PRINTED: 11/20/2015
FORM APPROVED
OMB NO. 0938-0391

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
	535031	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNESS	1002 FOREST DRIVE RIVERTON, WY 82501

(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 sprinkled, single story building of Type V (111) construction built in 1966. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds with a census of 67.	K 000	This Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	12-15-15
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 arrange exit access so that exits are readily accessible at all times in 4 of 8 smoke compartments. The findings were: 1. Observation on 11/03/15 at 1:45 PM revealed the west front corridor exit required more than 15lbf of force to activate the delayed egress hardware. At the time of the observation the Facility Maintenance Manager acknowledge the excess force needed to activate the delayed egress hardware.	K 038	K 038 The west front corridor exit and kitchen exit will be repaired to ensure excess force more than 15 lbf of force is not required to activate the delayed egress hardware for both doors. The rehab exit door will be repaired to eliminate the double lock (deadbolt). Door locks on room #34 bathroom, room #8 bathroom and room #14 bathroom will be replaced to ensure doors do not require more than one releasing operation. Identification of others: All Resident room doors, bathroom doors and facility egress doors will be inspected to ensure less than 15 lb of force to activate the delayed egress hardware; to ensure all doors have only one releasing operation.	

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

[signature] | ED | 11-30-15

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 V.A Phone Call w.th Administrator Jo Ann Aldrich on 12/03/15 @ 10:45Am. [signature] 34354

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K 038	Continued From page 1 2. Observation on 11/03/15 at 3:01 PM revealed the kitchen exit required more than 15lbf of force to activate the delayed egress hardware. At the time of the observation the Facility Maintenance Manager acknowledge the excess force needed to activate the delayed egress hardware. Ref: 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.6.1 3. Observation on 11/03/15 at 2:52 PM revealed the rehab exit door was double locked. A second lock (dead bolt) was located approximately 42" above the floor. At the time of the observation the Facility Maintenance Manager acknowledged the second lock on the door. 4. Observation on 11/03/15 from 2:24 PM to 2:45 PM revealed the door locks required tight pinching, and more than one releasing operation to make the door operable in the following locations. Room #34 bathroom, room #8 bathroom, and room #14 bathroom. At the time of the observations the Facility Maintenance Manager acknowledged the door locks required more than one operation. Ref: 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.5.4	K 038	K 038 Cont'd: Systemic Changes: Maintenance Director and/or designee will provide education for all staff relating to the need for less than 15 lb of force to activate the delayed egress hardware and relating to all door having only one releasing operation. Monitoring: Maintenance Director and/or designee will randomly audit the doors to ensure less than 15 lb of pressure to activate the delayed egress hardware and to ensure all doors have only one releasing operation. Audits will be brought to the Quality Assurance Committee at least monthly until deemed less frequency is appropriate. K 076 The oxygen concentrators, plastic bags and other combustibles being stored in the oxygen cylinder storage room will be removed from that area. Identification of Others: No oxygen concentrators, plastic bags or any other combustibles will be stored in a room with oxygen cylinders. Systemic Changes: Maintenance Director and/or designee will educate all staff on appropriate oxygen cylinder room storage.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.	K 076		12-14-15

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K 076	Continued From page 2 (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an adequate medical gas storage area per NFPA 99. The findings were: Observation of the oxygen cylinder storage room on 11/03/15 at 2:29 PM revealed oxygen concentrators, plastic bags, and other combustibles being stored within the room. The required 5ft separation was not maintained. At the time of the observation the Facility Maintenance Manager acknowledged the combustible materials being stored within the location. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K 076	K076 Cont'd: Monitoring: Maintenance Director and/or designee will randomly audit that no combustible materials are in the oxygen cylinder storage area. Audits will be taken to the Quality Assurance Committee at least monthly until determined less frequency is appropriate. 12-14-15	