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 _____	**04/09/2018**

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 April 9, 2018. Requirements for Long Term Care Facilities Section 42 CFR 483.7(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. This building was equipped with an automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 Medicare and Medicaid beds with a census of 48 .	K 000		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.	K 324		5/31/18

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

Electronically Signed | 05/03/2018

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 _____	**04/09/2018**

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K 324	Continued From page 1 Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide training with cooking staff as required by the 2011 NFPA 96 (Ventilation Control And Fire Protection of Commercial Cooking Operations). Failure of management to review the instructions for manually operating the fire extinguishing system with the cooking staff may lead to injury or death due to a fire. The deficiency affected only one of 5 smoke compartments and was confined to the kitchen cooking area. The findings are as follows: Interview on 4/9/2018 at 4:30 PM with two facility cooking staff revealed that neither staff member could identify where the kitchen hood suppression system pull station was located. Further interview indicated that they were unaware how to operate the system. Observation on 4/9/2018 at 4:31 PM located in the kitchen cooking area revealed that the two cooking staff could not locate the kitchen hood suppression system pull station. Interview with the facility maintenance manager at the time of observation indicated that they are aware of the requirement. Interview with the	K 324	An in-service will be held with all kitchen staff on/before 5/31/18. The in-service will include shut-off location as well as activation, location, and use of Ansul system. A review of the department specific tasks for dietary during fire drills will be covered as well. This in-service will be repeated on an annual basis to ensure continued education. The topic is also covered with all new hires in general orientation. All staff will be required to attend the annual in-service. The annual in-service will be added to the TELS preventative maintenance system. In-service will be reviewed by the QA committee on an every other month basis.	

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	535038	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/09/2018**

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K 324	Continued From page 2 facility administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 LSC 19.3.2.5, 19.3.2.5.1, 9.2.3 2011 NFPA 96 11.1, 11.1.4	K 324		
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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to provide the listing of all notification devices in accordance with 2010 NFPA 72 (National Fire Alarm and Signaling Code). Failure to provide the listing of all notification devices as required may lead to injury or death due to a fire. This deficiency affects one of the 3 major alarm (Initiating, Supervisory, and Notification) testing requirements. The findings were: Document review on 4/9/2018 at 4:30 PM revealed that the facility did not verify appliance locations per approved layout and the facility did not verify that there were no floor plan changes that affected the approved layout. Interview with the facility maintenance manager at the time of document review indicated that the	K 345	Contracted fire alarm service company. All future inspections will have each individual notification device listed by location with a pass/fail indication. This list will be kept with annual inspection record in the life safety documentation book in the maintenance office. This requirement was added to the TELS system in the annual test reminder. Any failed devices will replaced an will be reviewed with the QA committee annually.	5/3/18

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	535038	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/09/2018**

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ROCKY MOUNTAIN CARE - EVANSTON	**475 YELLOW CREEK ROAD** **EVANSTON, WY 82930**

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K 345	Continued From page 3 facility was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 Section 19.3.4.3.1, 9.6, 9.6.1.5; 2010 NFPA 72 Section 14.4.2.2, Table 14.4.2.2, 15.(c) Example Test and Inspection Report Figure 14.6.2.4 (7.14 and Page 11)	K 345		
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide ground fault circuit-interrupters in accordance with 2011 NFPA 70 (National Electric Code). Failure to provide the required electric receptacle in accordance with NFPA 70 may lead to injury or death due to a shock. This deficiency affected two of over 100 electrical receptacles in the facility. The findings were: Observation on 4/9/2018 at 5:05 PM located at	K 511	Electrician was contacted on 4/26/18 to come and install GFCI receptacles on nurses station plugs. Work scheduled to be completed on or before 5/23/18. All other sink/wet locations in the facility will inspected for the proper distance/receptacle prior to the work being completed and any other areas with improper receptacles will be replaced by the electrician during the same visit. A quarterly inspection of all wet areas has	5/23/18

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K 511	Continued From page 4 the central nurses station sink revealed that there were two electrical receptacles that were approximately 56.5 inches and 55 inches away from the outside edge of the sink. Interview with the facility maintenance manager at the time of observation indicated that they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 - Section 19.5, 19.5.1.1, 19.5.1.2, 9.1, 9.1.2 2011 NFPA 70 - Section 210.8(B)(5)	K 511	been added to the TELS preventative maintenance system to ensure all areas have adequate ground fault protection. Any future issues will be reviewed with the QA committee.	
K 914 SS=D	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or	K 914		5/11/18

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K 914	Continued From page 5 area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test the generators lead-acid batteries electrolyte specific gravity monthly in accordance with the 2010 NFPA 110 (Standard for Emergency and Standby Power Systems). Failure to routinely test the generators system as required per NFPA 110 may lead to injury or death due to an emergency situation. The deficiency affected one of one generator battery systems. The findings were: Document review on 4/9/2018 at 4:30 PM indicated that the facility only provides specific gravity testing for their battery every 6 months, and then an annual check. Interview with the facility maintenance manager at the time of document review indicated they were unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2010 NFPA 110 Section 8.3.7.1	K 914	Generator service company was contacted on 4/30/18 for education on electrolyte testing. Maintenance staff will be in-serviced on or before 5/11/18 on procedure for electrolyte testing. This test will be conducted each month prior to the load test of the generator and results documented on load test results form. The results will also be added to TELS preventative maintenance system. Any issues will be reported to the generator service company for repair and will be discussed with the QA committee.	

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Licensing and Surveys on April 9, 2018. Based upon the findings of the survey team, it was determined the facility was in compliance with all Emergency Preparedness requirements.	E 000		

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

Electronically Signed | 04/27/2018

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.