STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING _____ B. WING _____	C 11/16/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANYON HILLS MANOR	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

(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
F 454 SS=F	483.70 PHYSICAL ENVIRONMENT The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. This REQUIREMENT is not met as evidenced by: Based upon observation and staff interview, the facility failed to maintain the delayed egress locks on the front door of the facility in working order. Findings were: Observation on 11/16/06 at 10:45 PM revealed the charge nurse allowed the surveyor access into the facility after keying in the release code for the door. The director of nursing (DON) also entered the facility at this time. Further observation revealed the front egress doors swing outwards. The doors were immediately tested without entering the release code. After approximately 15 seconds, the release mechanism on the right front door released and exit was allowed. However, the left side of the double door never released. Life Safety Code 2000 Edition section 7.2.1.6.1 requires that "an irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (foot pounds) nor be required to be continuously applied for more that 3 seconds." The Administrator and DON both stated that the door on the left side of the entryway should also have opened within 15 seconds. The administrator immediately called the facility maintenance supervisor to come in and fix the problem.	F 454	The facility strives to maintain the safety of resident, personnel and the public. See attachments dated 11-19-06 In addition to plan of correction dated 11-19-06, Maintenance Supervisor has reset the automatic timer to allow visitors extra time before door is locked. A sign has been posted to inform visitors to ring the door bell and not pull on the door to try to get it to release. Maintenance Supervisor will monitor daily and repair as needed. Staff was inserviced on ringing door bell as opposed to pulling on door on 11/22/06 Quality Assurance Committee to monitor,.	12/8/06

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

Dan Miller — N/A — 12/4/06 — 12/11/06

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.