PRINTED: 03/22/2017
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0025	A. BUILDING: _____ 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) COMPLETE DATE
S 000	General Comments A Life Safety Survey was conducted by Healthcare Licensing and Survy on March 8, 2017. 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. Wyoming Deprtment of Health, Rules and Regulations for Licensing of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter 3, Construction Rules and Regulations for Health Care Facilities apply.	S 000		
S7006	NFPA Life Safety - Nfpa Cap of Means of Egress NFPA 101 Capacity of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress access in accordance with the NFPA 101, Life Safety Code. The findings were: 1. Observation on 03/08/2017 at 4:15 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	S7006	S 7006 1. The exit from the 300 hall exit will have hand rails added to both sides by 6/1/17. 2. New cement will be poured to replace the sections with the 3"gap by 6/1/17. 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 identified from inspection will be addressed by QA committee.	~~6/1/17~~ 5/9/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE ADMINISTRATOR (X6) DATE 4/3/2017

STATE FORM 6899 RTP511 If continuation sheet 1 of 3

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ACCEPTED POC VIA PHONE CALL WITH ADMINISTRATOR, NANCY BUNOT, WITH MODIFIED DATES ON 4-6-17.

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S7006	Continued From page 1 of approximately 330 inches and a height of 21 inches was measured. The height exceeded the allowed 16.5 inches and therefore was classified a ramp. Interview with the Facility Maintenance Manager at the time of observation revealed they were not aware of the requirement. REF: 2006 NFPA 101 Sections 19.2.2.6; 3.3.194; 7.2.5.2.(2).(c); 7.2.5.4.2 2. Observation revealed a 3 inch gap in a joint between 2 concrete sections of the ramp. Further observation revealed the ramp was missing a landing at the bottom. Interview with the Facility Maintenance Manager at the time of observation revealed they were not aware of the requirement. REF: 2006 NFPA 101 Sections 19.2.2.6; 7.2.5.3.2; 7.2.5.3.1.(4)	S7006		
S7026	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with NFPA 99, Health Care Facilities. The findings were: Observation on 03/08/2017 at 3:50 PM at the central nurse's station revealed that the generator annunciator panel did not have a battery charger malfunction indicator. Interview with the Facility Maintenance Manager at the time of observation revealed he was not aware of the requirement.	S7026	S 7026 Generator service company was contacted on 3/29/17. They will install a battery charger malfunction indicator on the charger and enunciator panel at the central nurses station. Work will be completed no later than 4/30/17. Functionality of the indicator will be tested bi-annually in conjunction with normally scheduled generator service.	4/30/17

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S7026	Continued From page 2 REF: 2005 NFPA 99 Section 4.4.1.1.17.(1).(b)	S7026		
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 maintain light fixtures in accordance with Department of Health Chapter 3, Construction Rules and Regulations for Health Care Facilities. Observation on 03/08/2017 at 2:26 PM in rooms 107, 110 and 111 revealed light fixtures in the closets missing light covers or guards. Exposed light bulb fixtures shall not be allowed. Globes, guards, lenses or specialty coated bulbs shall be provided. Further observation revealed in several locations throughout the facility new pendant light fixtures with missing light covers or guards. Interview with the Facility Maintenance Manager at the time of observation indicated that he thought all light bulbs were covered. REF: 2008 Wyoming Department of Health Chapter 3 Section 5 (b) (i) (v)	S7999	S 7999 An audit was completed on 3/9/17 and all closet lights were inspected to verify placement of covers. Replacement covers were ordered for all fixtures that didn't have them on 3/9/17. Guards were installed upon arrival on 3/15/17. New shatter proof bulbs were ordered on 3/20/17 for the newer "pendant" lights. They will be installed immediately upon delivery. Maintenance staff was in-serviced that only shatter resistant bulbs are to be used in that style lighting. A monthly audit was added to the TELS online PM system. Any concerns identified during the monthly audit will be addressed by the QA committee.	4/15/17