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

PRINTED: 10/07/2010
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 - MAIN BUILDING 01 B. WING	08/11/2010

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 branch under the exterior canopies and a zoned fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds.	K 000	**NFPA 101 LIFE SAFETY CODE STANDARD** The exit door #3 near resident room #11 has been reset to release the lock after applying pressure for 30 seconds by the Maintenance Manager on 8/18/10. The west courtyard exterior gate has had a lock removed by the Maintenance Manager on 8/18/10.	
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 ensure 2 of 8 emergency exit were unobstructed. The findings were: 1. Observation of the egress system on 8/10/10 at 3:20 PM showed exit door #3 near resident room #11 was equipped with a delayed egress lock. Further observation showed the lock did not release when constant pressure was applied for 30 seconds. At the time of observation the maintenance manager reported the doors were inspected each month to ensure they release.	K 038	The Maintenance Manager has checked all doors equipped with a delayed egress lock for its release after applying pressure for 30 seconds on 8/18/10. The Maintenance Manager will check all egress doors equipped with a delayed egress lock for proper release and the west courtyard exit gate weekly until four consecutive weeks of 100% compliance then monthly thereafter. The results will be reported to the ED at the monthly PI meeting. The ED and the Maintenance Manager will discuss any plans of action for doors not working properly immediately for proper resolution.	8/18/10 8/18/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director | (X6) DATE: 8/18/10

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.

REC. MODIFIED & ACCEPTED W/ TONY WIKER

RECEIVED
WyomingDeptofHealth
OCT 07 2010
Office of Healthcare Licensing and Surveys

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: ZTHE21 Facility ID: WY0029 If continuation sheet Page 1 of 3

NHA AFTER THIS IDR RETURNED ON 10/13/10.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/11/2010

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 038	Continued From page 1 2. Observation of the west courtyard on 8/10/10 at 3:34 PM showed the exterior gate was locked with two latches. At the time of observation the maintenance manager reported he was unaware that exit doors and gates could not have more than one lock.	K 038		02/1/11
K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 1 emergency generator annunciator panel was observable by personnel in accordance with NFPA 110 as referenced by 7.9.2.3. The findings were: Observation of the emergency generator annunciator panel on 8/10/10 at 2:52 PM showed the remote panel was installed in the clean linen room adjacent to the nurses' station. The panel was installed in the corridor wall near the fire alarm panel dialer. At the time of observation the maintenance manager reported he did not know the panel was required to be installed in a location that could be continually observed.	K 046	**NFPA 101 LIFE SAFETY CODE STANDARD** The Maintenance Manager has relocated the enunciator panel from the linen room adjacent to the front nurse's station to the back wall of the nurse's station in order to comply with NFPA 99 on 8/28/10. The staff has been notified of the relocation and the Maintenance Manager educated all staff on the purpose of the panel on 9/2/10. A report of the relocation and a copy of the work order and completion date will be presented at the monthly PI meeting.	9/02/10
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of	K 056	**NFPA 101 LIFE SAFETY CODE STANDARD** The Maintenance Manager has contacted Western State Fire Protection Co. to install sprinkler heads in the three areas that are not in compliance with NFPA 13 in order to meet the 7 ½ foot from the smoke barrier requirement.	11/11/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/11/2010

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 056	Continued From page 2 Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure the facility had complete sprinkler coverage in 2 of 5 smoke compartments. The findings were: Observation of the sprinkler system on 8/10/10 between 3 PM and 4 PM showed the sprinkler head located near the business office was more than 7-1/2 feet from the smoke barrier wall. Further review showed the head was located 11 feet from the barrier wall. It was also noted that the sprinkler head near the therapy gym was located 12 feet from the north smoke barrier wall. At 3:05 PM the maintenance manager reported he was aware of the spacing requirement. He also reported that the system was inspected annually by an outside contractor, and the inspection on 4/28/10 did not report any spacing problems.	K 056	An estimate will be received on or before 9/12/10. A request for a 6 month waiver has been submitted to the Office of Healthcare Licensing and Survey for the completion of the project to be completed under the following timeline: Engineer evaluation of the facility's current fire sprinkler system. September 30, 2010. Draw up plans to install three new fire sprinklers near three fire doors. October 29, 2010. Submit plans for approval. November 2, 2010. Secure bid and Corporate Capital Approval. December 20, 2010. Purchase necessary equipment. December 24, 2010 Install fire sprinklers. January 21, 2011. Final inspection. February 11, 2011. A copy of the estimate and all drawings, schematics, and specifications will be forwarded to the Office of Healthcare Licensing and Survey immediately upon receipt. The Maintenance Manager will submit a report on the progress of the projects timeline and of its completion to the ED at the monthly PI meeting.	9/09/10 9/2/10