PRINTED: 04/23/2014
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN 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 |
|---|---|---|---|
| | 535036 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 04/10/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KINDRED NURSING AND REHABILITATION - RAWLINS | 542 16TH STREET<br>RAWLINS, WY 82301 |

| (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 |
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| K 000 | INITIAL COMMENTS<br><br>Requirements for Long Term Care Facilities<br>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).<br>The facility was a fully sprinklered, single-story building with a basement of Type V (111) construction with plan approval in 1965. The building was equipped with a supervised, automatic wet sprinkler system with two anti-freeze branches and an addressable fire alarm system. The facility had a capacity of 62 certified Medicare and Medicaid beds with a census of 50. | K 000 | This Plan of Correction is the center's credible allegation of compliance.<br><br>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 018<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>Roller latches are prohibited by CMS regulations in all health care facilities. | K 018 | K 018 NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Corrective Action:<br>The Plant Maintenance Director/designee will ensure that there is no impediment to the closing of corridor door in smoke compartments for Resident Room #4 by relocating the placement of the rope causing the impediment so that the door can close.<br><br>Identification of Others Potentially Affected by Same Deficiency:<br>The Plant Maintenance Director/designee will review and monitor all Resident room doors and other doors in smoke compartments to ensure that there are no similar impediments to their closing. No other impediments to room doors or other doors in smoke compartments exist.<br><br>Systemic Changes:<br>Monthly rounds will be completed by the Plant Maintenance Director/designee to ensure that there are no impediments to the closing of Resident Room and other corridor doors in smoke compartments.<br><br>Monitoring:<br>The monthly rounds to monitor that there are no impediments to the closing of Resident Room and other corridor doors in smoke compartments will be reported to the monthly Performance Improvement committee for review or development of action plan to stay in compliance until satisfactory compliance is achieved | 5/4/2014 |

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

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 plan 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.

5/19/14



REVISED POC ACCEPTED ON 05/21/14 W/JAMES CARLING JWyatt

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| K 018 | Continued From page 1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure there was no impediment to the closing of corridor doors in 1 of 6 smoke compartments. The findings were:<br><br>Observation of the corridor door for Resident Room #4 on 04/10/14 at 10:07 AM showed the closing and latching was impeded by a rope tied to the door's handle. At the time of observation, the Plant Maintenance Director acknowledged that the rope impeded the closing and latching of the door and explained it was added to aid the resident in closing their door | K 018 | | |
| K 029<br>S6=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from other spaces by self-closing | K 029 | K 029 NFPA 101 LIFE SAFETY CODE STANDARD 5/4/2014<br><br>Corrective Action:<br>The Plant Maintenance Director/designee will monitor and ensure that offices including Medical Records Office #11 and SDC Office #10 and also that the boiler room door will have automatic door closers installed that are within smoke compartments.<br><br>Identification of Others Potentially Affected by Same Deficiency:<br>The Plant Maintenance Director/designee will identify offices and other similar rooms that are considered to be hazardous areas storing combustible supplies in excess of a typical office. These offices will have automatic door closers installed onto doors within smoke compartments so that they are separated from other spaces. All other similar rooms considered to be hazardous areas storing combustible supplies in excess of a typical office have automatic door closers installed. | |

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| KINDRED NURSING AND REHABILITATION - RAWLINS | 542 16TH STREET<br>RAWLINS, WY 82301 |

