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

PRINTED: 02/09/2016
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
	535033	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

(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 V (111) construction built in 1987. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 59 certified Medicare and Medicaid beds with a census of 54 residents.	K 000	**Reference Tag K 038** **Exit access is arranged so that exits are readily accessible at all times.** The south hall exit door base plate was addressed to include melting of ice, tightening of base plate and replacement of pivot on hinges. The multipurpose room door was addressed with immediate ice and snow removal. The door is clear of all ice and snow.	
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 2 of 11 exits. The findings were: 1. Observation on 01/27/16 at 9:25 AM of the south hall exit revealed ice had built up underneath the door base plate causing the door to stick. When manually opening the door it required more than 50 lbf to set the door in motion. At the time of the observation the Facility Maintenance Manager and the Facility Administrator acknowledged the force required to set the door in motion. Ref:	K 038	All exit doors have the potential to be affected during winter months with ice and snow impact. The maintenance supervisor will perform weekly audits of all exits during times of snowfall and ice formation to ensure proper opening of doors. Proper snow and ice removal will be maintained during times of snowfall and ice formation to include, ice melt, shoveling and plowing and when necessary outside contract services for snow removal. Monthly rounds will be done by the maintenance supervisor or designee on all exits doors to ensure proper working order.	

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

Bobbi J. Drozd — Administrator — 2/16/16

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
FEB 16 2016

Modified POC Accepted V.A Phone Call with Administrator Bobbi Jo Drozd on. 2-18-16 @ 3:16pm
34354

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K 038	Continued From page 1 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.4.5 2. Observation on 01/27/16 at 10:20 AM of the multipurpose room exit revealed when the door was set into motion it could only open approximately 1/4 of the required minimum width due to snow and ice build up on the outside of the door. At the time of the observation the Facility Maintenance Manager and the Facility Administrator acknowledge the door could not open to the minimum required width. Ref: 2000 NFPA 101, Sections 19.2.1 and 7.1.10.1	K 038	All audit findings and follow up will be presented to the Safety Committee on a quarterly basis. The Maintenance Supervisor is responsible for the compliance of this tag and reporting.	2-18-16 ~~3-24-16~~ 9-S.