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

PRINTED: 07/14/2010
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	06/29/2010

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 and fire alarm system.	K 000		
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:	K 018	K018 The facility will meet this standard by adjusting the doors in order to shut properly. The facility will maintain this standard by monthly inspections by maintenance staff and monitored through QA/QI program	7/7/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE — TITLE — (X6) DATE

Denis Braun — Administrator — 7/26/10

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.

Revised/approved ☐ changes on page 2 d/t'd a T.C. ☐ Doris Braun Adm. on 8/19/10 @ 1:48pm — JL

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K 018	Continued From page 1 Based on observation and staff interview, the facility failed to ensure 2 corridor doors were resistant to the passage of smoke in 1 of 3 smoke compartments. The findings were: Observation on 6/29/10 at 11:30 AM revealed corridor doors to resident rooms #201 and #204 did not close completely in their frames unless force in excess of 5 foot pounds of pressure was applied. Interview with maintenance staff at the time of observation confirmed the doors did not seat in their frames and needed adjusting.	K 018		
K 050 SS=F	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 observation, review of policies and procedures and staff interview the facility failed to conduct 1 of 1 staged fire drill in the correct manner. The findings were: During a fire drill conducted on 06/29/10 at 10:48 AM, observation revealed the facility's public address (PA) system was faulty. Nursing staff announced the existence of a fire over the PA system; however, the system did not broadcast the announcement throughout the nursing home.	K 050	K050 The facility will meet this standard by having Golden West Technologies check and test P. A. system. and correct The facility will maintain this standard with conducting bi-monthly testing of the P.A. System by maintenance staff and monitoring through QA/QI program.	6/30/10

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K 050	Continued From page 2 Review of the policy pertaining to fire drills revealed staff were to announce the existence of the fire by announcing "code red" over the PA system. The director of nursing confirmed the PA system did not work during the drill and stated a consultant would be called in to fix the system.	K 050		
K 062 SS=D	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 staff interview, the facility failed to ensure the fire suppression (sprinkler) system was properly maintained. The findings were: Observation on 6/29/10 at 9:48 AM revealed a gap greater than one half inch existed between the sprinkler head escutcheons and the ceiling in the office of the Director of Nursing and in the kitchen dry storeroom. Interview with the maintenance staff at the time of these observations confirmed the escutcheons needed to be adjusted.	K 062	K062 The facility will meet this standard by acquiring proper fit of escutcheons and ceiling tiles. The facility will maintain this standard through monthly inspections by maintenance staff and monitored through QA/QI program	7/12/10
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064		

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K 064	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to maintain 2 of 25 portable fire extinguishers according NFPA 10 Section 4-4.3 & Table 5-2. The findings were: Review of maintenance records on revealed the annual inspection of the ABC type fire extinguisher in the electrical room was last conducted in 2008. In addition, observation on 6/29/10 at 10:15 AM revealed the gauge on the "K" type portable fire extinguisher located in the kitchen showed the extinguisher was not properly charged. Interview with the maintenance manager on 6/29/10 at 10:15 AM confirmed the above findings.	K 064	K.064 The facility will meet this standard by having fire extinguisher company inspect and correct any and all problems with the extinguishers The facility will maintain this standard with monthly inspections by maintenance staff and monitored through QA/QI program.	7/22/10
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure cooking equipment was properly maintained. The findings were: Record review revealed an annual inspection of the food preparation equipment (conducted 6/20/08) showed the "next hydro" was to be done in 2009. However, review of the maintenance records revealed no "hydro" testing was conducted in either 2009 or 2010. Interview with the maintenance manager on 6/29/10 at 11:48 AM revealed he was unaware of any problems with the fire suppression system and would contact the vendor for clarification of the May 2008 inspection report.	K 069	K147 The facility will meet this standard by installing GFCI outlets at coffee machines at nurses' station and work room and by removing extension cords. The facility will maintain this standard with monthly inspections by maintenance staff and monitored through QA/QI program	7/7/10

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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 staff interview the facility failed to ensure electrical wiring was in compliance with the National Electric Code in 1 of 3 smoke compartments. The findings were: Observation on 6/29/10 at 12:48 PM revealed three wall mounted electrical outlets were not ground fault circuit interrupter (GFCI) protected. The locations were: two counter outlets behind the coffee machines by the nurses' station and one counter outlet next to the sink in the "work room." In addition, an extension cord was being used in resident room #216. An oxygen concentrator was plugged into the extension cord. Interview with the administrator at the time of the observation confirmed the above.	K 147		