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 _____	07/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - WIND RIVER	1002 FOREST DRIVE RIVERTON, WY 82501

(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 (NFPA). The facility was a fully sprinkled, single story building of Type V (111) construction built in 1966. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system.	K 000	This plan of correction is the Facility'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 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 provision of Federal and State law.	
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 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K018 The facility will ensure corridor doors are resistant to the passage of smoke. This will be accomplished by: Resident rooms #3, #4, and #28 corridor doors will close completely in their frames as the privacy curtains at the foot of the Residents' beds will held away from the framing. Resident room #44 corridor door will be fitted to the frame to allow closure with 5 foot-pounds or less pressure applied. All corridor doors could be affected. The Maintenance Director will observe each corridor door to ensure each	9.01.13

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

EXECUTIVE DIRECTOR 8-10-13

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.

Received
Dept of Health

ACCEPTED W/ COMMENTS, ED, DN 8/2/13

Received
AUG 1 0 2013
Healthcare Licensing and Surveys

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - WIND RIVER	1002 FOREST DRIVE RIVERTON, WY 82501

8/21/13

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure four corridor doors were resistant to the passage of smoke in 2 of 7 smoke compartments. The findings were: Observations on 7/17/13 between 11:30 AM and 2:00 PM revealed three doors to resident rooms #3, #4 and #28 did not close completely in their frames because privacy curtains at the foot of the resident's beds interfered with the closure. In addition, the door to resident room #44 did not close completely in its frame unless a force in excess of 5 foot-pounds was applied. The maintenance manager verified these findings at the times of the observations. 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	K018 cont'd: provides a resistant to the passage of smoke. The Maintenance Director will educate all staff relating to the corridor doors being required to close in a manner to prevent the passage of smoke. A quality improvement monitoring tool will be implemented by the Maintenance Director to ensure corridor doors provide a resistant to the passage of smoke. This monitoring will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	K 027	K027 The facility will ensure smoke barrier doors are resistant to the passage of smoke. This will be accomplished by: The smoke barrier doors by the kitchen as well as the smoke barrier doors by the front nurses station will close completely upon magnetic door release. All smoke barrier doors could be affected. The Maintenance Director will observe all smoke barrier doors to ensure each door closes completely upon magnetic door release.	9.01.13

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KINDRED NURSING AND REHABILITATION - WIND RIVER	1002 FOREST DRIVE RIVERTON, WY 82501

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K 027	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 2 of 5 smoke barrier doors were resistant to the passage of smoke. The findings were: Observations on 7/17/13 between 11:30 AM and 2:00 PM revealed upon magnetic door release, the smoke barrier doors by the kitchen as well as the smoke barrier doors by the front nurses station did not close completely upon three separate attempts. The maintenance manager confirmed the finding at the time of the observations. Reference: NFPA 101, Life Safety Code, 2000 edition. 19.3.7.6 Doors in smoke barriers shall comply with 8.3.4 and shall be self closing or automatic closing in accordance with 19.2.2.2.6. 8.3.4.1 Doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation and shall be without undercuts, louvers, or grilles.	K 027	K027 cont'd: The Maintenance Director will educate staff relating to observing that each smoke barrier door will close completely upon magnetic release. A quality improvement monitoring tool will be implemented by the Maintenance Director to ensure all smoke barrier doors close completely upon magnetic door release. This monitoring will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	
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	K 029	K029 The facility will ensure that hazardous areas are separated from patient use areas. This will be accomplished by: a. The door to the kitchen washroom will be adjusted so that K029 cont'd: it will close in the frame of the door. b. The door to the soiled utility room by the back nurses station opposite Resident room #35 will have a self closure device attached to the door. The Maintenance Director will observe all doors separating hazardous areas	9.01.13

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K-029	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure two hazardous areas were separated from patient use areas in 2 of 7 smoke compartments. The findings were: Observation on 7/17/13 between 11:30 AM and 2:00 PM revealed the following concerns. a. The door to the kitchen washroom had a self closure device attached. However, the door did not close in its frame during three attempts. b. The door to the soiled utility room by the back nurse's station opposite resident room #35 did not have a self closure devices attached to the door. c. The maintenance manager confirmed the findings at the time of the observations. Ref: 2000 NFPA 101 Section 18.3.2.1, 8.4.1.2, 8.2.4.3.5 18.3.2.1 Hazardous Areas. Any hazardous area shall be protected in accordance with Section 8.4. 8.4.1.2 In new construction, where protection is provided with automatic extinguishing systems without fire-resistive separation, the space protected shall be enclosed with smoke partitions in accordance with 8.2.4. 8.2.4.3.5 Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. 7.2.1.8.1 Self Closing Devices. A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic closing in accordance with 7.2.1.8.2.	K-029	K029 cont'd: from Resident use areas to ensure they have the appropriate closure device and that they close in the door frames. The Maintenance Director will educate staff to observe all doors separating hazardous areas from Resident use areas close in the door frames. Any doors that do not close in the frames will be reported to the Maintenance Director. A quality Improvement monitoring tool will be implemented by the Maintenance Director to ensure all doors separating hazardous areas from Resident use areas close in the door frames. This monitor will be completely monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance	K 147	K147 The facility will ensure electrical wiring is in compliance with the National Electric Code. a. The electric outlet located directly under the kitchen since will be ground fault circuit interrupter (GFCI) protected. b. The GFCI electrical cover plate in the laundry room will be replaced.	9.01.13

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

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K 147	Continued From page 4 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 electrical wiring was in compliance with the National Electric Code in 2 of 7 smoke compartments. The findings were: Observation on 7/17/13 between 11:30 AM and 2:00 PM revealed the following concerns: a. An electrical outlet was located directly under the kitchen sink. The outlet was not ground fault circuit interrupter (GFCI) protected. b. A GFCI electrical cover plate was damaged in the laundry room. c. An electrical outlet box was loosely imbedded in the concrete wall in the laundry room exposing several wires. An electrical fan was plugged into the outlet. d. Interview with the maintenance manager at the time of the observations confirmed the findings. Reference: NFPA 101, Life Safety Code, 2000 edition, 19.6.1; NFPA 70 1999 Edition. Section 9.1.2 Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground fault circuit interrupter protection for personnel if interruption or power under fault conditions can be tolerated, or be served by an isolated power system if such interruption cannot be tolerated.	K 147	K147 cont'd: c. The electrical outlet box in the concrete wall in the laundry room will be repaired to ensure no wires are exposed. The electric fan will be removed. All electrical outlet in the facility could be affected. The Maintenance Director will observe electrical outlets to ensure they are in good repair and meet the National Electric Code. The Maintenance Director will educate staff to observe electrical outlets to ensure they are in good repair. Any electrical outlet not in good repair will be reported to the Maintenance Director for repair. A quality improvement monitoring tool will be implemented by the Maintenance Director to ensure Electrical outlets are in good repair and meet the National Electric Code. This monitoring will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	