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

PRINTED: 06/23/2011
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 - MAIN BUILDING 01 B. WING _____	06/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT 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 Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction with plan approval in 1987. The building was equipped with a supervised automatic dry sprinkler system and an anti-freeze branch with a zoned fire alarm system. The facility had a capacity of 59 certified Medicare and Medicaid beds with a census of 58 residents.	K 000		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure a fire drill was held during 1 of 3 shifts during each quarter. The findings were: Review of the fire drill record showed the third	K 050	K050 Fire drills will be conducted on a monthly basis. In the event of a maintenance problem with the alarm panel, the fire drills will still be conducted on all 3 shifts during each quarter, after the problem has been corrected. Fire drills will be tracked in a fire drill log in the Maintenance Department. Maintenance Department will report on the drills quarterly to the Safety Committee for review.	6/7/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator — 7-16-11

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.

P.o.C. accepted with Bobbi Droz, Administrator, on 7/14/11 John W. Brunn

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Wyoming Dept of Health
JUL 13 2011
Office of Healthcare Licensing and Surveys

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7/14/11 John W. Brown

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K 050	Continued From page 1 shift occurred between 10 PM and 6 AM. Further review showed a fire drill was not held on the third shift during the second quarter of 2010. On 6/07/11 at 9:10 AM the maintenance director confirmed a fire drill had not been held on the third shift during the second quarter of 2010. He reported the scheduled drill had been moved to the first shift because of maintenance on the fire alarm panel. He stated he was not sure why the drill had not been rescheduled on the third shift after the panel maintenance was completed.	K 050		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure the fire alarm system was activated during 3 of the past 12 months. The findings were: Review of the fire alarm system testing records showed a monthly activation had not occurred during August and November 2010 or February 2011. On 6/07/11 at 9:10 AM the maintenance	K 052	K052 During months that fire drills are conducted between 9:00pm & 6:00am, a silent drill may be conducted. Also during these months the fire alarm will be activated during the daytime to be sure the system is working properly. Fire drills will be tracked in a fire drill log in the Maintenance Department. Maintenance Department will report on the drills quarterly to the Safety Committee for review.	7/12/11

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7/14/11 John M. Brunn

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K 052	Continued From page 2 director reported he was not aware of the monthly testing requirement. Review showed the monthly activation was typically completed with the fire drills, but the above mentioned months had silent fire drills with no activation of the fire alarm system. Reference: NFPA 72, National Fire Alarm Code, 1999 Edition. Table 7-3.2 Testing Frequencies. 23. Receivers..... monthly	K 052		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, record review and staff interview the facility failed to ensure 2 of 8 sprinkler tests were done and failed to ensure sprinklers were unobstructed in 2 of 6 smoke compartments. The findings were: 1. Review of the sprinkler system testing records showed the back flow preventer and dry system partial trip test had not been tested in the past year. Records showed the devices were last tested on 7/28/2009. On 6/07/11 at 9:10 AM the maintenance director reported he was aware of the annual testing requirements. He confirmed there were no other record to review. He also stated that the outside contractor was expected to	K 062	K062 1. All annual and semi-annual tests of sprinklers will be done by an outside contractor with the documentation kept in Maintenance files. The findings of such tests will be reviewed in the Safety Committee annually and semi-annually and any necessary changes will be addressed immediately. K062 2. A licensed contractor will be brought in to address sprinkler heads; shutdown & drain existing system, remove old recessed heads in skilled nursing electrical room, charting room and south wing corridor near smoke barrier door. Extend sprinklers down and install new quick response pendant heads. Deflector of new heads will spray under existing mounted lights to meet NFPA code. Upon completion of	6/20/11

