Healthcare Licensing and Surveys

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0004	A. BUILDING: _____ B. WING _____	01/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION	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) COMPLETE DATE
S 000	General Comments A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on January 19, 2017. 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. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety, The requirements in the Department of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply.	S 000	**S 7999 State Miscellaneous Life Safety** The community will replace the oxygen storage door to maintain compliance with the International Fire Code. This is the only such storage in the community. A 3 hour fire door and jam was ordered on 1/30/17. The door will be installed by a general contractor once received. The Maintenance Supervisor will ensure that the door is installed and is stamped with the appropriate fire rating. Any plans for future storage will be sent to the State for approval and reviewed with the Quality Assurance team. The Maintenance Supervisor is responsible for this tag.	3-20-17 2-16-17
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: . Based on observation and staff interview, the facility failed to provide oxygen storage in accordance with the International Fire Code. The findings were: Observation on 1/19/2017 at 3:32 PM located at the Oxygen Storage room revealed that the facility had over 600 cubic feet of compressed oxygen stored in an interior room of the facility. Further observation revealed that the door did not have a fire rating and that the door frame was not labeled as a fire rated door frame. Therefore, it could not be established that the room provided	S7999		

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

STATE FORM 6899 9LHV11 If continuation sheet 1 of 2

Accepted POC via phone call with Administrator Bobbi Dreed on 2-16-17.

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S7999	Continued From page 1 the required 1-hour fire-resistance rating at the walls and doors. Interview with the Facility Maintenance Manager and Staff indicated that they thought that the room had a rated door. Further interview revealed that the oxygen storage room used to be located in a different area and that the door and frame had never been replaced with a fire rated door and frame. Ref: 2006 IFC - Section 3006.2 2006 IFC - Table 105.6.8 Permit Amounts for Compressed Gasses	S7999		