift occurred between 10:33 AM and 11:29 AM. The drills were conducted on 9/30/11, 12/28/11, 2/29/12 and 6/30/12. On 9/25/12 at 12:02 PM the director of maintenance reported he	K 050	As of 10-1-2012, Fire drills will be monitored by maintenance director to ensure the times and days are rotated to be random. Drills will be held a minimum of 2 hours apart on each shift and at least 5 days apart. Fire drills will be reported on at QA meeting every quarter.	10-1-2012

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10/24/12

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K 050	Continued From page 3 was unaware drills were supposed to be conducted at varying times. He was also unaware the drills should occur at varying days throughout the month.	K 050		
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, record review and staff interview, the facility failed to ensure 1 of 8 fire alarm system tests were conducted. The findings were: Review of the fire alarm system testing records showed the smoke dampers had not been tested in the past year. On 9/25/12 at 12:02 PM the director of maintenance could not explain why the fire alarm contractor had not tested the smoke dampers. Observation of the attic smoke barriers on 9/25/12 at 1:10 PM showed all four barrier walls were equipped with two smoke dampers for a total of eight dampers. Reference, NFPA 101, 2000 Edition, 19.5.2.1;	K 052	Smoke dampers will be tested by fire alarm contractor as part of the annual inspection. Maintenance director will verify that the inspection has taken place prior to signing off contractors inspection sheet. Fire alarm contractor will be called into the building to perform the inspection no later than 11-9-12 and will include the inspection on the annual inspection to be done in August of each following year.	11-9-2012

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K 052	Continued From page 4 9.2.1, NFPA 90A, 1999 Edition; 4-4.1 All Automatic shutdown devices shall be tested at least annually.	K 052		
K 062 SS=D	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 escutcheons were maintained in 1 of 5 smoke compartments and failed to ensure sprinklers were unobstructed in 1 of 5 smoke compartments. The findings were: 1. Observation of the conference room on 9/25/12 at 10:20 AM showed a ½ inch gap between the escutcheon ring and ceiling. At the time of the observation, the director of maintenance could not explain why the escutcheon ring had not been notice and repaired during the annual inspection. 2. Observation of the activity storeroom on 9/25/12 at 10:31 AM showed the sprinkler head was obstructed by the ceiling mounted light. The light was located 12 inches from and 3 inches below the sprinkler deflector. At the time of the observation, the director of maintenance could not explain why the sprinkler head had not been noticed and modified during the annual inspection.	K 062	1. The conference room escutcheons will be replaced and filled to close the gap on the sprinklers by 10-15-2012. All rooms will be put on a quarterly inspection to ensure compliance in all areas of the building. Any gaps will be immediately filled. Concerns found will be reported to the QA committee. First inspection to be done prior to 10-15-2012. 2. Ceiling mounted light in activity storage closet located in North shower room will be moved to avoid obstruction of the sprinkler head by 10-31-2012.	10-31-2012

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K 062	Continued From page 5 Reference, NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 3-2.7.2 Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (Standard Spray Upright/Standard Spray Pendent) Distance from sprinkler to side of obstruction — Maximum allowable distance from deflector above bottom of obstruction Less than 1 ft ..... 0 1 ft to less than 1 ft 6 in. ..... 2 ½ 1 ft 6 in. to less than 2 ft ..... 3 ½ 2 ft to less than 2 ft 6 in. ..... 5 ½ 2 ft 6 in. to less than 3 ft ..... 7 ½ 3 ft to less than 3 ft 6 in ..... 9 ½ 3 ft 6 in. to less than 4 ft ..... 12 4 ft to less than 4 ft 6 in. 14	K 062	An inspection will be conducted on all areas of the building to ensure no other areas have the same issue. Any lights found to be closer than 12 inches from a sprinkler deflector will be moved. Concerns will be reported to the QA committee.	
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076	Electrical contractor was contacted on 10-3-2012 to move the light switch to the 60" level. The Contractor will also remove the electrical outlet and properly cap the wires and box.	11-9-2012

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K 076	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the oxygen storeroom's electrical equipment was properly installed. The findings were: Observation of the oxygen storeroom on 9/25/12 at 9:45 AM showed the electrical outlet was 16 inches above the floor. Further observation showed the light switch was 48 inches above the floor. At the time of the observation, the director of maintenance was unaware all electrical outlets and switches are required to be 60 inches (5 ft) above the floor. Reference, NFPA 101, 2000 Edition, 19.3.2.4, NFPA 99, 1999 Edition; 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement), (a) Nonflammable Gases (any Quantity, In-storage, Connected, or Both) 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electrical wall fixtures, switches and receptacles shall be installed in fixed locations not less than 5 ft above the floor as a precaution against their physical damage.	K 076		
K 141 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.	K 141	No smoking placards on all resident rooms will be flipped to show the "no smoking" sign on 10-8-2012.	10-10-2012

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K 141	Continued From page 7 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure rooms with oxygen in use were posted with "No Smoking" signs in 1 of 5 smoke compartments. The findings were: Observation on 9/25/12 between 10 AM and 10:30 AM showed resident room #208 and #210 had oxygen in use and the corridor doors were not posted with "No Smoking" signs. Further observation showed every rooms name plate had a "No Smoking" placard that was flipped. On 9/25/12 at 10:05 AM, the director of maintenance could not explain when or why the "No Smoking" signs were flipped. He also reported this issue was reviewed and maintained by the nursing staff.	K 141	A monthly inspection will be held to verify that no signage is missing or damaged. Any concerns will be reported to the QA committee	
K 147 SS=E	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 ensure damaged electrical equipment was replaced and failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 5 smoke compartments. The findings were: 1. Observation of the electrical room on 9/25/12 at 9:22 AM showed the telephone master switch was plugged into a surge protector into a battery backup surge protector into another surge protector. At the time of the observation, the	K 147	Telephone master switch will be plugged into a single battery backup surge protector on 10-9-2012. Inspections will be completed upon completion of any contract work to ensure items are plugged in correctly. Any concerns will be reported to the QA committee. All other surge protectors will be removed from the electrical room.	10-15-2012

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K 147	Continued From page 8 director of maintenance reported this equipment was maintained by the phone company personnel. He confirmed that he did not review the telephone electrical equipment. 2. Observation of resident room #202 on 9/25/12 at 9:56 AM showed the oxygen concentrator power cord was damaged at the plug with interior wires exposed. At the time of the observation the director of maintenance could not explain why the cord had not been noticed and replaced during the monthly inspection. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 90-7 Examination of Equipment for Safety. ...It is the intent of this Code that factory-installed internal wiring or the construction of equipment need not be inspected at the time of installation of the equipment, except to detect alterations of damage ... 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147	2. Oxygen concentrator RMC #19 was replaced in resident room 202 on 9-26-2012 with another concentrator, and will be removed from building on 10-9-2012. A monthly inspection by the maintenance staff will verify all electrical wiring on oxygen concentrators is in good condition. Any concerns will be addressed immediately and reported to the QA committee.	

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Fax Cover Sheet

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To: Jason Jensen

Date: 10-25-12

Fax Number: 777-7127

From: NANCY BUNDT

Message: REVISED POC

# of pages (including this cover sheet): 10

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