Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535013	A. Building **01 - MOUNTAIN TOWERS HEALTH CARE** B. Wing	10/30/2014

Name of Facility	Street Address, City, State, Zip Code
KINDRED TRANSITIONAL CARE AND REHABILITATION	3128 BOXELDER DRIVE CHEYENNE, WY 82001

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # **NFPA 101** LSC **K0018**	Correction Completed **10/05/2014**	ID Prefix Reg. # **NFPA 101** LSC **K0027**	Correction Completed **10/05/2014**	ID Prefix Reg. # **NFPA 101** LSC **K0046**	Correction Completed **10/05/2014**
ID Prefix Reg. # **NFPA 101** LSC **K0050**	Correction Completed **10/05/2014**	ID Prefix Reg. # **NFPA 101** LSC **K0067**	Correction Completed **10/05/2014**	ID Prefix Reg. # **NFPA 101** LSC **K0144**	Correction Completed **10/05/2014**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	TB 11/24/14				10/31/14
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on: 08/05/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

Hand Delivered 15

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WY Dept of Health

PRINTED: 10/31/2014
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
	535013	A. BUILDING 01 B. WING	NOV 14 2014 Healthcare Licensing R 10/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHABILITATION-CHEYE	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	{K 000}		
{K 021} SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Observation of the corridor doors for the Laundry Room on 10/30/14 at 2:26 PM still showed a manual bolt on both the active and inactive leafs. The Facility Administrator and Maintenance Manager stated new doors had been ordered for the location, but have not arrived yet. They both acknowledged that the manual bolt on the inactive leaf still did not provide a positive latch keeping the doors secured into the frame.	{K 021}	{K 021} 1. Laundry room doors identified on the 2567 have been replaced in accordance with NFPA 101 Life Safety Code standards. 2. Maintenance Director/Designee will check for doors for function and latching as outlined in the Kindred Preventative Maintenance Program. 3. PMO will be reported and reviewed monthly the facility Performance Improvement Committee.	11/14/14
{K 038} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	{K 038}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE 11/14/14 | (X6) DATE

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Healthcare Licensing and Surveys

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 on 11/24/14 @ 12:45pm C
Administrator Carely Applegate. 34854

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{K 038}	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Observation of the exit discharge door in the Business Office hallway on 010/30/14 at 1:59 PM showed the delayed-egress hardware required more than 15lbs to acuate the door and release within the 15 seconds time period indicated in NFPA 101. No latch or other fastening device was located on the door per NFPA 101 7.2.1.5.4. At the time of the observation, the Facilty Administrator and Maintenance Manager acknowledged that the delayed-egress mechanism did not function as required, and no latch or other fastening device was located on the door with an obvious method of operation. It was requested at the time of the observation that the power be disconnected to the hardware allowing the door to remain unlocked to maintain the means of egress. The facility administrator stated a new door had been order for the location, but had not arrived yet.	{K 038}	{K 038} 1: Hallway door identified on the 2567 has been replaced in accordance with NFPA 101 Life Safety code Standards 2. Maintenance Director/Designee will check doors for function, latching and delayed egress as outlined in the Kindred Preventative Maintenance Program. 3. PMP will be reported and reviewed monthly through the facility Performance Improvement Committee.	
{K 052} SS=E	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	{K 052}	{K 052} 1. Semi-annual battery voltage test has been complete in accordance with NFPA 72. 2. Maintenance Director/Designee will ensure that semi-annual battery testing is completed by a qualified vendor twice a year as outlined in the Kindred Preventative Maintenance Program. 3. PMP will be reported and reviewed monthly through the facility Performance Improvement Committee.	

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{K 052}	Continued From page 2 This STANDARD is not met as evidenced by: Based on review of fire alarm testing and maintenance records and staff interview, the facility failed to provide documentation identifying required fire alarm test had been completed. The findings were: Review of the fire alarm testing and maintenance records on 10/30/14 from 1:50 PM to 2:05 PM showed the semi-annual battery load voltage test as required by NFPA 72 (Table 7-3.2 6, c, 3) still was not documented. At the time of the review, the Facility Administrator acknowledged the lack of documentation. It was noted that the outside vendor had recently checked the Fire Alarm System, but failed to document the semi-annual battery load voltage test.	{K 052}		