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Wyoming Dept of Health
JUL 30 2009
Office of Healthcare Licensing and Surveys

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

PRINTED: 07/29/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53503	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/07/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 Fac ities Section 42 CFR 483.70 (a) except as herwise provided in the section, the facility mus meet the applicable provisions of the 2000 editic of the Life Safety Code, Existing Health Care of the National Fire Protection Association (N PA). The facility was a fully sprinkled single tory building of Type V (111) construction b ilt in 1986. The building was equipped with supervised automatic dry sprinkler sys m with an addressable fire alarm system.	K 000	POC ACCEPTED W/ CHANGES W/ NANCY BENOIT, NHA, RN 7/30/09.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STAN DARD Building construction type and height n eets one of the following. 19.1.6.2, 19.1.6.3, 19 .6.4, 19.3.5.1 This STANDARD is not met as evider ed by: Based on observation and staff intervie v the facility failed to ensure non-conforming buildings were separated by a 2-hour fire rated b rrier in 1 of 5 smoke compartments. The finding were: Observation on 7/07/09 at 10:56 AM sh owed the facility had converted an existing cinde block barrier wall into a wood frame storage hed. The roof and exterior walls were constructe of 2-inch by 4-inch pine studs and sheathed with 5/8-inch plywood. The shed was located 6 feet om the southeast exterior wall of the facility. T e shed housed the facility's utility tractor along with various yard equipment. The maintena ce director reported at the time of observa ion that he was not aware a 2-hour separation as	K 012	K 012 The storage shed will be moved to a location on the facility property with at least 20 feet of separation from the facility. A plan approval request will be submitted to the WY Dept. of Health (no later than 8/17/09) prior to construction of the new shed. The facility will seek prior approval before conducting any construction projects in the future.	8/17/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 7/30/09

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.

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	53603I	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/07/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

7/31/09

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K 012	Continued From page 1 required. He further reported that he w s not aware a 15 foot separation was equival nt to a 2-hour separation. The administrator re orted that the newly converted shed did not h ve plan approval from the Wyoming Departmer of Health prior to construction.	K 012		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STAN IARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved autom tic fire extinguishing system in accordance wit 8.4.1 and/or 19.3.5.4 protects hazardous are s. When the approved automatic fire extinguishir g system option is used, the areas are separated rom other spaces by smoke resisting partitic ns and doors. Doors are self-closing and non- ited or field-applied protective plates that do nc exceed 48 inches from the bottom of the door a e permitted. 19.3.2.1 This STANDARD is not met as evidenc id by: Based on observation and staff intervie the facility failed to ensure hazardous areas were separated from use areas in 2 of 6 smo e compartments. The findings were: 1. Observation on 7/07/09 at 9:22 AM s owed the central electrical room had two unsealed cable penetrations. The largest penetration w s 1-inch in diameter with two thin cables running hrough it. At the time of observation the mainter ance director reported hazardous areas were nspected quarterly. He also reported the last insp ction had occurred during the first week of April 2( )9. 2. Observation on 7/07/09 at 10:45 AM s owed	K 029	K029 1. The unsealed cable penetrations in the central electrical room were filled with fire rated caulk on 7/20/2009. The maintenance director will ensure inspection is taking place quarterly and any issues are addressed immediately. He will report any concerns to the Quality Assurance (QA) Committee at least quarterly. 2. The unsealed conduit penetrations in the main electrical room were filled with fire rated caulk on 7/20/2009. The maintenance director will ensure inspection is taking place quarterly. Any issues found will be addressed immediately. Any concerns will be reported to the QA committee at least quarterly.	7/20/09

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	535031	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/07/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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7/29/09

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K 029	Continued From page 2 the main electrical room had three unsealed conduit penetrations above the main electrical disconnect switch gear. The largest penetration was 2.5 inches in diameter, with a conduit running through it.	K 029		
K 062 SS=F	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 record review and staff interview the facility failed to ensure 1 of 9 sprinkler system components was tested annually. The findings were: Review of the sprinkler system testing records documented the back flow preventer had not been tested in the past year. The maintenance director reported that he was not aware that the backflow preventer required testing. He further reported that he did not have records to show the backflow preventer had ever been tested.	K 062	K062 The backflow preventers will be tested by an independent contractor on or before 8/7/2009. They will be put on a schedule to be tested annually.	8/07/09
K 069 SS=E	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 2 of 5 electrical receptacles under the kitchen hood were connected to the disconnect switch. The findings	K 069	K069 The electrical receptacles under the kitchen hood were inactivated prior to the end of the survey. The receptacles remained off until an electrician could be found to connect the receptacles to the disconnect switch. An electrician connected the receptacles to the disconnect switch on 7/20/2009 and a letter of completion was received from the electrician.	7/20/09

