PRINTED: 02/28/2017
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535029	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRICT LTC	713 OAK STREET SUNDANCE, WY 82729

(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 2/22/17. 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 fully sprinkled, single-story building with Type II (III) construction built in 1985. The building was equipped with a supervised automatic wet sprinkler with an addressable fire alarm system. The facility had a capacity of 32 certified Medicare and Medicaid beds with a census of 31.	K 000		
K 222 SS=E	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS	K 222	K222 The Wander guard system was reprogrammed to activate the 'bypass' mode on the exit door to Long Term Care The bypass mode includes the ability to key in a code to unlock the exit doors even if a locking sensor is nearby. The bypass mode allows 60 seconds of entry/exit before it locks the doors again. All staff passing through the locked doors will be educated by Maintenance Manager or designee and demonstrate the ability to activate the bypass mode. This will ensure the ability of rapid removal or entry of occupants in the event that that is necessary. Competency of the ability to activate the bypass mode will be performed by all nursing staff through audits done by the Maintenance manager or designee and documented on an audit tool. Audits will continue for 6 weeks to ensure knowledge. Any staff member found deficient in knowledge of the process will be re educated and repeat audits will be performed. Results of the audits will be reported to the QAPI committee. Further action after 2 months will be determined by the QAPI committee.	04/05/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 3/28/17

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
MAR 28 2017
Healthcare Licensing and Surveys

ACCEPTED POC VIA PHONE CALL WITH THE ADMINISTRATOR NATHAN HOUGH ON 4-3-2017

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K 222	Continued From page 1 Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.	K 222		

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K 222	Continued From page 2 18.2.2.2.4, 19.2.2.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observations on 2/22/17 at 9:40 AM revealed that the corridor doors at the entrance and rear of the nursing home utilized a Wanderguard system with a keypad to disarm the system. Once activated the doors could not be opened without using excessive force, and no alternative means of egress such as delayed egress was provided. Additional observation on 2/22/17 at 10:15 AM in the courtyard revealed that the exit door back into the building was provided with a keyed lock preventing egress from the courtyard back into the building. Interview with the facility maintenance manager at the time of the observation revealed that he was not aware of the locking requirements.	K 222		
K 293 SS=D	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 maintain exit signs in accordance with the 2012 NFPA 101, Life Safety Code. The findings were:	K 293	K293 The exit sign for the courtyard exit door has been ordered and will be installed in accordance with the 2012 NFPA 101, Life Safety Code within 30 days. This will be reviewed by the QAPI committee monthly until completed.	04/05/2017

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K 293	Continued From page 3 Observation on 2/22/17 at 10:15 AM revealed that the courtyard exit to the building did not have an exit sign on the courtyard side. Interview with the facility maintenance manager at the time of the observation revealed that he was not aware of the requirement for that particular door.	K 293		
K 341 SS=D	NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical panels in accordance with the 2012 NFPA 101, Life Safety Code. The finding were: Observation on 2/22/17 at 10:05 AM in the electrical room revealed that the electrical panel marked E-1 did not have a red label indicating the Fire Alarm breaker. Interview with the facility maintenance manager at the time of the	K 341	K341 The electrical panel marked E-1 had a red label indicating the Fire Alarm breaker placed. This has been completed.	03/10/2017

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K 341	Continued From page 4 observation revealed that he was unaware of the requirement. REF: 2010 NFPA 72, National Fire Alarm Code, Section 10.5.5.2.3	K 341		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with 2012 NFPA 101, Life Safety Code and 2011 NFPA 70, National Electrical Code. The finding were: Observation on 2/22/17 at 10:00 AM in the mechanical room behind the soiled linen room revealed that the salt holding tank for the water softener was 17" in front of the electrical panels thus blocking access to the panel. Interview with the facility maintenance manager at the time of the observation revealed that he was aware of the requirement, but that the equipment was recently installed by a vendor. REF:	K 511	K511 The salt holding tank for the water softner has been moved to ensure that it is >36 inches from the electrical panel, ensuring that access to the electrical panels is not blocked. This has been completed.	03/10/2017

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K 511	Continued From page 5 2011 NFPA 70, National Electrical Code, Section 110-26	K 511		
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders	K 923	K923 The full Oxygen tanks were placed in the medication room at least 5 feet from combustible materials. Staff will be educated on the Medication/Oxygen storage policy by the DON or designee. Competency of knowledge will be performed by all nursing staff through audits done by the DON or designee and documented on an audit tool. Audits will continue for 6 weeks to ensure knowledge. Any staff member found deficient in knowledge of the policy will be re educated and repeat audits will be performed. Results of the audits will be reported to the QAPI committee. Further action after 2 months will be determined by the QAPI committee.	04/05/2017

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K 923	Continued From page 6 are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to store oxygen tanks in accordance with the 2012 NFPA 99, Health Care Facilities. The findings were: Observation on 2/22/17 at 9:50 AM in the employee locker room revealed that oxygen tanks were stored within 5 feet of combustibles. Interview with the facility maintenance manager at the time of the observation acknowledged the proximity to combustibles.	K 923		
K 929 SS=D	NFPA 101 Gas Equipment - Precautions for Handling Oxyg Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to handle oxygen tanks in accordance with the 2012 NFPA 99, Health Care Facilities. The findings were: Observation on 2/22/17 at 9:50 AM in the employee locker room revealed that a 24 cubic foot oxygen tank was left unsecured. Interview	K 929	K929 The empty oxygen tank was placed in holders and removed from Long Term Care. Staff will be educated on the Medication/Oxygen storage policy by the DON or designee. Competency of knowledge will be performed by all nursing staff through audits done by the DON or designee and documented on an audit tool. Audits will continue for 6 weeks to ensure knowledge. Any staff member found deficient in knowledge of the policy will be re educated and repeat audits will be performed. Results of the audits will be reported to the QAPI committee. Further action after 2 months will be determined by the QAPI committee.	04/05/2017

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K 929	Continued From page 7 with the facility maintenance manager at the time of the observation revealed that he was aware of the requirement, but could not identify why the tank was unrestrained. REF: 2012 NFPA 99, Health Care Facilities, Section 11.6.2.3 (11)	K 929		