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 _____	07/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	713 OAK STREET SUNDANCE, WY 82729

(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 II (111) construction with plan approval in 1985. The building was equipped with a supervised automatic wet sprinkler system and with an addressable fire alarm system. The facility had a capacity of 32 certified Medicare and Medicaid beds with a census of 28 residents.	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure walls were smoke resistant in 1 of 2 smoke compartments. The findings were: Observation of the staff dining room on 7/11/11 at 3:31 PM showed the wall behind the door had two unsealed penetrations. The largest hole was 1 inch by 4 inches long. At the time of observation the dietary manager reported she was not previously aware of the holes. The maintenance supervisor reported the holes were created since his last weekly inspection of the facility.	K 012	K 012 The facility will meet this standard by repairing and sealing holes in staff dining areas. The facility will maintain this standard by semi- annual inspections done by maintenance staff. Monitoring by QA-QI program.	7/14/11

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

Interim CEO — 8-2-11

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 mailed w/ [illegible] Wyoming Department of Health RECEIVED, ON 8/05/11.

AUG 02 2011

Office of Healthcare Licensing and Surveys

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K 012	Continued From page 1 Reference: NFPA 101, 2000 Edition; 19.1.6.4 Each exterior wall of frame construction and all interior stud partitions shall be firestopped to cut off all concealed draft openings, both horizontal and vertical, between any cellar or basement and the first floor. Such firestopping shall consist of wood not less than 2 in. (5 cm) (nominal) thick or shall be of noncombustible material.	K 012	K 062 The facility will meet this standard by replacing corroded sprinkler heads by vendor. The facility will maintain this standard by semi-annual inspections done by maintenance staff. Monitoring by QI-QA program.	8/5/11
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 not corroded in 1 of 2 smoke compartments. The findings were: Observation of the kitchen dish room on 7/11/11 at 3:44 PM showed the two sprinkler heads were corroded. At the time of observation the maintenance supervisor reported the sprinkler system was inspected annually to ensure sprinkler heads were not painted, damaged, or corroded. He could not explain why the heads had not been noticed during the last inspection. Reference: NFPA 101, 2000 edition section 19.3.5.1, 9.7.5,	K 062		

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K 062	Continued From page 2 NFPA 25, 1998 edition section; 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged or loaded, or in the improper orientation.	K 062	K 069 The facility will meet this standard by moving range top oven to not allow any obstruction to suppression nozzles. The facility will have vendor perform 6 month inspection. The facility will maintain this standard by monthly inspections for obstructed nozzles and required testing of suppression system by vendor. Monitoring by QA/QI program.	7/15/11
K 069 SS=F	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 observation, record review and staff interview the facility failed to ensure the kitchen hood suppression system provided complete coverage and failed to ensure the suppression system was inspected on a semi-annually basis. The findings were: Observation of the kitchen hood suppression system on 7/11/11 at 4:03 PM showed the two nozzles located above the range top oven were obstructed by a steel equipment shelf. At the time of observation, the dietary manager reported the oven had been replaced on 3/22/11. Review of the suppression system testing records showed the last inspection occurred on 12/9/10, more than 6 months ago. On 7/12/11 at 9:20 AM the maintenance supervisor confirmed the spray pattern was obstructed. He also confirmed the suppression system had not been tested in the past 6 months. He could not explain why the contractor had not been contacted to ensure the testing was conducted.	K 069		

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K 069	Continued From page 3 Reference: NFPA 101, 2000 edition section 19.3.2.6, 9.2.3, NFPA 96, 1998 edition section 7-2.2.1, NFPA 17A, 1998 edition section; 3-6.3 Movable cooking equipment shall be provided with a means to ensure that it is correctly positioned in relation to the appliance discharge nozzle during cooking operations. 5-3.1.1 At least semiannually, maintenance shall be conducted in accordance with the manufacturer's listed installation and maintenance manual...	K 069		
K 147 SS=E	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 temporary wiring did not replaced fixed permanent wiring and failed to ensure electrical outlets in wet locations had ground fault circuit interruption (GFCI) protection in 1 of 2 smoke compartments. The findings were: 1. Observation of the electrical system on 7/12/11 between 7 AM and 8 AM showed the lamp in the chapel was plugged into two connected surge protectors. The radio in the director of social services office was plugged into an extension cord. At 7:23 AM the maintenance supervisor reported he was aware electrical adapters were prohibited. He could not explain why the aforementioned adapters had not been identified	K 147	K 147 The facility will meet this standard by removing connected surge protectors, removing extension cords and replacing outlets in mediation room with GFCI outlets. The facility will maintain this standard by weekly inspections done by maintenance staff. Monitoring by QA-QI program.	7/19/11

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K 147	Continued From page 4 and removed during the last quarterly inspection. 2. Observation of the electrical system on 7/12/11 at 7:46 AM showed three electrical outlets in the medication room were located less than 6 feet from the sink. Further review showed the outlets did not have GFCI protection. At the time of observation the maintenance supervisor confirmed he was aware of the GFCI requirement. He could not explain why the aforementioned outlets had not been identified and replaced. Reference: NFPA 101, 2000 edition section 19.5.1, 9.1.2, NFPA 70, 1999 edition article; 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection....	K 147		