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

PRINTED: 03/29/2017
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
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE - EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on March 8, 2017. Requirements for Long Term Care Facilities 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 a fully sprinklered, single story building of Type V (111) construction with plan approval in 1985. The building was equipped with a supervised, automatic dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 39 residents.	K 000		
K 211 SS=D	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the NFPA 101, Life Safety Code. The findings were: Observation on 03/08/2017 at 3:15 PM in the kitchen revealed that the exit door required more than one releasing operation to open the door in	K 211	K-211 The kitchen exit door knobs will be replaced by the maintenance staff with new single action locking door knobs on or before 4-20-2017. All dead bolts, or other locking devices will be removed and door penetrations plugged appropriately.	4/20/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 4/3/17

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.

RECEIVED
APR 03 2017
Healthcare Licensing and Surveys

ACCEPTED POC VIA PHONECALL WITH THE ADMINISTRATOR, Nancy Bunot, WITH MODIFICATION OF DATES. ON 4-6-17

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K 211	Continued From page 1 an area with an occupant load exceeding three. Interview with the Facility Maintenance Manager at the time of the observation revealed that they were unaware of the requirement. REF: 2012 NFPA 101 Sections 19.2.1; 7.2.1.5.10.2	K 211		
K 227 SS=D	NFPA 101 Ramps and Other Exits Ramps and Other Exits Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain ramps in accordance with the NFPA 101, Life Safety Code. The findings were: 1. Observation on 03/08/2017 at 4:16 PM at the exterior ramp located outside of the 300 corridor revealed a rise greater than 6 inches and no handrails on either side of the ramp. Per the Definition of the Life Safety Code a ramp is classified as a walkway with a slope greater than 1:20. During observation a length measurement of approximately 330 inches and a height of approximately 21 inches was measured. The height exceeded the allowed 16.5 inches and therefore was classified as a ramp. Interview with the Facility Maintenance Manager at the time of observation revealed they were unaware of the	K 227	K-227 1. The "ramp" from the 300 hall exit will have hand rails added to both sides by 4-30-2017. 2. New cement will be poured to replace the sections with the 3"gap by 4-30-2017. All cement will be inspected and any gaps will be repaired with suitable filler or by re-pouring the affected sections. This inspection has been added to the TELS online PM system. Any concerns will be addressed by the QA committee.	~~4/30/17~~ S=04~~18~~ 5/19/17

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K 227	Continued From page 2 requirement. REF: 2012 NFPA 101 Sections 19.2.2.6; 3.3.219; 7.2.5.2.(2).(c); 7.2.5.4.2 2. Observation on 03/08/2017 at 4:15 PM at the exterior ramp located outside of the 300 corridor revealed a three inch gap in a joint between two concrete sections of the ramp. Interview with the Facility Maintenance Manager at the time of observation revealed they were unaware of the requirement. REF: 2012 NFPA 101 Sections 19.2.2.6; 7.2.5.3.2; 7.2.5.3.1(3)	K 227		
K 754 SS=D	NFPA 101 Soiled Linen and Trash Containers Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This STANDARD is not met as evidenced by: Based on observation and staff interview, the	K 754	K-754 Large 20 cubic foot trash bin was removed from the facility on 3-28-2017. Maintenance staff will do a monthly check on all hazard areas to ensure the limit is not exceeded. This will be added to our online PM system. Any concerns will be addressed by the QA committee.	3/28/17

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K 754	Continued From page 3 facility failed to maintain trash container capacity in accordance with the NFPA 101, Life Safety Code. The findings were: Observation on 03/08/2017 at 3:55 PM in the trash room revealed a 20 cubic foot trash container in addition to two 32 gallon containers of trash. Further observation revealed that the average density of the containers capacity exceeded the .5 gallon per square foot requirement. Interview with the Facility Maintenance Manager at the time of observation acknowledged amount of trash in the room. REF: 2012 NFPA 101 Section 19.7.5.7.1	K 754		