PRINTED: 02/12/2013
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
	535038	A. BUILDING _____ B. WING _____ MAIN BUILDING 01	01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - RAWLINS	542 16TH STREET RAWLINS, WY 82301

(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 the 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 (NFPA). The facility was a fully sprinklered single story building with a basement of Type V [111] construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system with two anti-freeze branches under the exterior canopies and a zoned fire alarm system. Building capacity is 62, Census is 56.	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 or agreement by the provider of the truth of the facts alleged 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 provisions of federal and state law.*	
K 052 88=E	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 post a certificate indicating the facility fire alarm system complied with current life safety code. The findings were:	K 052	**K-052 NFPA 101 LIFE SAFETY CODE STANDARD** The Maintenance Director has displayed the Certificate of Compliance on the wall next to the fire alarm system panel on 2/3/2013 in compliance with NFPA 70 and 72 National Electrical Code. The Maintenance Director will test and maintain the fire alarm system in accordance with NFPA 72 National Fire Alarm Code and ensure the Certificate of Compliance is displayed per code. The Maintenance Director will report any non-compliance of the fire alarm system to the Executive Director for immediate corrective actions and report these actions	3/17/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tony Sanchez — TITLE: Exec. Dir. — (X6) DATE: 3/17/13

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.

Approved on 3/7/13 @ 11 AM.
So notified Administrator. No changes needed.

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	535039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - RAWLINS	542 11TH STREET RAWLINS, WY 82301

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K 062	Continued From page 1 Observation on 1/30/13 at 12:00 PM revealed the fire alarm annunciator panel located on the wall directly opposite the main nurses station. A certificate of compliance was not posted on the wall near the panel. Record review revealed an annual inspection of the fire alarm system was conducted by API Inc. on 11/26/12 however, there was no certificate of compliance in the record. Interview with the maintenance manager on 1/30/13 at 3:00 PM revealed he was not aware a certificate was required to be posted near the control panel. Reference: NFPA 101, Life Safety Code, 2000 edition. 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code, 1999 edition, 5-2.2.3.1.1 Fire alarm systems providing services that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component.	K 062	to the Performance Improvement Committee at the monthly meeting.	
K 070 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8	K 070	K-070 NFPA 101 LIFE SAFETY CODE STANDARD The Maintenance Director removed the portable space heater in Rm #13 in the presence of the Life Safety Surveyor on 1/30/2013. The Maintenance Director or Designee	3/1/13

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	536036	A. BUILDING 01 - MAIN BUILDING 01 B. WING	01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - RAWLINS	542 16TH STREET RAWLINS, WY 82301

(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 070	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, staff and resident interview the facility failed to ensure a portable space heater was not in use in 1 of 5 smoke compartments. The findings were: Observation on 1/30/13 at 12:30 PM revealed a portable space heater plugged into an electric outlet in resident room #16. Interview with the maintenance manager at that time confirmed the presence of the space heater in the room. Reference: NFPA 101, Life Safety Code, 2000 edition. Chapter 19, Existing Health Care Occupancies, Section 19.7.8, Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies.	K 070	will make daily rounds of all the smoke compartments for compliance with NFPA 101 Life Safety Code concerning portable space heating devices in health care occupancies. The Maintenance Director will remove all devices that are non-compliant with the Code immediately and report the non-compliance to the Executive Director for corrective actions. The Maintenance Director will report any non-compliance and the corrective actions to the Monthly PI meeting for any further actions if necessary.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA70, 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 facility electric wiring was in compliance with the National Electric Code in 3 of 5 smoke compartments. The findings were: Observation on 1/30/13 between 11:45 AM and 12:46 PM revealed the following concerns: a) an extension cord was observed in resident room #26. An electrical appliance (radio) was plugged into the cord. b) Two wall recessed electrical boxes did not have protective covers in resident room #38 and in the laundry room. c) An	K 147	K-147 NFPA 101 LIFE SAFETY CODE STANDARD The Maintenance Director removed the extension cord in resident room #26 while in the presence of the Life Safety Surveyor on 1/30/2013. The two wall boxes in rooms #38 and Laundry Room had new covers put on by the Maintenance Director on 2/1/2013. The electrical box at the fire suppression sprinkler system had a protective covering put on by the Maintenance Director on 2/1/2013. The Maintenance Director or Designee will make daily rounds of the smoke	3/1/13

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	536036	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - RAWLINS	942 16TH STREET RAWLINS, WY 82301

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K 147	Continued From page 3 electrical box at the fire suppression sprinkler system (riser) also failed to have a protective covering exposing several wires. Interview with the maintenance manager at the times of the observations confirmed the above findings. Reference: NFPA 101, Life Safety Code, 2000 edition. Section 9.1.2 Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code.	K 147	compartments for compliance with NFPA 70, National Electric Code. The Maintenance Director or Designee will correct any non-compliance to NFPA 70, National Electric Code immediately and report the non-compliance to the Executive Director for corrective actions if necessary. The Maintenance Director will report any non-compliance and the corrective actions to the Monthly PI meeting for any further actions if necessary.	