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

PRINTED: 03/09/2015
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
	535029	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	713 OAK STREET SUNDANCE, WY 82729

(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 II (111) construction built in 1985. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 32 certified Medicare and Medicaid beds with a census of 29 residents.	K 000		
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 staff interview, the facility failed to ensure hazardous areas were protected from the corridor with self-closing doors in 1 of 2 smoke compartments. The findings were:	K 029		

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

CEO 3-20-2015

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.

RECEIVED
MAR 2 0 2015
WY Dept. of Health
Healthcare Licensing and Surveys

POC Accepted via Phone Call with Administrator Jeff Mengenhausen on 4/10/15 @ 11:19am.

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K 029	Continued From page 1 1. Observation of the Workroom/Soiled Utility Room on 02/23/15 at 1:56 PM revealed the door was provided with a self-closing device, but when activated the door would not latch into the frame. At the time of the observation, the Facility Director of Nursing acknowledged the door would not latch into the frame to resist the passage of smoke. 2. Observation of the Staff Dining Area on 02/23/15 at 2:32 PM revealed the dining area was open to the kitchen area, but the door to the corridor was not provided with a self-closing device. At the time of the observation, the Facility Director of Nursing acknowledged the door was not provided with a self-closing device. Ref: 2000 NFPA 101, Section 19.3.2.1	K 029	CCMSD strives to provide a safe environment for all our residents. The door to the Workroom/Soiled Utility Room was repaired so that it closes and latches fully when closed. The door to the Staff Dining area is now equipped with a self closing device. Monthly inspections of the facility will be conducted by CCMSD staff to ensure that safety violations are corrected in a timely manner. Inspections will be reported to the QAPI Committee quarterly. Further follow up actions will be determined by the QAPI Committee.	4/10/2015
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide exit access that was readily accessible at all times. The findings were: Observation of the exit door from the Exterior Court Yard on 02/23/15 at 1:45 PM revealed the door required more than 15 lbf to manually	K 038	The door to the external courtyard was repaired so that it opens easily and latches properly when closed. Monthly inspections of the facility will be conducted by CCMSD staff to ensure that safety violations are corrected in a timely manner. Inspections will be reported to the QAPI Committee quarterly. Further follow-up actions will be determined by the QAPI Committee.	4/10/2015

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K 038	Continued From page 2 activate the door. Further observation revealed that the latching mechanism to the door was stuck in the closed position. At the time of the observation, the Facility Director of Nursing acknowledged the excessive force needed to manually open the door. Ref: 2000 NFPA 101, Section 7.2.1.4.5	K 038		
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 staff interview, the facility failed to provide documentation that the fire alarm system had been tested in accordance with NFPA 72. The findings were: Document review and staff interview on 02/23/15 at 3:00 PM revealed that documentation could not be provided for the Semi-Annual Battery Load Test for the first 6 months of 2014. At the time of the observation, the Facility Administrator and the Facility Director of Nursing acknowledged the	K 052	Semi Annual Battery Load testing was conducted on 02/14/2014 and 09/18/2014. Documentation is attached. Semi Annual Battery Load Testing will continue to be conducted semi annually. Documentation is reviewed by CCMSD staff to verify that testing was conducted and the results were within an acceptable range.	4/10/2015

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K 052	Continued From page 3 missing documentation. Ref: 1999 NFPA 72, Table 7-3.2, 6, c, 3	K 052		
K 106 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hospitals, and nursing homes and hospices with life support equipment, have a Type I Essential Electrical System powered by a generator with a transfer switch and separate power supply. The EES is in accordance with NFPA 99, 3.4.2.2, 3.4.2.1.4. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide control functions for emergency and stand by power systems per the requirements of NFPA 110. The findings were: Observation of the Emergence Generator on 02/23/15 at 2:20 PM revealed that the generator control functions were not provided with a remote manual stop station. At the time of the observation, the Facility Director of Nursing acknowledged the generator was not provided with the remote stop button. Ref: 1999 NFPA 110, Section 3-5.5.6	K 106	~~A time Waiver is being requested as~~ our generator is in the process of changing tanks and re-piping as a required general maintenance. Outside Contractor ~~C Bar K Petroleum Services, LLC~~ will be arrive on 03/25/2015 to begin assessment of the tank, electrical system, repairs and general maintenance needed. A Remote stop button will be included in the repairs. This is expected to be completed by July 1, 2015.	4/10/15 ~~7/1/2015~~