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

PRINTED: 02/25/2011
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
	535051	A. BUILDING 02 B. WING ______	02/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND CARE CENTER	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

(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 1967 and 1972. The building was equipped with a supervised automatic wet sprinkler system and with a zoned fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 50 residents.	K 000	**K 000** **Preparation and execution of this Response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal Requirements of participation this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 42 C.F.R. Par 488.18 and section 7317A of the State Operations Manual.**	
029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure hazardous areas were separated from use areas in 1 of 4 smoke compartments. The findings were:	K 029	**K 029** **NFPA 101 LIFE SAFETY CODE STANDARD** The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) Deficiency repairs will be completed by March 27, 2011. The identified areas of concern (holes in the drywall in the basement) will be filled with fire rated caulk and drywall compound will be applied to the area that is sealed. B) Maintenance Manager will inspect the basement storeroom hazardous area on a bi-weekly basis to ensure compliance. C) All hazardous areas will continue to be monitored on a monthly basis. D) If no safety concerns are identified during the bi-weekly inspections this procedure will terminate and be monitored on a monthly basis with routine inspections. E) Results will be reviewed monthly at the QA/QCI committee meeting. If there are no noted concerns this review will be terminated at the end of a six month time frame from date of survey.	3/27/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Revised Plan of Correction [signature]
TITLE — Administrator
(X6) DATE — 3/23/11

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.

POC ACCEPTED W/ JOE RUDE, OWNER 3/23/11

RECEIVED MAR 23 2011 Office of Healthcare Licensing and Surveys

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K 029	Continued From page 1 Observation of the basement storeroom on 2/08/11 at 11:35 AM showed there were two unsealed wall penetrations. The largest hole was 1 inch in diameter. At the time of observation the maintenance director reported he was aware of the separation requirement. He further reported all hazardous areas were inspected on a monthly basis. He could not explain why the holes had not been noticed and repaired.	K 029		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure egress doors were equipped with a maximum of one lock in 1 of 4 smoke compartments. The findings were: Observation of the Alzheimer's courtyard gates on 2/08/11 at 11:20 AM showed the south gate was equipped with two locks. The gate had one magnetic lock and one hasp-type lock. At the time of observation the maintenance director reported the hasp lock was installed to ensure the gate was not accidentally released by staff. The gate was equipped with an alarm that would sound at the key pad after 15 seconds if the exterior gate was not secure.	K 038	K 038 NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) Deficiency repairs will be completed by March 27, 2011 to comply with life safety code. Maintenance Manager removed the hasp from the south gate of the Special Care Unit courtyard. B) Monthly Maintenance inspection will be reviewed at QA/QCI monthly meeting. This is standard practice so will be on-going.	3/27/11
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single	K 045		

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K 045	Continued From page 2 lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure a storeroom was equipped with illumination in 1 of 4 smoke compartments. The findings were: Observation of the outside oxygen storeroom on 2/08/11 at 2:45 PM showed the room was wired for a light, but the light had never been installed. At the time of observation the maintenance director reported he was not aware outside oxygen storerooms required lights.	K 045	K 045 NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) Deficiency repairs will be completed by a certified electrician by March 27, 2011 to comply with life safety code. B) A licensed electrician was contracted to install a light fixture in the outside storage building that houses the oxygen. Installation of the light is complete. C) Monthly Maintenance Inspection will be reviewed at QA/QCI monthly meeting. This is standard practice so will be on-going.	3/27/11
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to provide emergency lighting in 1 of 4 smoke compartments. The findings were: Observation of the outside oxygen storeroom on 2/08/11 at 2:45 PM showed the room was not equipped with an emergency battery light. At the time of observation the maintenance director state he was not aware of the lighting requirement.	K 046	K 046 NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) Deficiency repairs will be completed by a certified electrician by March 27, 2011. B) A licensed electrician was contracted to install a light fixture in the outside storage building that houses the oxygen. Installation of the emergency light is complete. C) Monthly Maintenance Inspection will be reviewed at QA/QCI monthly meeting. This is standard practice so will be on-going.	3/27/11
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

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K 056	Continued From page 3 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure exterior canopies had sprinkler coverage in 1 of 4 smoke compartments. The findings were: Observation of the C-hall exterior canopy on 2/08/11 at 10:25 AM showed the canopy was constructed of 2 x 8 inch combustible trusses. The canopy did not have sprinkler coverage. At the time of observation the maintenance director reported he was aware of the sprinkler requirement. He could not explain why the area did not have sprinkler coverage.	K 056	K 056 NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) C-Hall exterior canopy has been removed by a licensed contractor. Removal was accomplished by February 27, 2011 to comply with life safety code. B) Monthly Maintenance inspection will be reviewed at QA/QC monthly meeting. This is standard practice so will be on-going.	3/27/11
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:	K 147	K 147 NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by:	3/27/11

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K 147	Continued From page 4 Based on observation and staff interview the facility failed to ensure damaged electrical equipment was replaced in 1 of 4 smoke compartments. The findings were: Observation of the electrical system on 2/08/11 at 9:46 AM showed the electrical cord for the oxygen concentrator in resident room #1 was damaged at the plug. The outer shell of the cord was cracked and the inner wires were exposed. At the time of observation the maintenance director reported electrical equipment was inspected on a monthly basis.	K 147	A) Oxygen concentrator was removed immediately by Director of Nurses, in the presence of the Survey Team Member. B) Oxygen provider will monitor the equipment they provide on a weekly basis and will provide facility with a copy of this reports. C) Maintenance Manager will check all concentrator electrical cords upon monthly life safety inspections. D) The monthly life safety inspection reports will be provided to the QA/QCI committee at each monthly meeting.	
K 161 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.2.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 1 dumbwaiter had a mechanical latch. The findings were: Observation of the power dumbwaiter on 2/08/11 at 11:02 AM showed both hoistway doors were 1-hour fire rated, equipped with self-closing devices, and electronic contacts which controlled the motor. Further review showed the two hoist way doors were not equipped with mechanical locks to prevent the hoistway door from being opened from the landing side unless the car is within the landing zone. While the first floor door was open the basement door was observed to also be open at the same time. At the time of observation the maintenance director reported he	K 161	K 161 NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) A Licensed electrician has been contracted to install a locking mechanism. This has been accomplished. Compliance is met prior to the March 27, 2011 date. B) Monthly Maintenance inspection will be reviewed at QA/QCI monthly meeting. This is standard practice so will be on-going.	3/27/11

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K 161	Continued From page 5 was not aware of the mechanical locking requirement.	K 161		