STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/20/2013

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 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 sprinklered, single story building of Type II (111) construction built in 1985. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 32 certified Medicare and Medicaid beds with a census of 21 residents.	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the smoke barrier wall was smoke resistant. The findings were: Observation of the smoke barrier wall on 8/20/13	K 025	K025 The facility will meet this standard by sealing the cable penetrations. This standard will be maintained through monthly inspections by maintenance personnel. Monitoring by QAPI program	9/13/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jan VanBeek
TITLE: CEO/Administrator
(X6) DATE: 9-16-13

POC ACCEPTED on 9/24/13 w/ Jan VanBeek, CEO

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K 025	Continued From page 1 at 8:25 AM showed there were two unsealed cable penetrations. The largest gap measured ½ inch across. At the time of the observation the maintenance supervisor could not explain why the penetrations were not observed and repaired during the annual inspection.	K 025		
K 048 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on policy review and staff interview, the facility failed to ensure the fire policy addressed 3 of 8 required actions. The findings were: Review of the fire policy showed the use of a "code phrase" was not addressed. The policy did not address the preparation of the floors and the building for evacuation and did not address the evacuation of the smoke compartment. On 8/19/13 at 5:26 PM, the assistant director of nurses reported she was not aware residents were required to be evacuated out of the smoke compartment of fire origin if not separated by a fire barrier such as resident room corridor walls or smoke barriers. She also reported that she assumed the code phrase and the clearing of corridors preparing for evacuation was addressed in the fire policy. Reference NFPA 101, 2000 Edition; 19.7.1.1 The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan	K 048	K048 The facility will meet this standard by rewriting the fire policy to address "code phase", preparation of floors and building for evacuation as well as smoke compartment. This standard will be maintained by staff trainings, quarterly per shift fire drills, also yearly policy reviews by Admin. and dept. managers. Monitoring by QAPI program. 9-16-13	9/3/13

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K 048	Continued From page 2 for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center. The provisions of 19.7.1.2 through 19.7.2.3 shall apply.	K 048		
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	K 052	K052 The facility will meet this standard with semi-annual load voltage test performed by maintenance staff and annual charge and discharge testing by Rocky Mountain Fire & Safety. Monitoring by QAPI program	8/27/13
	This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure 1 of 7 fire alarm system components was tested. The findings were: Review of the fire alarm system testing records showed the fire alarm system was last tested on 8/22/12. Further review showed the fire alarm panel emergency batteries semi-annual load voltage test had not been performed in the past			

9-16-13

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K 052	Continued From page 3 six months. On 8/20/13 at 10:15 AM, the maintenance supervisor reported he was unaware of the aforementioned testing requirement. Reference NFPA 101, 2000 Edition, 19.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition; Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 1. Charge Test,.....annually (Replace batteries every 4 years.), 2. Discharge Test (30 minutes) ... ...annually 3. Load Voltage Test, ...semi-annually	K 052		
K 062 SS=E	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 sprinkler heads were properly maintained in 1 of 2 smoke compartments. The findings were: Observation of the kitchen dish washing room on 8/20/13 at 8:15 AM showed the two sprinkler heads were quick response heads. Further observation showed the six sprinkler heads in the rest of the kitchen were standard response heads. The different activation types could delay the activation of the heads. At the time of the	K 062	K062 The facility will meet this standard by replacing standard response heads in the same compartment with quick response heads. This standard will be maintained by quarterly inspections performed by maintenance staff. Monitoring by QAPI program. 9-16-13	8/26/13

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K 062	Continued From page 4 observation, the maintenance supervisor reported he was unaware all sprinkler heads were required to have the same activation type when in the same compartmented space. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.	K 062		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the kitchen hood ventilation duct work was cleaned on a semi-annual basis. The findings were: Review of the kitchen hood testing records showed the semi-annual cleaning of the ventilation duct work was last conducted on 1/23/13, more than six months ago. On 8/20/13 at 10:15 AM the maintenance supervisor could not explain why the cleaning had not been performed within six months of the last service. Further review showed the next cleaning had not been scheduled at the time of the survey. Reference NFPA 101, 2000 Edition, 19.3.2.6, 9.2.3, NFPA 96, 1999 Edition; 8-3 Cleaning 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned	K 069	K069 The facility will meet this standard with semi-annual cleaning of kitchen hood and ventilation duct work. This standard will be maintained with quarterly review of cleaning records, review done by maintenance staff, cleaning done by Diamond D Pressure Washing. Monitoring by QAPI program. 9-16-13	9/3/13

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K 069	Continued From page 5 to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease and oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder of other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1 Table 8-3.1 Exhaust system Inspection Schedule Type or Volume of Cooking Frequency Systems serving high-volume cooking Quarterly operations such as 24-hour cooking, Systems serving moderate-volume cooking Semi-annually 8-3.1.1 Upon inspection, if found to be contaminated with deposits from grease-laden vapors, the entire exhaust system shall be cleaned by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Section 8-3.	K 069		
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 ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 2	K 147	JMB 9-16-13	

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K 147	Continued From page 6 smoke compartments. The findings were: 1. Observation of resident room #201 on 8/19/13 at 5:43 PM showed the fan and radio were plugged into 6-way electrical power taps. At the time of the observation, the chief executive officer reported she was unaware there was a difference between power taps and surge protectors. Power taps are not designed to protect electronic equipment from power surges and are effectively extension cords. 2. Observation of the business office on 8/20/13 at 7:02 AM showed a computer was plugged into two surge protectors in-line. At the time of the observation, the maintenance supervisor reported he did not routinely inspected the business office electrical system. 3. Observation of resident room #217 on 8/20/13 at 7:47 AM showed the oxygen concentrator was plugged into a 6-way power tap. Reference NFPA 101, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 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	K147 The facility will meet this standard by removing all power taps and replacing with surge protectors, being alert to any surge protector plugged into another surge protector and avoiding this. This standard will be maintained by monthly inspections by maintenance staff. Monitoring by QAPI program. 9-16-13	9/13/13