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 _____	04/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER HEALTHCARE & REHABILITATION CENTER	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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor doors were resistant to the passage of smoke in 1 of 6 smoke compartments. The findings were: Observation on 4/13/11 at 11:48 AM revealed the corridor door to resident room #11 had multiple gaps between the door frame and the top and both sides of the door that were greater than the allowed 1/4 of an inch. Interview with maintenance manager at the time of the observation confirmed the door needed to be replaced.	K 018	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of 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 provision of Federal and State law.* K018 This will be met as evidenced by: *Maintenance Director (MD)/designee will assure required door closure for room #11. *MD/designee will complete rounds of all ~~smoke compartment~~ Corridor doors to assure compliance with ¼ inch gap requirements. *MD/designee will complete routine rounds to assure ongoing compliance. *Concerns will be identified and reviewed at the Safety Committee by the MD with referral to the PI committee if further corrective action is indicated.	5/25/2011
K 029	NFPA 101 LIFE SAFETY CODE STANDARD	K 029		

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

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.

Revised/approved ē changes on page 1 after T.C. ē Adm on 5/17/11 at 3:02pm — JG

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	535031	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/14/2011

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WIND RIVER HEALTHCARE & REHABILITATION CENTER	1002 FOREST DRIVE RIVERTON, WY 82501

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K 029 SS=D	Continued From page 1 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 2 hazardous areas were separated from patient use areas in 2 of 6 smoke compartments. The findings were: Observation on 4/13/11 between 11:32 AM and 2:18 PM revealed that neither the entrance door to the kitchen nor the door into the resident shower room across the hall from the admissions office closed completely in their respective frames. The same result was noted on three separate attempts with each door. Both doors had self closure devices attached. The maintenance manager confirmed the doors did not close completely.	K 029	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of 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 provision of Federal and State law.* K029 This will be met as evidenced by: *MD/designee will adjust door closures on cited doors to assure complete door closure as required. *MD/designee will check all automatic door closures to assure complete closure is occurring. *MD/designee will complete routine audits on all self-closure doors to assure ongoing compliance. *MD/designee will refer any concerns to the Safety Committee, and if indicated, to the PI committee for further correction.	5/25/2011
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2	K 147		

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K 147	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure compliance with the National Electrical Code in 2 of 6 smoke compartments. The findings were: Observation on 3/10/10 between 11:32 AM and 2:18 PM revealed the following concerns: 1. The phone line and attached phone jack had pulled away from the wall in resident room #5, creating a trip hazard. 2. An extension cord was being used in resident room #31. Multiple appliances, TV, radio, etc. were pulled into the extension cord. 3. The TV cable box and cable wire had separated from the wall in resident room #38, creating a trip hazard. Interview with the maintenance manager at the time of the observations confirmed these findings.	K 147	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of 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 provision of Federal and State law.* K147 This will be met as evidenced by: *Phone line and jack in room #5 will be re-attached to wall to prevent further tripping hazard. Extension cord in room #1 will be removed and items will be plugged into acceptable receptacles. TV and cable box in room #8 will be secured to wall to prevent further tripping hazard. *MD/designee will complete rounds to assure compliance of wiring and equipment with NTPA780 NEC9.1.2. *MD/designee will complete routine random rounds to assure ongoing compliance and establish any plans for needed correction. *MD/designee will review audit round results with Safety Committee and PI committee, if further corrective action is indicated.	5/25/2011