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 _____	**12/13/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION 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 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 sprinklered, one story building of Type V (111) construction built in 1987. The building was equipped with a supervised automatic wet sprinkler system with a glycol loop and an addressable fire alarm system. The facility had 59 certified Medicare and Medicaid beds with a census of 53 residents.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress doors and exit discharges in accordance with the 2012 NFPA 101 (Life Safety Code). The findings were: 1. Observation on 12/12/2017 at 2:57 PM located at the exit door adjacent to room 17 and when tested revealed that the force to open the door exceeded 50 lbf. Interview with the facility maintenance manager at the time of observation	K 211	1. The door closure on the exit door adjacent to room 17 was adjusted and lubed. In addition the lower pivot was tightened. This door now opens with less than 50lbs of force. 2. The latch on the gate to the west side of the building was repaired. This gate now opens with less than 50 lbs of force.	12/19/17

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

Electronically Signed | 01/04/2018

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K 211	Continued From page 1 indicated that dirt gets caught under the frame and makes the door hard to open. Failure to maintain egress doors in accordance with the 2012 NFPA may result in injury or death during an emergency. 2. Observation on 12/12/2017 at 2:28 PM located at the west exit sidewalk discharge revealed a gate to the public way. When tested the gate required more than 50 lbf to open. Interview with the facility maintenance manager at the time of observation indicated that there were strong winds the day before that damage the gate causing the excessive amount of force to open the gate. Failure to maintain exit discharges in accordance with the 2012 NFPA may result in injury or death during an emergency. Ref: 2012 NFPA Sections 19.2.1, 7.2.1.4.5.1	K 211	All exits have the potential to be affected. The maintenance supervisor and or designee will perform monthly audits to address repairs as well perform testing of all exits to meet NFPA regulations regarding less than 50lb of pressure of force to open exits. All audit findings will be reported in the Quality Assurance meetings quarterly; the QA team will monitor and make recommendations as they deem necessary. The maintenance supervisor is responsible for compliance of this tag and reporting.	
K 293 SS=E	Exit Signage CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exit signage in accordance with 2012 NFPA 101 (Life Safety Code). The findings were:	K 293	All exit signs that indicated "STOP! This door is monitored by an electronic alarm system. Please use front door," were removed immediately.	2/9/18

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K 293	Continued From page 2 Observation on 12/12/2017 at 12:38 PM at the exit door from the multipurpose room, the exit door adjacent to the multipurpose room, at the exit door adjacent to room 17, and exit doors throughout the facility revealed conflicting exit signs. Further observation revealed that the exit access had the proper exit sign above the exit door, but then had a tactile sign above the panic hardware that stated, "Stop! this door is monitored by an electronic alarm system Please use front door." Failure to provide exit signs as required increases the risk of death or injury during an emergency. Interview with the facility maintenance manager at the time of observation indicated that they were unaware of the requirement. REF: 2012 NFPA 101 Sections 19.2.10; 7.10	K 293	New signs have been ordered and will read "Emergency Exit Only / Alarm Will Sound." All exit doors have the potential to be affected. The maintenance supervisor and or designee will audit door signage a minimum of monthly to ensure that all exits have appropriate signage in place. All finding will and work orders pertaining to audits will be monitored at 100% completion and reported to the Quality Assurance committee quarterly as long as deemed necessary. The maintenance supervisor is responsible for compliance of this tag.	
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 345		1/2/18

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K 345	Continued From page 3 Based on document review and interview, the facility failed to test the fire alarm system in accordance with the 2012 NFPA 101 (Life Safety Code) and the 2010 NFPA 72 (National Fire Alarm and Signaling Code). The findings were: During document review on 12/12/2013 at 4:45 PM revealed that the facility did not provide a list of notification devices that indicated pass or fail for each device of the fire alarm system. Interview with the facility maintenance manager at the time of review indicated they were unaware of the requirement. Failure to test the fire alarm system in accordance with the 2010 NFPA 72 may result in injury or death due to a fire. Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.5, 2010 NFPA 72 Table 14.4.5 Item 20; 2012 NFPA 101 Section 19.3.4.1, 9.6.1.5, 2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 of 11	K 345	The maintenance supervisor immediately contacted the contract company responsible for the testing of maintenance of the alarm system for a list of notification devices indicating pass or fail with each device. The list of notification devices has been provided by the contract company and indicates pass/fail for each device listed. All devices have the potential to be affected. The maintenance supervisor will review the contract companies tests and finding with the Quality Assurance committee to ensure that all documentation is completed and cross referenced with the NFPA. These findings will be reviewed in the quarterly quality assurance meeting immediately following their completion. The maintenance supervisor is responsible for compliance of this tag.	
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the	K 363		2/9/18