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	535034	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/07/2009

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K 089	Continued From page 3 were: Review of the fire suppression system esting records documented that two 110 volt lectrical receptacles under the hood in the kitch en were not wired to the power disconnect mic switch. Further review showed that this issue as cited by the testing contractor on the last tw semi-annual inspections. The mainten nce director reported that he was aware of he noted problem. He further reported that the bility had contacted an electrician in February 2(09, shortly after the last inspection. He confirmed hat no further attempts to contact the electrici n or any other electrician had been made since February.	K 089	K-130 1. THE ROOF & OUTSIDE WALL OF THE SHED WILL BE REMOVED, LEAVING THE CINDER BLOCK WALL BY 8/19/09. JK	
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2 '86 This STANDARD is not met as evider ed by: Based on observation and staff intervi w the facility failed to ensure 2 of 2 conversi n projects had plan approval from the Wyoming I epartment of Health. The findings were: 1. Observation on 7/07/09 at 10:58 AM showed a wood framed roof and wall had been a ded to an existing cinder block wall to form a she l to house a tractor. The administrator confirmed he newly converted shed did not have plan appl val from the Wyoming Department of Health pr r to construction. 2. Observation on 7/07/09 at 1:40 PM howed the original, zoned, fire alarm panel had b an replaced with an addressable fire alarm panel in	K 130	K130 ~~1. The shed will be moved to a different location on the facility property. The facility will secure plan approval prior to moving the shed to the new location. The facility will seek plan approval from the WY Department of Health before conducting any construction projects in the future.~~ 2. The facility will submit an extension request to complete this project to the WY Dept. of Health, Office of Health Care Licensing and Surveys by 8/7/09 a waiver for additional time to complete the plan approval process for the fire panel. ~~A letter requesting~~ plan approval will be sent to the WY Dept. of Health by 8/17/09. The facility estimates to have the project completed, along with appropriate approvals no later than 2/28/2010. JK ELEVATIONS WILL BE SUBMITTED FOR	8/19/09

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K 130	Continued From page 4 October 2008. At the time of observati the maintenance director reported that the was replaced without plan approval fro the Wyoming Department of Health. Durin conference the administrator reported system was replaced without plan app because the last inspection of August showed ten smoke detectors did not p sensitivity test and the facility did not f could wait 4-6 months for plan approv the administrator was asked why plan submitted after the project was comple ensure that all standards and requirem met she stated that the replacement w maintenance of the system and did no approval. When asked, the maintenan reported the original system was a zo system and was replaced with an add level 1 system. He further reported tha detectors were replaced along with on added and new wiring was required s would be able to self-monitor and func properly.	K 130	K147 1. The electrical receptacle in the staff lounge that was found to be charred was replaced on 7/7/09. The electrical system will be inspected quarterly and and problems will be remedied immediately. The maintenance director will report any concerns to the QA committee at least quarterly. 2. The extension cord was removed from the portable microphone/speaker system. The maintenance director will conduct checks on a monthly basis to inspect the facility for any extension cords or other problems with electrical wiring. He will report any concerns to the QA committee at least quarterly. 3. The electrical receptacle near the residential washer in the laundry and the receptacle near the sink in the 200-hall clean linen room were changed to GFCI receptacles on 7/28/09. The maintenance director will check all other locations and make certain that we have GFCI receptacles in locations that are near water. He will report any concerns to the QA committee at least quarterly.	7/28/09
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STA DARD Electrical wiring and equipment is in a cordance with NFPA 70, National Electrical Co s. 8.1.2 This STANDARD is not met as evide ced by: Based on observation and staff interv w the facility failed to ensure the electrical s stem was properly maintained in 2 of 5 smoke compartments. The findings were: 1. Observation on 7/07/09 at 8:49 AM showed the face of an electrical receptacles in the staff lounge was charred in between the p ver blade	K 147		

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K 147	Continued From page 5 ports. At the time of observation the m intenance director reported the electrical system was inspected quarterly and that the last in spection occurred during the last week of April 009. 2. Observation on 7/07/09 at 9:12 AM showed the portable microphone/speaker in the d ining room was plugged into a surge protector wh ch was, itself, plugged into an extension cord. 3. Observation on 7/07/09 between 9: 0 AM and 10:30 AM showed the electrical recep acle near the residential washer in the laundry a nd the receptacle near the sink in the 200 ha clean linen room were not protected with gr und fault circuit interrupter (GFCI) receptacles. At 9:41 AM the maintenance director reported tha he was aware that GFCI receptacles were re uired in wet location in new construction, but he w s not aware that they were required in exis ng locations.	K 147		