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
	535036	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - RAWLINS	542 16TH STREET RAWLINS, WY 82301

(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 with a basement of Type V (111) construction with plan approval in 1965. The building was equipped with a supervised automatic wet sprinkler system with two anti-freeze branches and an addressable fire alarm system. The facility had a capacity of 62 certified Medicare and Medicaid beds with a census of 48.	K 000		
K 038 SS=E	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 arrange exit access so that exits are readily accessible at all times. The findings were: 1. Observation of all administration areas on 04/20/15 from 1:55 PM to 4:30 PM revealed door locks that required special knowledge or effort for operation from the egress side. When locked all doors in the administration offices required more	K 038	**K038 –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 **Corrective Action:** Doors to administration offices to have knobs have been replaced with self locking doorknobs. Courtyard gate to be repaired to allow for full use of opening. **Identification of others:** Doors in the facility were inspected for proper locking mechanisms. Repairs will be made as needed. No other exterior gates in facility **Systemic Changes:** Weekly monitoring to be completed by Maintenance Director/ designee to ensure readily accessible exits are maintained.	

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

Ulrich DNS 5/15/15

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 VIA Phone Call with Administrator Dennis Tofano on 6/2/15 @ 3:32pm 34354

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K 038	Continued From page 1 than one releasing operation. At the time of the observations the Facility Maintenance Manager acknowledged the locking mechanisms on the doors. 2000 NFPA 101 Sections 7.2.1.5.1 2. Observation of the Courtyard gate on 04/20/15 at 2:50 PM revealed the gate was incapable of swinging to the open position to the full use of the opening in which it was installed. Further observation revealed the mounting post for the gate was broken, obstructing the swing of the gate. The Facility Maintenance Manager acknowledged the gate obstruction at the time of the observation. Ref: 2000 NFPA 101, Sections 18.2.2.2.1 and 7.2.1.4.5	K 038	Monitoring: Weekly monitoring to be completed by Maintenance Director/ designee to ensure exits are maintained. Results will be taken to QAPI committee for continued frequency and changes.	05/30/2015

Wright 5/15/15