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

PRINTED: 01/24/2020
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
	535024	A. BUILDING 01 - MAIN BUILDING 01 B. WING	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CARE CENTER	4308 S POPLAR CASPER, WY 82601

(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 January 7, 2020. 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 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 1967 and 1973. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze branch, and an addressable fire alarm system. The facility had a capacity of 120 certified Medicare and Medicaid beds with a census of 82 residents.	K 000	checks will be completed to ensure continued compliance. Monitoring The facility will Audit compliance through weekly review of temperature logs and cleaning schedule for 4 weeks and then every month for 3 months. Dining Services manager will report results to the QAPI committee for tracking and trending. Date of Compliance 2/13/2020	
K 211 SS=D	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		

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

NHA 2/3/2020

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.

Talked To Matthew Guertman, Administrator For Page 02
2/4/20 @ 8:50 Am and advised him of POC Acceptance.
Will P. Alg 30730

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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 one (1) of numerous exits. The findings were: Observation on 01/07/2020 at 1:15 PM at the secured unit north exit revealed the sidewalk covered with a snow drift which prevented the door from opening fully. 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	F K211 Correction On or Before 1/22/2020 Maintenance director will remove snow blocking exit door on the north exit of the Secure unit. Identification Maintenance staff will perform a 100% audit on 1/23/2020 to ensure no other points of egress are obstructed. Systemic Maintenance staff will perform weekly checks to ensure continued compliance. All checks will be documented in the TELS program. Monitor All follow up and continued checks will be reported to and monitored by the QAPI committee monthly.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of	K 321		

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K 321	Continued From page 2 hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous area enclosures in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain hazardous area enclosures as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 01/07/2020 at 11:09 AM in hallway one (1) at the soiled linen room revealed the self-closing door failed to close fully when tested. Interview with the facility maintenance manager at the time of observation acknowledged the door failed to close, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency.	K 321	Date of Compliance 2/13/2020 K 321 Correction On or before 1/22/2020, Maintenance director adjusted closure and repositioned door to allow it to close. Identification Maintenance staff performed a 100% audit of other doors in the facility and found no others out of compliance. Systemic Maintenance staff will perform weekly tests to ensure continued compliance. All	

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K 321 K 920 SS=D	Continued From page 3 REF: 2012 NFPA 101, Section: 19.3.2 Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 70, National Electric Code. Failure to maintain electrical systems as required could cause a fire resulting in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were:	K 321 K 920	tests will be documented in the TELS program Monitor Testing will be reported to and monitored monthly by the QAPI committee. Date of Compliance 2/13/2020	

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K 920	Continued From page 4 Observation on 01/07/2020 at 1:42 PM in the Health Information Manager office revealed a power strip plugged into a power strip creating a daisy chain. Interview with the facility maintenance manager at the time of observation acknowledged the daisy chain, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 9.1.2 2011 NFPA 70, Section: 400-8	K 920	K 920 Correction On or before 1/22/2020, maintenance director will remove Daisy chain in the Health Information office and Therapy Gym. Identification of others Maintenance staff performed a building wide check and found no other daisy chains. Systemic Maintenance staff will perform weekly checks to ensure continued compliance. All tests will be monitored and documented in the TELS program. Monitor Testing will be reported to and monitored monthly by the QAPI committee. Date of Compliance 2/13/2020	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on January 7, 2020. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 7/3/2020

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