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K 363	Continued From page 4 passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain corridor doors in accordance with the 2012 NFPA 101 (Life Safety Code) and the 2010 NFPA 80 (Standard for Fire Doors and Other Opening Protectives). The findings were: During document review on 12/12/2017 at 4:20 PM revealed that the facility could not verify that the required annual fire door assembly inspection had been completed. Failure to maintain fire door assemblies as required could result in injury or	K 363	A fire door assembly inspection was immediately scheduled. The facility will inspect all fire door assemblies a minimum of once per year by a certified individual. All corridor doors have the potential to be affected. The maintenance supervisor will enter this testing into the work order system to ensure annual tests be completed as	

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K 363	Continued From page 5 death during an emergency. Interview with the facility maintenance manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Section: 8.3.3.1 2010 NFPA 80 Section: 5.2.1	K 363	scheduled. The maintenance supervisor will review work order logs related to inspections with the Quality Assurance committee a minimum of quarterly and as long as deemed necessary. All requirements will be fulfilled to 100% completion. The maintenance supervisor is responsible for this tag.	
K 522 SS=E	HVAC - Any Heating Device CFR(s): NFPA 101 HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected * takes air for combustion from outside * provides for a combustion system separate from occupied area atmosphere 18.5.2.2, 19.5.2.2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide heating devices in accordance with 2012 NFPA 101 (Life Safety Code). The findings were: Observation on 12/12/2017 at 1:31 PM located in the activity room revealed a natural gas fire place. The fire place had intake vents on top of the unit. Interview with the facility maintenance manager at the time of the observation indicated that air from	K 522	The main gas valve to the fireplace was shut off, in addition the line was capped off. The fireplace is no longer a working natural gas fireplace, but simply d¿cor. All fireplaces have the potential to be affected, however, this is the only said fireplace in the skilled nursing center. The maintenance supervisor will conduct	2/9/18

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K 522	Continued From page 6 within the room was used for combustion of the fire place. Further observation indicated that the fire place had a glass hinged cover that was not sealed and could be allowed to be opened to the room allowing for combustion from the room. During ignition and shut off of the gas fire place the facility maintenance manager had to reach into the fire place to turn the gas on and off. Further interview with the facility maintenance manager indicated there was no quick way to shut the gas off incase of excessive temperature. Failure to provide a fireplace in accordance with 2012 NFPA 101 could result in injury or death due to the ignition nature of a fire place. Ref: 2012 NFPA 101 Sections 19.5.2.2 (b) & (c) , 19.5.2.3 (2)	K 522	monthly audits to ensure that the integrity of the gas lines are maintained and any future heat sources will be discussed in Quality Assurance to ensure proper NFPA regulations are followed. The maintenance supervisor is responsible for this tag.	
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.	K 741		2/9/18

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K 741	Continued From page 7 (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoking areas for facility staff in accordance with the 2012 NFPA 101 (Life Safety Code). The findings were: Observation on 12/12/2017 at 12:40 PM located at the southeast parking lot revealed an abundance of cigarette butts on the ground adjacent to a grease catch for the kitchen. Further observation revealed cigarette butts on the ground throughout the southeast parking lot. Interview with the facility maintenance manager at the time of observation indicated that the wind blows the cigarette butts into the parking area. Interview with the facility administrator on 12/13/2017 indicated that the facility staff is supposed to smoke off the facility grounds, but they end up smoking in the southeast parking lot. Further observation revealed an ashtray in the southeast parking lot. Failure to maintain smoking areas in accordance with the 2012 NFPA 101 could result in injury or death due to the ignition source of a cigarette butt. Ref: 2012 NFPA 19.7.4	K 741	The parking lot was immediately cleaned of cigarette butts. The facility policy has changed to indicate that smoking is prohibited by all employees on Mission property. There will no longer be approved areas for smoking on the Mission properties. All outdoor areas have the potential to be affected. All employees will be educated regarding the non-smoking policy at the January, all staff mandatory in-service. In addition, all employees will be educated regarding the shared responsibility of keeping our grounds clean and reporting behavior which does not uphold policy. The grounds will be kept clean in cooperation with the housekeeping supervisor and seasonal contract grounds keepers. The maintenance supervisor and or designee will audit grounds for cleanliness a minimum of once per month and report	

