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

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	10/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

(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 sprinklered, single story building of Type V (111) construction built in 1987. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 59 certified Medicare and Medicaid beds with a census of 55 residents.	K 000		
K 039 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure egress corridors were unobstructed in 1 of 6 smoke compartments. The findings were: Observation on 10/2/13 at 4:05 PM showed the northeast exit corridor near the nurses' station was obstructed by four vitals towers. The carts reduced the corridor width to 18 inches. At the time of the observation, the maintenance director could not explain why the towers were stored in the corridor. The director of nurses could not explain why the towers were stored in the	K 039	Reference Tag K 039 Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 The vitals carts were removed from the northeast exit corridor near the nurses' station. A sign has been placed in the corridor to indicate that the corridor should not be used as storage and clear at all times. The Maintenance Supervisor has changed the maintenance task list included in the (CMS) computerized maintenance system, that will generate a PM work order on a monthly basis. All monthly PM work orders, pertaining to Life Safety are monitored at 100% completion. All deficiencies pertaining to Life Safety, will be reported to the Safety Committee on a quarterly basis.	~~11/30/13~~ 11/01/13

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

[signature] NHA, RN, RSN 10/24/13

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.

POC MODIFIED & ACCEPTED W/ BOBBI JO DODD, NHA, DN 10/29/13.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

10/29/13

(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 039	Continued From page 1 corridor, when interviewed at the time of the observation.	K 039		
K 052 SS=D	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 and facility staff interview, the facility failed to ensure manual fire alarm pull stations were unobstructed in 1 of 6 smoke compartments. The findings were: Observation on 10/2/13 at 4:07 PM showed the manual fire alarm pull station near the nurses' station was obstructed by a recliner. At the time of the observation, the maintenance director could not explain why the recliner was moved in front of the pull station. He could not explain why the recliner was not noticed and removed during the monthly safety inspections.	K 052	Reference Tag K 052 The manual file alarm pull station was obstructed by a recliner near the nurses' station. A sign has been placed at this location to indicate that manual pull stations should be kept clear at all times. The recliner was immediately removed. The Maintenance Supervisor has changed the maintenance task list included in the (CMS) computerized maintenance system, that will generate a PM work order on a monthly basis. All monthly PM work orders, pertaining to Life Safety are monitored at 100% completion. All deficiencies pertaining to Life Safety, will be reported to the Safety Committee on a quarterly basis.	~~11/30/13~~ 11/01/13