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

PRINTED: 10/02/2014
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
	535031	A. BUILDING 01 B. WING	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - WIND RIVER	1002 FOREST DRIVE RIVERTON, WY 82501

(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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: 1. Observation of the corridor door to the Kitchen on 09/018/14 at 10:37 AM showed the door would not close completely into the door frame to provide a resistance to the passage of smoke. At the time of the observation, the Maintenance Director acknowledged the inability of the door to fully close. 2. Observation of the Kitchen Area on 09/18/14 at 10:50 AM showed the double corridor doors were equipped with self-closing devices, but the doors were unable to close into the door frame to prevent the passage of smoke. At the time of the	K 018	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 laws. K018 Corrective Action: Self closing devices on the corridor to the kitchen; self closing devices on the double corridor doors in the kitchen area; self closing devices on the smoke barrier doors adjacent to Resident room #29 were adjusted to cause closure of the observed doors. Doors to Resident room # 6 and Resident room #16 were adjusted to cause complete closure with less than 5lbs of pressure to open. Identification of Others: All corridor doors with self closures and all entry doors to Resident room have been inspected to determine if doors close into the door frame and require less than 5lbs of pressure to open. Systemic Changes: Maintenance Supervisor and/or designee will provide education to all staff relating to doors closing into the door frames and requiring less than 5 lbs of pressure to open. Monitoring: Maintenance Supervisor and/or designee will randomly audit the doors closing into the door	11-02-14 10-13-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 10-8-14

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.

Modified POC accepted via phone with Jeff Shahan (LSC - WDH) on 10-13-14 @ 1:09pm

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K 018	Continued From page 1 observation the Maintenance Director acknowledged the inability of the doors to fully close. 3. Observation of the door to Resident Room #6 on 09/18/14 at 10:52 AM showed the door required more than 5lbs of pressure to open, and would not fully close and into the door frame. The Maintenance Director acknowledged the inability of the door to fully close. 4. Observation of the smoke barrier doors adjacent to resident room #29 on 09/18/14 at 11:10 AM showed the double corridor doors were equipped with self-closing devices, but the doors were unable to close completely to prevent the passage of smoke. At the time of the observation the Maintenance Director acknowledged the inability of the doors to fully close. 5. Observation of the door to Resident Room #16 on 09/18/14 at 11:11 AM showed the door would not close into the door frame to prevent the passage of smoke. At the time of the observation the Maintenance Director acknowledged the inability of the door to close into the door frame.	K 018	K018 cont'd frames and requiring less than 5 lbs of pressure to open. Audits will be brought to the Performance Improvement Committee at least monthly for review by the committee until a lesser frequency is deemed appropriate. K147 Corrective Action: The items stored in the Rehab electrical room were removed; the extension cord plugged into a wall outlet in the Beauty Salon was removed. Identification of Others: All electrical panels in the facility were inspected and any storage items were removed; all areas of the facility were inspected and any extension cords were removed. Systemic Changes: Maintenance Supervisor and/or designee educated staff relating to electrical panels requiring 36" of work space in front of the panel and the use of extension cords not being allowed. Staff is to report any such observations to the Maintenance Supervisor. Monitoring: Maintenance Supervisor and/or designee will randomly audit electrical panels and use of extension cords. Audits will be brought to the Performance Improvement Committee at least monthly for review by the committee until a lesser frequency is deemed appropriate.	10-18-14
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 interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70 and NFPA 99. The findings were:	K 147		

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K 147	Continued From page 2 1. Observation of the electrical panel in the Rehab electrical room on 09/18/14 at 10:32 AM revealed that the electrical room was being used for storage. It was noted that cardboard boxes and other miscellaneous items were stored within the required 36 " workspace in front of all electrical panel. Interview with the Maintenance Director at the time of the observation confirmed that the space was being utilized for storage and the code required workspace clearance was not provided. 2. Observation of the Beauty Salon on 09/18/14 at 10:17 AM showed the location had temporary electrical adapters replacing permanent fixed wiring. An electric razor was plugged into an extension cord that was plugged into a wall outlet. At the time of the observation the Maintenance Director could not explain why the electrical adapter had not been noticed and removed during the monthly safety inspections.	K 147		