DEPARTMENT OF HEALTH AND HUMA. 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
	535013	A. BUILDING Office MAIN BUILDING 01 Licensing and Surveys B. WING _____	11/04/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN TOWERS HEALTHCARE	3128 BOXELDER DRIVE CHEYENNE, WY 82001

(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 three story building of Type II (222) construction built in 1972. 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 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-012: The Maintenance Director or designee will seal the one-inch by two-inch hole around the television cable in Room #101.	
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure rooms were smoke resistant in 2 of 12 smoke compartments. The findings were: 1. Observation on 11/03/08 between 12 PM and 1 PM revealed the following locations had unsealed wall penetrations: a. Resident room #101 had a one inch by two inch hole around the television cable. b. Resident room #103 had a two inch square hole around the television cable. c. The first floor electrical room had two unsealed conduit penetrations that were both one-half inch larger than the conduit.	K 012	The Maintenance Director or designee will seal the two-inch square hole around the television cable in Room #103. The Maintenance Director or designee will seal the two conduit penetrations in the first floor electrical room. The Maintenance Director or designee will seal the ten-inch wall fan/penetration located in the second floor kitchenette. The Maintenance Director or designee will conduct a facility-wide audit to confirm that no other unsealed penetrations exist. The Maintenance Director will incorporate into the preventive maintenance schedule a facility-wide inspection to determine if unsealed penetrations exist and if so repair accordingly. Random audits will be performed monthly times 3 months by the Maintenance Director or designee to confirm that no unsealed penetrations exist.	

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

Executive Director 11-28-08

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 accepted w/ D. Stacks, RD, on 12/03/08.

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K 012	Continued From page 1 2. Interview with the maintenance director on 11/03/08 at 12:10 PM revealed all rooms were inspected monthly to ensure they were smoke resistant. 3. Observation on 11/03/08 at 1:53 PM revealed the second floor kitchenette had a ten inch wall fan/penetration. The kitchenette was located inside the dining room. The dining room's corridor door was removed which converted the dining room/kitchenette walls into corridor walls.	K 012	Results of the random audits will be presented to the QA&A Committee monthly for 3 months. Date of compliance is December 21, 2008.	
K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure one of two emergency battery light tests was performed. The findings were: 1. Review of the emergency battery light testing records revealed the annual 90 minute test was not performed in the past year. The last test was conducted on 9/07/07. 2. Interview with the maintenance director on 11/03/08 at 5 PM revealed he was unaware battery lights required an annual 90 minute test.	K 046	K:046 The Maintenance Director or designee will have the deficient emergency battery light tested for ninety (90) minutes. The Maintenance Director or designee will conduct a facility-wide audit to confirm that all other emergency battery lights have had the required ninety (90) minute test annually. The Maintenance Director will incorporate into the preventive maintenance schedule the requirement that all emergency battery lights will be tested for ninety (90) minutes on an annual basis. Random audits will be performed monthly times 3 months by the Maintenance Director or designee to confirm all emergency battery lights are tested for ninety (90) minutes on an annual basis.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure one of two emergency battery light tests was performed. The findings were: 1. Review of the emergency battery light testing records revealed the annual 90 minute test was not performed in the past year. The last test was conducted on 9/07/07. 2. Interview with the maintenance director on 11/03/08 at 5 PM revealed he was unaware battery lights required an annual 90 minute test.	K 046	Results of the random audits will be presented to the QA&A Committee monthly for 3 months. Date of compliance is December 21, 2008.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	K-147 The Maintenance Director or designee will remove the extension cord on the icemaker in the kitchen and replace it with fixed permanent wiring. The Maintenance Director or designee will replace the oxygen concentrator in Room #231.	

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K 147	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation the facility failed to ensure temporary electrical wiring was not used in place of fixed permanent wiring and failed to ensure electrical wiring was not damaged in 2 of 12 smoke compartments. The findings were: 1. Observation on 11/03/08 at 1:01 PM revealed the ice maker in the kitchen was plugged into an extension cord. 2. Observation on 11/03/08 at 2:35 PM revealed the electrical cord to the oxygen concentrator in resident room #231 was damaged at the plug. The electrical wires were exposed due to a cut in the outer sheath of the cord.	K 147	The Maintenance Director or designee will conduct a facility-wide audit to confirm that extension cords are not being used. The Maintenance Director or designee will conduct a facility-wide audit to confirm electrical cords ~~attached to oxygen concentrators~~ are not damaged and/or exposing electrical wires. The Maintenance Director will incorporate into the preventive maintenance schedule an audit to confirm that extension cords are not being used. The Maintenance Director will incorporate into the preventive maintenance schedule a routine checking of the condition of electrical cords ~~attached to oxygen concentrators~~ Random audits will be performed monthly times 3 months by the Maintenance Director or designee to confirm that extension cords are not being used and that electrical cords attached to oxygen concentrators are not damaged and in proper working condition. Results of the random audits will be presented to the QA&A Committee monthly for 3 months. Date of compliance is December 21, 2008.	