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K 062	Continued From page 3 complete all of the needed tests. 2. Observation of the sprinkler system on 6/07/11 between 11 AM and 12 PM showed the sprinkler heads in the skilled nursing electrical room, charting room, and in the south wing corridor near the smoke barrier were obstructed by ceiling mounted light fixtures. The sprinklers were installed less than 12 inches from and 4 inches above the bottom of the fixtures. At 11:07 AM the maintenance director reported he was aware of the spacing requirement. Review of the 6/29/10 deficiency statement showed the same issue had been cited then. The plan of correction submitted by the facility stated: "An annual sprinkler system inspection will be added to the Policy and Procedures to be done with other annual inspections at the Castle Rock Convalescent Center Facility." The maintenance director stated he did not know why the sprinkler inspection failed to identify this problem. Reference: NFPA 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1998 Edition. 9-4.4 Dry Pipe Valves/Quick-Opening Devices. 9-4.4.2.2* Each dry pipe valve shall be trip tested annually. 9-4.4.2.2.1* Every 3 years and whenever the system is altered, the dry pipe valve shall be trip tested with the control valve fully open and the quick-opening device, if provided, in service. 9-4.4.2.2.2* During those years when full flow testing in accordance with 9-4.4.2.2.1 is not required, each dry pipe valve shall be tested with the control valve partially open. 9-6.2.1 All backflow preventers installed in fire	K 062	contracted work the maintenance department will conduct annual and semi-annual audits to review proper sprinkler head placement and working condition. The findings of such will be reported to the Safety Committee annually and semi-annually and any necessary changes will be addressed immediately.	

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K 062	Continued From page 4 protection system piping shall be tested annually ... NFPA 13, Standard for the Installation of Sprinkler Systems, 1994 Edition. Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (Standard Spray Upright/Standard Spray Pendent) Distance from sprinkler to side of obstruction — Maximum allowable distance from deflector above bottom of obstruction Less than 1 ft ... ...0 1 ft to less than 1 ft 6 in. ... ...2 ½ 1 ft 6 in. to less than 2 ft ....3 ½ 2 ft to less than 2 ft 6 in. ....5 ½ 2 ft 6 in. to less than 3 ft ... ...7 ½ 3 ft to less than 3 ft 6 in ... ...9 ½ 3 ft 6 in. to less than 4 ft 12	K 062		
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13	K 074	K074 The curtain in the administration office that was not flame retardant, was taken down. All other curtains will be marked by the housekeeping manager as being flame retardant. Documentation will be kept showing the curtains are in fact flame retardant or have been treated with a flame retardant spray. This will be monitored monthly in an audit by the housekeeping manager the findings of which will be reported to maintenance and addressed immediately. The data will be reviewed quarterly to the safety committee.	6/7/11

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7/14/2011 Christa Brenn

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K 074	Continued From page 5 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure window curtains were flame retardant in 1 of 6 smoke compartments. The findings were: Observation of the curtains in the administration front office on 6/07/11 at 10:53 AM showed the flame retardant documentation was not attached to the curtain. The housekeeping manager reported the curtains did not have any documentation to review as she only collect documentation for newly purchased textiles. Reference: 10.3.1* Where required by the applicable provisions of this Code, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.	K 074		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 147	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure electrical outlets in wet locations had ground faulty circuit interrupter (GFCI) protection in 1 of 6 smoke compartments. The findings were: Observation of the electrical system on 6/07/11 at 10:24 AM showed two electrical outlets in the laundry wash room were located less than 6 feet from a sink. The closet outlet was installed 36 inches from the sink. At the time of observation the maintenance director reported he was aware of the spacing requirement. He could not explain why the outlets had not been noticed and replaced with GFCI outlets. Reference: NFPA 70, National Electrical Code, 1999 Edition. Section 210.8(A): "All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(A)(1) through (8) shall have ground-fault circuit interrupter protection for personnel...(7) Sinks - located in areas other than kitchens where receptacles are installed within 6 feet of the outside edge of the sink."	K 147	K147 The two electrical outlets in the laundry wash room have been changed out and replaced with the proper GFCI protection outlets. A licensed electrician has made the proper corrections with the two outlets. In follow up the maintenance department will do a quarterly life safety audit to include inspection of all facility outlets to ensure that proper GFCI protection outlets are in place. The findings of which will be reported to the Safety Committee which will be written into policy and procedure for maintenance operations.	6/9/11