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K 741	Continued From page 8	K 741	findings to the Quality Assurance committee quarterly and as long as deemed necessary by the committee. The maintenance supervisor is responsible for this tag.	
K 781 SS=E	Portable Space Heaters CFR(s): NFPA 101 Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide heating devices in accordance with the 2012 NFPA 101 (Life Safety Code). The findings were: Observation on 12/12/2017 at 1:37 PM located in the resident dining area revealed a portable space heater. Interview with the facility maintenance manager at the time of observation indicated that they had used it temporarily when there heater went out of operation. Further interview indicated that the facility was continually monitoring the area during use. Failure to adhere with the heating requirements of 2012 NFPA 101 may result to injury or death due to the ignition source of a portable heater. Ref: 2012 NFPA 101 Section 19.7.8	K 781	The portable space heater was immediately removed from the community. All portable heaters have the potential to be affected. The maintenance staff will be educated regarding the proper use of portable heaters. The maintenance supervisor will do a monthly audit to ensure that no such devices are used in the facility. The findings will be reported to the Quality Assurance committee quarterly as with all audit findings as long as is deemed necessary by the QA committee. The maintenance supervisor is	2/9/18

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K 781	Continued From page 9	K 781	responsible for this tag.	
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101 (Life Safety Code) and 2011 NFPA 70 (National Electrical Code). The findings were: Observation on 12/12/2017 at 1:13 PM located in the generator set room revealed 4 electrical panel boxes that were all inaccessible due to a large amount of storage covering the panels and obstructing each panel from opening. Further observation revealed that the panels could not be opened without relocating the large amount of storage. Interview with the facility maintenance manager at the time of observation indicated he is aware of the requirement. Failure to maintain the required clearance around an electric panel board could cause a fire resulting in injury or death. REF: 2012 NFPA 101 Section: 9.1.2 2011 NFPA 70 Section: 110-26; 384-8	K 911	All equipment was removed from the electrical closet, the electrical panels have a 3 foot clearance around each panel. All electrical rooms have the potential to be affected. The maintenance supervisor will conduct monthly audits to ensure that no improper storage of materials be placed in the electrical closet and a 3 foot clearance is maintained. All employees will be educated regarding the importance of proper storage areas. The audit findings will be reported to the Quality Assurance Committee once per quarter and as long as deemed necessary by the QA committee. The maintenance supervisor is responsible for this tag.	2/9/18
K 915 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101	K 915		2/9/18

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K 915	Continued From page 10 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide emergency battery powered lighting as required per NFPA 99 (Healthcare Facilities Code) and NFPA 110 (Standard for Emergency and Standby Power Systems). The findings were: Observation on 12/12/2017 at 1:11 PM in the EPS equipment room revealed a level 2 EPS. Further observation revealed that the facility failed to provide an emergency battery powered light in the EPS equipment room. Interview with the facility maintenance manager at the time of observation indicated that there used to be an emergency battery powered light in the room, but the facility had recently updated the lights and must have removed it. Failure to provide	K 915	A battery powered back up light has been ordered for installation in the generator room. This is the only generator room in the facility. The maintenance supervisor will do a monthly audit of battery powered light to ensure proper working order. Findings will be reported to the Quality Assurance committee quarterly and as long as deemed necessary by the committee. The maintenance supervisor is responsible for this tag.	

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K 915	Continued From page 11 emergency battery powered lighting at the generator set room as required could cause injury in the event of an emergency situation. Ref: 2010 NFPA 110, Section 7.3.1	K 915		
K 916 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with 2012 NFPA 99 (Health Care Facilities Code). The findings were: Observation on 12/12/2017 at 1:45 PM located adjacent to the main nursing station, revealed the generator annunciator panel that had a test switch. Further observation when depressing the test switch revealed that no lights or audible alarms signaled. Failure to provide maintenance to essential electrical power components as required increases the risk of death or injury due to an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement.	K 916	The annunciator panel was immediately scheduled for troubleshooting and repair of the test button by an outside contractor. All annunciator panels have the potential to be affected. The maintenance supervisor will do monthly audits to ensure proper testing of the test button. Findings will be reported to the Quality Assurance committee quarterly and as long as deemed necessary by the committee. The maintenance supervisor is responsible for this tag.	2/9/18

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 _____	**12/13/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION 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 916	Continued From page 12 REF: 2012 NFPA 99 Section 6.4.1.1.17.4 (4)	K 916		