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

PRINTED: 03/07/2016
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
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/23/2016

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 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 1985. The building was equipped with a supervised automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 40.	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 in 4 of 5 smoke compartments. The findings were: 1. Observation of the kitchen exit door on 02/23/16 at 9:25 AM revealed the door was provided with a one action lock on the door knob, and a dead bolt lock approximately 40 inches above the floor. At the time of the observation the Facility Maintenance Manager acknowledged the door was equipped with two locks. 2. Observation of the employee break room door on 02/23/16 at 9:45 AM revealed the door was equipped with a dead bolt lock on the inside of the room that did not have aN obvious method of	K 038	1. Dead bolt on kitchen door to hallway was removed on 2-29-2016. An appropriate door knob hole cover was placed on the door to ensure smoke barrier is in tact. 2. Dead bolt was removed from staff break room leading to the hall on 2-29-2016. an appropriate door knob hole cover was placed on the door to ensure smoke barrier is in tact. 3. Door knobs on resident bathroom doors in rooms 102, 108, 201, 205, 207, 210, 308, and 310 were replaced by 3-3-2016. All were replaced with knobs requiring only one releasing action. All doors were tested by maintenance director and found to be in good working order. All other doors in the facility were inspected to ensure that only one releasing action was needed. All doors in the facility will be inspected quarterly for one year to ensure no inappropriate door knobs are installed. This has been added to our TELS preventative maintenance program for tracking. Any issues will be reported to the QA committee. 3-3-16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 3/19/16

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.

POC Accepted via Phone Call with Administrator Nancy Bunot on 3/22/16 @ 4:13pm
34354

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K 038	Continued From page 1 operation. At the time of the observation the Facility Maintenance Manager acknowledged the door lock did not have an obvious means of operation. 3. Observation of resident bathroom doors on 02/23/16 from 10:00 AM to 10:20 AM revealed rooms #102, #108, #201, #205, #207, #210, #308, and #310 all had door locks that required tight pinching, and more than one releasing operation to make the door operable. At the time of the observations the Facility Maintenance Manager acknowledged the door locks required more than one releasing operation. Ref: 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.5.4	K 038		
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide exit signage with continuous illumination in 1 of 5 smoke compartments. The findings were: Observation kitchen exit sign to the corridor on 02/23/16 at 9:30 AM revealed the photoluminescent exit sign was not provided with continuous illumination while the building was occupied. A light switch was provided adjacent to	K 047	Electrician was contacted on 3-14-2016 to come and change the wiring to the light by the photo luminescent exit sign to connect it to the continuously illuminated lights in the corridor. This will provide continuous illumination to the sign to allow constant charging of the photo luminescent exit sign. The light will not be able to be turned off at a switch. Electrical work to be completed on or before 4-9-2016.	4-9-16

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K 047	Continued From page 2 the exit sign and when activated turned off the lighting above the sign. Interview with the Facility Maintenance Manager at the time of the observation revealed the lighting was not hook up to the emergency power. Ref. 2000 NFPA 101, Sections 19.2.10.1 and 7.10.7.2	K 047		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (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. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical gas storage areas are protected in accordance with NFPA 99 in 1 of 1 storage locations. The findings were: Observation of the Oxygen Storage Room on 02/23/16 at 10:25 AM revealed combustible materials located within the space to include plastic bags and plastic nebulizer machines. Further observation revealed the door to the enclosure was provided with a self-closing device, but when activated it would not latch the door into its frame. The Facility Maintenance manager acknowledged combustible materials were located inside the storage location and the door would not latch into its frame.	K 076	Combustible items were removed from the oxygen storage room on 2-23-2016. All nebulizers and any other combustible items were removed to the nurse's general storage room. All staff was informed in the in-service on 3-10-2016 that no combustible items can be kept in the oxygen storage room. The automatic door closure was adjusted on 2-23-2016 by maintenance assistant and now latches with the door frame. Maintenance director inspected the door to verify proper latch with frame. Oxygen room was added to a weekly check on the TELS preventative maintenance schedule on 3-10-2016 and will be checked for combustibles and proper latch with the door frame weekly. Any issues will be reported to the QA committee.	3-10-16

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K 076	Continued From page 3 Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K 076		