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

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PRINTED: 11/22/2013
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 ___	11/06/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE - EVANSTON	476 YELLOW CREEK ROAD EVANSTON, WY 82930

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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 V (111) construction built in 1985. The building was equipped with a supervised, automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 39.	K 000		
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 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 5 smoke compartments. The findings were:	K 029	K 029 The unsealed penetrations in the electrical room were filled on 11-14-2013. Electrical room inspections will be changed from a monthly basis to a bi-weekly inspection for the next 6 months to ensure continued compliance. Maintenance staff will also inspect any areas where outside contractors have completed service to ensure no penetrations are left unfilled. Any issues will be discussed with QA committee.	11-30-2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE ADMINISTRATOR (X6) DATE 12/3/13

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/ Anson Barrett, Maintenance Director, on 12/11/13.

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K 029	Continued From page 1 Observation of the electrical room on 11/06/13 at 9:09 AM showed three unsealed wall penetrations. The largest gap measured ½ inch across. At the time of the observation, the maintenance supervisor could not explain why the penetrations had not been noticed and repaired during the monthly safety inspections.	K 029		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to maintain means of egress components in 2 of 5 smoke compartments. The findings were: 1. Observation of the activities room on 11/06/13 at 9:19 AM showed an 8 inch by 36 inch section of tiles were missing from in front of the exterior door. The missing tiles caused a ½ inch elevation change, which could cause a trip hazard. At the time of the observation, the maintenance supervisor reported the tiles had been removed more than one month ago. He also reported the tiles were not replaced because this was a reoccurring issue and he was looking for a permanent fix rather than just replacing damaged tiles. 2. Observation of the 200 hall exit discharge pathway on 11/06/13 at 9:41 AM showed the	K 038	K 038 1. Tiles in the activity room will be replace in an area of 16"x69". The floor below will be repaired with an appropriate floor leveler. The floor condition will again be reported to the QA committee and management office to find a more permanent solution. All areas that constitute an exit path will be added to monthly safety inspections and will be checked to ensure no trip hazard is present. 2. All Maintenance staff was inserviced on 11-25-2013 on the procedure for removal of snow accumulations. The procedure was updated to include a map and outline to show the order of priority for snow removal which included all exits as a priority. Maintenance staff will remove all snow accumulations from all the exits to the building as soon as is possible after a snow storm.	~~12-31-2013~~ 12/20/13

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K 038	Continued From page 2 sidewalk was covered with snow ½ inch deep. The last snow storm was two days earlier. At the time of the observation the maintenance supervisor could not explain why the snow was not removed after the storm ended. NFPA 101, 2000 Edition, 19.2.1; 7.1.6.2 Changes in Elevation. Abrupt changes in elevation of walking surfaces shall not exceed 1/4 in. (0.6 cm). Changes in elevation exceeding 1/4 in. (0.6 cm), but not exceeding 1/2 in. (1.3 cm), shall be beveled 1 to 2. Changes in elevation exceeding 1/2 in. (1.3 cm) shall be considered a change in level and shall be subject to the requirements of 7.1.7. 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. A.7.1.10.1 A proper means of egress allows unobstructed travel at all times. Any type of barrier including, but not limited to, the accumulations of snow and ice in those climates subject to such accumulations is an impediment to free movement in the means of egress.	K 038	K 062 1. Contact was made with Delta Fire, the contractor who services our fire suppression system, to set up a service trip to replace the fire sprinkler head in resident room 207. A service appointment for 12-10-2013 has been set up at which time the head will be replaced 2. Contact was made with Delta Fire, the contractor who services our fire suppression system, to set up a service trip to replace the fire sprinkler head in resident rooms 102, and 107. A service appointment has been set up for 12-10-2013 to replace the sprinkler heads. An inspection of all fire sprinkler heads will be conducted prior to the contractor performing his work to ensure no other heads need to be replace. Any heads found in need of replacement will also be replaced at this time.	~~12-31-2013~~ 12/20/13
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 facility staff interview, the facility failed to ensure sprinkler heads	K 062		

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K 062	Continued From page 3 corroded or covered with foreign material were replaced in 2 of 5 smoke compartments. The findings were: 1. Observation of resident room #207 on 11/06/13 at 9:47 AM showed one of the two sprinkler heads was corroded. At the time of the observation, the maintenance supervisor could not explain why the head had not been noticed and replaced during the annual inspection conducted on 7/01/13. 2. Observation of the sprinkler system on 11/06/13 between 9:30 AM and 10:30 AM showed one sprinkler head in resident room #102 and one head in #107 were sprayed with drywall texture. On 11/06/13 at 9:57 AM, the maintenance supervisor could not explain why the heads were not replaced after they were sprayed during room remodels. Reference NFPA 101, 2000 Edition, 19.3.6.1, 9.7.5, NFPA 25, 1999 Edition; 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged or loaded, or in the improper orientation.	K 062	The maintenance staff was in-serviced on 11-25-2013 about the inspection process for the fire sprinklers and a monthly inspection has been added to our preventative maintenance system to ensure the sprinkler system inspection is happening and documented properly. An inspection will also be done following any water flow events in the system to ensure any heads with potential corrosion are located and replaced as quickly as possible. The procedure for room remodels was updated to include proper taping of fire sprinklers prior to use of paint and texture to ensure no future occurrences of this issue. Any further needs will be discussed with the QA committee monthly.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than	K 076		

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K 076	Continued From page 4 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure oxygen cylinders were restrained in 1 of 5 smoke compartments. The findings were: Observation of the oxygen storeroom on 11/06/13 at 9:33 AM showed one "E" size oxygen cylinder was not restrained. At the time of the observation, the maintenance supervisor could not explain why the cylinder was not placed in a holding rack. Reference NFPA 101, 2000 Edition, 19.3.2.4, NFPA 99, 1999 Edition; 4-3.5.2.1 (b) 27. Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.	K 076	K 076 All staff will be in-serviced on the proper storage of oxygen "e" tanks on 12-13-2013. Signage will be placed in oxygen storage room as a reminder that no tanks are to be stored on the floor. Six new e tank carts were ordered on 11-18-2013 and put into service by the maintenance department on 11-21-2013 to provide extra storage locations. Stationary e tank racks will also be purchased and put into the oxygen storage room to provide overflow storage for tanks. Maintenance staff will perform daily spot checks to ensure proper storage of e tanks. E tank storage will also be discussed in both of the annual maintenance in-services to ensure continued reminders to staff. General orientation "fire plan" was updated on 11-25-2013 to include information about e tank storage and hazards associated with improper storage of e tanks.	~~12-31-2013~~ 12/20/13
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 facility staff interview, the facility failed to ensure temporary electrical	K 147		

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K 147	Continued From page 5 wiring did not replace permanent fixed wiring in 1 of 5 smoke compartments. The findings were: Observation of resident room #308 on 11/06/13 at 9:26 AM showed a lamp was plugged into an extension cord. At the time of the observation, the maintenance supervisor could not explain why the extension cord had not been noticed and replaced during the monthly safety inspections. Reference NFPA 101, 2000 Edition, 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	K 147 Extension cord in room 308 was removed by maintenance director on 11-11-2013. An inspection of the building was done on 11-15-2013 to look for any other extension type cords and any found were removed. This inspection will be repeated on a bi-weekly rotation over the next six months. A system was also put in place with the housekeeping staff to incentivize them to look for potential issues and report them to the maintenance director. Any further problems will be discussed with the QA committee at the monthly meeting.	11-15-2013