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

PRINTED: 03/03/2010
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
	535036	A. BUILDING 01 B. WING ______	02/23/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WYO HEALTHCARE & REHABILITATION CTR	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 this 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 (NFPA). The facility was a fully sprinkled single story building with a basement of Type V (111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop and a zoned fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds.	K 000	*This plan of correction is the center'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 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 law.*	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure hazardous areas were separated from use areas in 1 of 5 smoke compartments. The findings were:	K 029	K-029: The Maintenance Director or designee will repair the unsealed sprinkler pipe penetration in the laundry. The Maintenance Director or designee will conduct a facility-wide audit to confirm that all sprinkler pipe penetrations are properly sealed. The Maintenance Director will incorporate into the preventative maintenance schedule the inspection of all sprinkler pipe penetrations for a proper seal. Random audits will be performed monthly for 3 months by the Maintenance Director or designee to confirm that all sprinkler pipe penetrations are properly sealed. Date of compliance is April 11, 2010.	4/11/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Executive Director (X6) DATE 3/19/2010

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 BY YVONNE YATES, NHA, ON 3/25/10.

RECEIVED Wyoming Dept of Health MAR 2? 2010

Office of Healthcare Licensing and Surveys

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K 029	Continued From page 1 Observation of the laundry on 2/22/10 at 5:05 PM showed the walls were not smoke resistant. An unsealed sprinkler pipe penetration had a gap that was 1/4 inch larger than the diameter of the pipe. At the time of the observation the maintenance director reported hazardous areas were inspected quarterly to ensure they were smoke resistant. He stated the pipe had at one time been sealed with dry wall compound. He stated he was not sure when the compound had fallen away from the pipe.	K 029		
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure staff members were familiar with emergency procedures on 1 of 3 shifts. The findings were: Observation of a fire drill on 2/23/10 at 10:25 AM showed the first responder entered the "fire" room, turned off the nurse call light, and left the room without calling "code red" or closing the door. A second responder entered the room, saw the "fire" flag, closed the corridor door while leaving the room, and activated the fire alarm	K 050	K-050: The Maintenance Director or designee will re-educate the staff of the first responder's responsibility during a fire drill. The Maintenance Director or designee will conduct facility-wide drills to confirm that the staff understands what the first responder's responsibility is during a fire and fire drill. The Maintenance Director will incorporate into the preventative maintenance schedule drills to confirm that the staff understands what the first responder's responsibility is during a fire and fire drill. Audits will be performed monthly for 3 months by the Maintenance Director or designee to confirm that the staff understands what the first responder's responsibility is during a fire and fire drill. Date of compliance is April 11, 2010.	4/11/10

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K 050	Continued From page 2 system. The maintenance director asked the first responder what she saw in the room. She reported she saw the red "fire" flag and knew she should have activated the fire alarm. She said, "I didn't want to activate the alarm." The first responder had worked at the facility for more than two years. The maintenance director reported staff did not usually enter a room to find the "fire" flag and therefore, did not usually initiate the fire alarm system, as part of a drill.	K 050		
K 062 SS=E	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 observation and staff interview the facility failed to ensure sprinkler heads were free of corrosion in 1 of 5 smoke compartments. The findings were: Observation on 2/23/10 at 10:15 AM showed two sprinkler heads in the corridor near the kitchen were corroded. At the time of the observation the maintenance director reported the sprinkler system was inspected annually by an outside contractor and the above cited sprinkler heads were not noted on the 8/12/09 inspection report.	K 062	K-062: The Maintenance Director or designee will replace two sprinkler heads in the corridor near the kitchen that were corroded. The Maintenance Director or designee will conduct a facility-wide audit to confirm that all sprinkler heads in the facility are free from corrosion. The Maintenance Director will incorporate into the preventative maintenance schedule the inspections of all sprinkler heads to ensure that they are free from corrosion. Random audits will be performed monthly for 3 months by the Maintenance Director or designee to confirm that all sprinkler heads in the facility are free from corrosion. Date of compliance is April 11, 2010.	4/11/10
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	K-147: The Maintenance Director or designee will ~~remove~~ REPLACE room #24 and #25 restrooms electrical receptacles that are not GFCI protected within 6 feet of a water source. WITH GFCI RECEPTACLES ALONG WITH THE RECEPTACLE AT THE BACK NURSES' STATION.	

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K 147	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure electrical receptacles installed within 6 feet of a water source were GFCI (ground fault circuit interrupter) protected in 2 of 5 smoke compartments. The findings were: Observation on 2/23/10 between 8 AM and 10 AM showed electrical receptacles in the restroom of room #25, the restroom of room #24 and at the back nurses' station had all been installed within six feet of a sink and were not GFCI protected. At the time of the observation the maintenance director reported he was aware of the receptacle spacing requirement. He also reported that he had recently replaced several receptacles near water sources, but must have missed the above cited locations.	K 147	The Maintenance Director or designee will conduct a facility wide audit to confirm that all electrical receptacles within 6 feet of a water source are GFCI protected. The Maintenance Director will incorporate into the preventative maintenance schedule the inspection of all electrical receptacles within 6 feet of a water source are GFCI protected. Random audits will be performed monthly for 3 months by the Maintenance Director or designee to confirm that all electrical receptacles within 6 feet of a water source are GFCI protected. Date of compliance is April 11, 2010.	4/11/10