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 _____	**02/12/2019**

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on February 12, 2019. 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 a fully sprinklered, one-story building of Type V (111) construction built in 1987. The building was equipped with a supervised automatic dry sprinkler system, automatic wet sprinkler system with an anti-freeze loop, and an addressable fire alarm system. The facility had 59 certified Medicare and Medicaid beds with a census of 45 residents.	K 000		
K 211 SS=E	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 means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain means of egress as	K 211	The snow 4 egress corridors with snow were cleared and shoveled immediately to clear a path from door egress to sidewalk.	3/15/19

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

Electronically Signed | 03/09/2019

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K 211	Continued From page 1 required could delay egress resulting in injury or death during an emergency. The deficiency affected 4 of approximately 8 facility exits. The findings were: Observation on 2/12/2019 at 1:30 PM at the west exit revealed the sidewalk to the public way covered with snow. Further observation at three other exits revealed the sidewalks also covered with snow. Interview with the facility maintenance manager indicated he had a crew shoveling the sidewalks, but that they had not finished. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.7.3.1; 7.1.10.1 .	K 211	All egress corridors have the potential to be affected during winter weather and snow conditions. The maintenance supervisor put 5 gallon buckets with ice melt and scoops at each exit in order that ice melt be spread multiple times throughout the day as necessary. The maintenance supervisor will perform weekly audits of all exits during times of snowfall and ice formation to include, ice melt, shoveling and plowing of snow, and when necessary outside contract services to keep up with times of heavy snow fall. Audit findings will be reported to the Safety Committee on a quarterly basis during snow fall months. Them maintenance supervisor is responsible for the compliance of this tag and reporting.	
K 345 SS=D	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:	K 345		3/15/19

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	535033	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/12/2019

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K 345	Continued From page 2 Based on document review and staff interview, the facility failed to maintain and 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. Failure to maintain and test the fire alarm system as required could result in injury or death during an emergency. The deficiency affected 1 of numerous testing requirements for the fire alarm system. The findings were: Document review on 2/12/2019 at 3:30 PM revealed the facility could not verify that the semi-annual test on the lead acid batteries for the fire alarm system had been accomplished. Facility could only verify one test during the previous 12 months which occurred on 12/11/2018. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 19.3.4.1; 9.6.1.3 2010 NFPA 72, Section: Table 14.3.1(3)(d)	K 345	The 6 month or semi-annual lead acid battery test was scheduled to be performed in June of 2019 which is 6 months following the last test performed. All scheduled maintenance tests have the potential to be missed omitted. The maintenance supervisor has scheduled this testing into the preventative maintenance log to prevent further errors. The preventative maintenance log to include all mandatory testing will be reviewed quarterly with the Safety Committee to ensure 100% completion as scheduled. The maintenance supervisor is responsible for the compliance of this tag and reporting.	
K 914 SS=F	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	K 914		3/15/19

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K 914	Continued From page 3 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 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 maintain electrical systems in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to maintain electrical systems as required could result in injury or death. The deficiency affected 1 of 1 testing requirement. The findings were: Document review on 2/12/2019 at 3:30 PM revealed the facility could not verify that non-hospital grade receptacles in the patient care areas had been tested within the past 12 months. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency.	K 914	The maintenance supervisor has created a map to indicate date, room numbers and outlets in residents rooms being tested for proper working order, those in need of repair and or documented repairs as needed. The audit will be scheduled in the preventative maintenance log and performed annually as indicated. The log will be reviewed with the Safety Committee quarterly to ensure compliance. All tests have the potential to be omitted. The maintenance supervisor is responsible for the compliance of this tag and reporting.	

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K 914	Continued From page 4 REF: 2012 NFPA 99, Sections: 6.3.4.1.3; 6.3.3.2	K 914		

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on February 12, 2019. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements.	E 000		

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