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| K 029 | Continued From page 2<br>doors in 2 of 6 smoke compartments. The findings were:<br><br>a. Observation of the corridor door for the Medical Records Office #11 on 04/10/14 at 9:37 AM showed the door did not have an automatic closer. Further observation showed that this office was being used to store combustible supplies in excess of a typical office. At the time of observation, the Plant Maintenance Director acknowledged he was unaware that offices storing excessive combustible supplies were defined as hazardous areas.<br><br>b. Observation of the corridor door for the SDC Office #10 on 04/10/14 at 9:39 AM showed this door did not have an automatic closer. Further observation showed that this office was being used to store combustible supplies in excess of a typical office. At the time of observation, the Plant Maintenance Director acknowledged he was unaware that offices storing excessive combustible supplies were defined as hazardous areas.<br><br>c. Observation of the Boiler Room on 04/10/14 at 1:45 PM showed this door did not have an automatic closer. At the time of observation, the Plant Maintenance Director acknowledged he was unaware that boiler rooms are defined as a hazardous area. | K 029 | Systemic Changes:<br>Monthly rounds will be completed by the Plant Maintenance Director/designee to ensure that there are no rooms considered to be hazardous areas storing combustible supplies in excess of a typical office or room that do not have automatic door closers attached to them.<br><br>Monitoring:<br>The monthly rounds to monitor that automatic door closures are installed in rooms considered to be hazardous areas storing combustible supplies in excess of a typical office or room that do not have automatic door closers attached to them will be reported to the monthly Performance Improvement committee for review or development of action plan until satisfactory compliance is achieved. | |
| K 056<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in | K 056 | K 056 NFPA 101 LIFE SAFETY CODE STANDARD:<br><br>Corrective Action:<br>The Plant Maintenance Director/Designee will ensure that adequate sprinkler coverage in the smoke compartment identified within the Maintenance Room caged storage | 5/25/2014 |

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| K 056 | Continued From page 3<br>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, the facility failed to ensure there was adequate sprinkler coverage in 1 of 6 smoke compartments. The findings were:<br><br>Observation of the Maintenance Room in the basement on 04/10/14 at 2:00 PM showed the caged storage area was protected by a single sprinkler head. At the time of observation, the Plant Maintenance Director acknowledged that the single sprinkler head did not provide adequate coverage and that the sprinkler testing agency had noted this in a past inspection. | K 056 | area. This will be achieved by installing an additional sprinkler head to the caged storage area so that adequate sprinkler coverage will be achieved.<br><br>Identification of Others Potentially Affected by the Same Deficiency:<br>The Plant Maintenance Director/designee will ensure that adequate sprinkler coverage will be provided to all smoke compartments and all areas of the facility where sprinkler coverage is required. Adequate sprinkler coverage has been provided to all smoke compartments and areas of the facility where sprinkler coverage is required. No other deficiency exists.<br><br>Systemic Changes:<br>Monthly rounds will be completed by the Plant Maintenance Director/designee to ensure that adequate sprinkler coverage will be provided to all smoke compartments and all areas of the facility where sprinkler coverage is required.<br><br>Monitoring:<br>The monthly rounds to monitor that adequate sprinkler coverage is being provided to all smoke compartments and all areas of the facility where sprinkler coverage is required will be reported to the monthly Performance Improvement committee for review or development of action plan until satisfactory compliance is achieved. | |
| K 147<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure facility wiring was in compliance with the National Electrical Code in 2 of 6 smoke compartments. The findings were: | K 147 | | |

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| K 147 | Continued From page 4<br>a. Observation of the Therapy Office adjacent to the employee lounge on 04/10/14 at 11:20 AM showed a power tap with (2) power cords were plugged into a wall receptacle. At the time of observation, the Plant Maintenance Director acknowledged that the power tap did not have surge protection.<br><br>b. Observation of the Kitchen on 04/10/14 at 1:35 PM showed a power tap with (2) power cords were plugged into a wall receptacle. At the time of observation, the Plant Maintenance Director acknowledged that the power tap did not have surge protection. | K 147 | K 147 NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Corrective Action:<br>The Plant Maintenance Director/Designee will remove power taps plugged into a wall receptacle supplying power to power cords without surge protection. The power taps will be replaced with surge protectors.<br><br>Identification of Others Potentially Affected by the Same Deficiency:<br>The Plant Maintenance Director/designee will ensure that all power taps will be replaced by surge protectors. No other power taps have been found in the facility.<br><br>Systemic Changes:<br>Monthly rounds will be completed by the Plant Maintenance Director/designee to ensure that all power taps being used in the facility are removed.<br><br>Monitoring:<br>The monthly rounds to monitor that all power taps have been removed will be reported to the monthly Performance Improvement committee for review or development of action plan until satisfactory compliance is achieved. | 5/4/2014 |