STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING 01 B. WING	11/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

(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. The facility was a fully sprinklered, single story building of Type V (111) construction built in 1987. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 59 certified Medicare and Medicaid beds with a census of 50 residents.	K 000	**Reference tag K029, Ref 2000 NFPA 101, Section 18.3.2** **1. North hall electrical room door requiring self closing devices.** The maintenance supervisor has purchased and installed a self closing device to the electrical room door of the north hall. A monthly activity log has been generated to include self closing door inspections. The maintenance supervisor will ensure the monthly activity log is completed to include door inspections and will report these findings to the Administrator monthly in the routinely scheduled morning meeting. All inspections and correlating maintenance log work orders pertaining to Life Safety will be monitored at 100% completion. A follow-up report will be submitted quarterly to the Safety committee. The maintenance supervisor is responsible for compliance of the above stated standard.	12/5/14
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 protected from the corridor with self-closing doors in 1 of 6 smoke compartments. The findings	K 029	POC Accepted Via Phone Call with Administrator Bobbi Jo Drozd on 12/15/14 @ 1:18pm 12-15-14 34354	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bobbi Jo Drozd — TITLE: Administrator — (X6) DATE: 12-12-14

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.

DEC 15 2014
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K 029	Continued From page 1 were: Observation of the north hall electrical room on 11/18/14 at 4:47 PM revealed the door to the corridor was not self - closing. At the time of the observation, the Facility Maintenance Manager acknowledged the door was not self-closing. Ref: 2000 NFPA 101, Section 18.3.2	K 029	**Reference Tag K050 Ref. 2000 NFPA101, 19.7.1.2** **1. Fire drills will be conducted at a minimum of once per month to include varying shifts and varying times.**	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to conduct fire drills at unexpected times under varying conditions for each shift for each quarter. The findings were: Document review and staff interview on 11/18/14 from 2:56 PM to 3:53 PM revealed the facility could not provide documentation that fire drills for the second quarter of 2014 had been conducted. It was also revealed at the time of the review that all first shift fire drills had not been conducted at varying times, but between the hours of 1:15 PM and 1:30 PM through all for quarters of 2014. Interview with the Facility Administrator and	K 050	The maintenance supervisor has created a log to ensure that the Fire Alarm Activation will be completed monthly and at varying times and on varying shifts as stated in the regulation. The monthly drill will be reported to the Administrator upon completion at the first morning meeting following the drill and kept in the Maintenance Life Safety Inspection Reports binder. A quarterly review will be done at the Safety committee meeting to ensure compliance. The maintenance supervisor is responsible for compliance of the above stated standard. **Reference Tag K052 Ref. 1999 NFPA 72, Table 7-3.2,23;Table 7-3.2, 6,c,3; Table 7-3.1** **1. Monthly Fire Alarm Activation** The maintenance supervisor has created a log to ensure that the Fire Alarm Activation will be completed monthly along with the monthly fire drill.	12/4/14 12/4/14

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K 050	Continued From page 2 Facility Maintenance Manger acknowledged the lack of documentation and non-varying times of the drills on the first shift. Ref: 2000 NFPA 101, 19.7.1.2	K 050	The monthly drill will be reported to the Administrator upon completion at the first morning meeting following the drill and kept in the Maintenance Life Safety Inspection Reports binder. A quarterly review will be done at the Safety committee meeting to ensure compliance. The maintenance supervisor is responsible for compliance of the above stated standard.	
K 052 SS=D	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 This STANDARD is not met as evidenced by: Based on document review and facility staff interview, the facility failed to provide documentation to indicate that the fire alarm systems have tested in accordance with Life Safety Code. The findings were: Document review and interview with the Facility Maintenance Manager regarding the testing and maintenance documentation on 11/18/14 from 2:56 PM to 3:53 PM revealed the lack of testing for the following aspects of the fire alarm system: 1. Fire Alarm Activation - monthly 2. Supervisory Signal Devices - quarterly tests 3. Battery Load Voltage Test - semi-annual	K 052	**2. Supervisory Signal Devices – quarterly test** **3. Battery Load Voltage Test – Semi-Annual** The maintenance supervisor contacted a licensed contractor to perform the required quarterly Signal Device Test and semi-annual Battery Load Voltage Test. A log was created in the Maintenance Life Safety Inspection reports binder which will be reviewed with the Administrator at a minimum of monthly. A quarterly review will be done at the Safety committee meeting to ensure compliance. The facility will monitor its performance through the QA committee.	12/4/14

