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 _____	05/13/2009

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CROOK COUNTY MEDICAL SERVICES	BOX 517 SUNDANCE, WY 82729

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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 2000 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 II (111) construction built in 1985. The building was equipped with a supervised automatic wet sprinkler system and fire alarm system.	K 000	K050 The facility will meet NFPA101 5 section 19.7.1.2 standard with staff inservices on the PA system in addition random testing of PA system will be done outside of the normal quarterly fire drills; monitored by maintenance staff. Inservices and testing will be done by maintenance personnel. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	6/19/09
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 observation, review of policies and procedures and staff interview the facility failed to conduct a staged fire drill as required. The findings were: During a fire drill conducted on 5/12/09 at 3:48 PM, observation revealed a faulty public address (PA) system. Nursing staff attempted to announce the existence of a fire over the PA system; however, the system did not broadcast	K 050	PoC ACCEPTED W/ DOFS ENTERED, CED, OD 6/09/09.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Doris Brown | TITLE: CEO/Administrator | (X6) DATE: 6/5/2009

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.

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Wyoming Dept of Health
JUN 08 2009
Office of Healthcare Licensing and Surveys

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K 050	Continued From page 1 the announcement throughout the entire facility. Review of the facility's policy pertaining to fire drills revealed staff must announce "code red" over the PA system in order to identify the existence of a fire. The facility's maintenance manager confirmed the observation and stated a consultant had been called to come in and fix the PA system.	K 050	K051 The facility met NFPA 72 section 19.3.4, 9.6 standard by relocating the strobe hidden by the refrigerator to an unobstructed location on the north wall and has installed a strobe in the electrical room. Maintenance staff will inspect for other possible obstructions as part of the monthly facility walk through. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	5/22/09
K 051 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observation and staff interview the	K 051		

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K 051	Continued From page 2 facility failed to maintain the installed fire alarm system in accordance with the provisions of NFPA 72. The findings were: Observation on 5/12/09 at 8:44 AM revealed the "electrical" room next to the west entrance did not have a notification device (strobe, horn, etc) in the room. The room contained the facility's electrical panels, including the fire alarm panel. In addition, observation on 5/12/09 at 10:10 AM revealed the fire alarm notification device in the kitchen was obstructed from view by a large stainless steel refrigerator, thus preventing staff from seeing the device in the event the fire alarm was activated. The facility's maintenance manager confirmed the preceding observations.	K 051	K052 The facility is now in compliance with NFPA 70 and 72, 9.6.1.4 testing on the semi-annual battery load voltage is completed and further testing has been scheduled on a semi-annual basis as required. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	5/22/09
K 052 SS=D	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 1 of 9 fire alarm system components was tested as required by NFPA 72. The findings were:	K 052		

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K 052	Continued From page 3 Review of the fire alarm system testing records revealed the semi-annual battery load voltage test for the annunciator panel was not performed every six months as required. The batteries were last tested on 6/12/08. Interview with the maintenance manager on 5/12/09 at 10:50 AM revealed he "forgot" to test the batteries in December 2008.	K 052	K062 The facility is now in compliance with NFPA 13-19.7.6, 4.6.12 and NFPA 25-9.7.5 with the ½ inch gap between the escutcheon plates and ceiling. Maintenance staff will also inspect escutcheon plate to ceiling gap with other monthly sprinkler system inspections. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	6/1/09
K 062 SS=D	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 and staff interview the facility failed to ensure sprinkler heads were properly maintained in 2 of 2 smoke compartments. The findings were: Observation on 5/12/09 at between 8:50 AM and 11:11 AM revealed the sprinkler head escutcheons mounted on the ceiling in front of the facility walk-in refrigerator and in the Janitor's closet had separated from the ceiling, remitting in a 1/2 in. gap between the escutcheon plates and the ceiling. The facility's maintenance manager confirmed the gaps at the time of the observation.	K 062		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064		

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K 064	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to maintain access to 1 of 25 portable fire extinguishers. The findings were: Observation on 5/11/09 at 4:48 PM and again on 5/12/09 at 3:44 PM revealed the wall-mounted, portable fire extinguisher (ABC type) located directly behind the nurses' station was obstructed by a paper shredder and two electric fans. The facility's manager confirmed the observation on 5/12/09 at 3:44 PM.	K 064	K064 The facility has now met compliance with NFPA 10 by moving the fans and shredder to another location not obstructing a fire extinguisher. Maintenance staff will monitor for obstruction of extinguishers as part of the monthly facility walk through. Staff will be inserviced as of 6/19/09. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	5/12/09 6/19/09
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure the performance of the required annual maintenance of the facility's cooking equipment. The findings were: Review of the facility records on 5/12/09 at 2:48 PM revealed the annual inspection of the cooking equipment was conducted on 04/13/09 by an outside entity. The inspection report showed that the fusible links were not changed at that time. Interview with the facility's maintenance manager revealed he was unaware the links had not been changed.	K 069	K069 NFPA 96 standard has now been met with fusible links changed. Contractor reminded of yearly maintenance agreement regarding this item and will be monitored by CCMSD maintenance personnel. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	6/1/09
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure electrical wiring was in compliance with the National Electric Code in 1 of 2 smoke compartments. The findings were: Observation on 5/12/09 between 11:30 AM and 3 PM revealed one wall-mounted electrical outlet was not protected against water exposure. It was not GFI (ground fault interrupt) protected. The outlet was directly under the dish machine and was approximately 1 ft. off of the ground. The ware washing equipment was plugged into the unprotected outlet. Interview with the maintenance manager at the time of the observation confirmed the finding.	K 130	K130 National Electric Code has now been met with a ground fault installed in the location under the dish machine. Maintenance staff will monitor as part of monthly facility walk through. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	6/1/09
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 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure facility electrical wiring was in compliance with the National Electric Code in 1 of 2 smoke compartments. The findings were: Observation on 5/12/09 between 11:30 AM and 3 PM revealed a face-plate was missing from a wall-mounted electrical juncture box, exposing the electrical wires. The electric box was wall-mounted in the "electrical" room near the west entrance. Interview with the facility	K 147	K147 NFPA 70 has been met with face plate installed on wall mounted electrical juncture. Maintenance staff will monitor as part of monthly facility walk through. Tracking and monitoring will be conducted and reported at the quarterly quality improvement meetings.	6/1/09

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K 147	Continued From page 6 maintenance manager at that time confirmed the missing face-plate.	K 147		