CENTERS FOR MEDICARE & MEDICAID SERVICES

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 B. WING	01/19/2017

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 Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Health Care of the National Fire Protection Association. The facility was partially sprinkled, single-story building with Type V (III) constriction 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 57.	K 000	**NFPA 101 Exit Signage** **K293** The community has purchased new retrofit kits to replace current light bulbs in exit signs with new LED bulbs. All exit signs have the potential to be affected.	3-6-17 2-16-17
K 293 SS=E	NFPA 101 Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 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 signs in accordance with NFPA 101. The findings were: Observation on 01-19-2017 at 2:25 PM located at the South Hall exterior exit, South Hall Facing Central Nurses Station, Nurses Station Facing North Hall, and throughout the facility revealed exit signs that were not continuously illuminated. Interview with the Facility Maintenance Manager at the time of observation indicated that the bulbs	K 293	The Maintenance Supervisor will conduct monthly audits of all exit signs to ensure proper continuous illumination and replace bulbs as indicated. All audit findings and follow up will be presented to the Quality Assurance team quarterly. The team will review and make recommendations. The Maintenance Supervisor is responsible for this tag and reporting.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/14/17

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.

ACCEPTED POC VIA PHONE CALL WITH ADMINISTRATOR BOSSE DRESED ON 2-16-17

RECEIVED
FEB 14 2017
Healthcare Licensing and Surveys

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K 293	Continued From page 1 In the exit signs don't last long and that they were ordering led bulbs for replacement. Ref: 2012 NFPA 101 - Section 19.2.10.1	K 293	**NFPA 101 Sprinkler System – Installation** **K351**	
K 351 SS=E	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect the building throughout by an approved, supervised automatic sprinkler system in accordance with NFPA 13. The findings were: Observation on 01-19-2017 at 2:32 PM located in all resident rooms throughout the facility revealed built-in closets that included a bar for hanging clothing, and that the top of the closet enclosure was continuous to the ceiling of the room. Further observation revealed that the closets	K 351	The community will remodel and or replace all closets in order to protect the building throughout by allowing for the current sprinkler system to reach the free standing closet unit. All built in closets have the potential to be affected. A monthly maintenance audit has been generated to include safety inspections. The maintenance supervisor will ensure the monthly safety inspection is completed to include closet inspections and will ensure all work orders are completed timely. All inspections and correlating maintenance log work orders pertaining to Life Safety will be monitored at 100% completion. A follow-up report will be submitted to	3-20-17 2-16-17

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K 351	Continued From page 2 were not provided with sprinkler protection within each closet. Interview with the Facility Maintenance Manager during the observation indicated that the facility was unaware of the requirement. Ref: 2012 NFPA 101 - Sections 19.3.5.1 and 9.7.1.1 2010 NFPA 13 - Section 1-6.1 SNC Letter 13-55	K 351	the Quality Assurance team, the team will review findings and make recommendations. The maintenance supervisor is responsible for compliance of the above stated standard.	