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K 052	Continued From page 3 Interview with the Facility Administrator and the Facility Maintenance Manager during the review of the documentation revealed that he was not aware of the testing requirements, and acknowledged the lack of documentation. Ref: 1999 NFPA 72, Table 7-3.2, 23; Table 7-3.2 6, c, 3; Table 7-3.1	K 052	The maintenance supervisor is responsible for compliance of the above stated standard. **Reference Tag K062 Ref. 2000 NFPA 101 Sections 9.7.5 & 32.3.3.5.1, 1998 NFPA 25 Section 2-2.1.1, Table 7-3.1 & Table 9-1**	
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 that the automatic sprinkler systems are continuously maintained per the requirements of NFPA 25. The findings were: 1. Observation of the sprinkler system on 11/18/14 from 4:05 PM to 5:02 PM revealed dust and debris on multiple sprinkler heads throughout all 6 smoke compartments. Interview with the Facility Maintenance Manager at the time of the observations acknowledged the sprinkler heads and the need for on-going maintenance. 2. Document review and staff interview of the testing and maintenance documentation on 11/18/14 from 2:56 PM to 3:53 PM revealed the lack of testing of the following aspects of the	K 062	**1. The facility will ensure that the fire alarm system is maintained and functioning properly to include cleaning of sprinkler heads.** Cleaning has been accomplished by using compressed air per instruction from Certified Fire Maintenance Company. A monthly activity log has been generated to include sprinkler head inspections. The maintenance supervisor will ensure the monthly activity log is completed twice a month for 2 months and monthly thereafter and will report these findings to the Administrator monthly in the routinely scheduled morning meeting. All inspections and correlating maintenance log work orders pertaining to Life Safety will be monitored at 100% completion. A follow-up report will be submitted quarterly to the Safety committee.	12/8/14

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K 062	Continued From page 4 automatic sprinkler system: 1. Main Drain - quarterly testing 2. Water Flow Alarm Devices - quarterly testing 3. Priming Water Valve - quarterly testing 4. Low Air Alarm - quarterly testing 5. Quick Opening Devices - quarterly testing Interview with the Facility Administrator and the Facility Maintenance Manager during the review of the documentation revealed that they were not aware of the required testing, and acknowledged the lack of documentation. Ref: 2000 NFPA 101 Sections 9.7.5 and 32.3.3.5.1, 1998 NFPA 25 Section 2-2.1.1, Table 7-3.1 and Table 9-1	K 062	**2. Facility will maintain Life Safety Inspections Report binder to include:** **1. Main Drain Quarterly testing** **2. Water Flow Alarm Devices Quarterly testing** **3. Priming Water Valve Quarterly testing** **4. Low Air Alarm Quarterly testing** **5. Quick Opening Devices Quarterly testing** The maintenance supervisor scheduled a licensed contractor to perform the required quarterly Main Drain, Water Flow, Priming Water, Low Air Alarm, and Quick Opening Devices testing. A log was created in the Maintenance Life Safety Inspection Reports binder which will be reviewed with the Administrator at a minimum of monthly. A quarterly review will be done at the Safety committee meeting to ensure compliance. The maintenance supervisor is responsible for compliance of the above stated standard. **Reference Tag K144 Ref. 1999 NFPA 99, Section 3.4.2.2; 1999 NFPA 110, Section 6-4.1**	12/4/14
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on records review and staff interview the facility failed to ensure documentation of weekly maintenance inspections of the facility generator. The findings were:	K 144		

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K 144	Continued From page 5 Document review and interview on 11/18/14 from 2:56 PM to 3:53 PM revealed the records for the weekly generator inspections were not available at the time of the survey. Interview with the Facility Maintenance Manager at the time of the review acknowledged the lack of documentation for the weekly inspections. Ref: 1999 NFPA 99, Section 3.4.2.2; 1999 NFPA 110, Section 6-4.1	K 144	**1. Documentation to support weekly generator inspections** The maintenance supervisor performed the weekly generator inspection. A log was created in the Maintenance Life Safety Inspections Reports binder to reflect weekly inspections. The maintenance supervisor will report said inspection weekly to the Administrator at the morning meeting immediately following the said inspection. A quarterly review will be done at the Safety committee meeting to ensure compliance. The maintenance supervisor is responsible for compliance of the above stated standard.	11/19/14