

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

PRINTED: 09/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OR SUPPLIER MISSION AT CASTLE ROCK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on March 11, 2020.	E 000			
K 000	INITIAL COMMENTS Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements. A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on March 10-11, 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.	K 000			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,	K 353		8/3/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/03/2020

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.

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K 353	Continued From page 1 maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain fire sprinkler systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 13, Standard for the Installation of Sprinkler Systems. Failure to maintain fire sprinkler systems 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 3/10/2020 at 1:07 PM in the nurse's break room/charting room revealed a missing escutcheon. Interview with the facility maintenance staff at the time of observation acknowledged the missing escutcheon, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.5.1; 9.7.5 2010 NFPA 13, Section: 6.2.7	K 353	K353 Immediate Corrective Action: Escutcheon plate was replaced immediately inspected by the surveyor in the break/charting room. All sprinklers have the potential to be affected Measures put in place or system correction in this area include: Monthly audit of all sprinkler heads. Who will monitor: Maintenance supervisor and or designee How frequently: Monthly audits to review all escutcheon plates How will we incorporate the new system in QUAPI: Audits will be presented to monthly meeting until which time the committee feels that issue has been resolved.		

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K 920 SS=D	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 equipment in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain electrical equipment as required could result in injury or death during an emergency. The deficiency affected two (2) of numerous rooms in the facility. The findings were: Observation on 3/10/2020 at 1:26 PM in room 21 revealed an extension cord. Further observation revealed another extension cord in the corridor	K 920	K920 Immediate Corrective Action: Extension cord was immediate removed and replaced with approved power strip that meets UL 1363. All resident care areas have the potential to be affected Measures put in place or system correction in this area include: Monthly audit of all resident care areas in observation of properly utilized power	8/3/20	

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K 920	Continued From page 3 adjacent to the MDS coordinator's room. Both extension cords were being used to power electrical equipment. Interview with the facility maintenance staff at time of observation acknowledged the extension cords, 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	strips that meet UL 1363. Who will monitor: Maintenance supervisor and or designee How frequently: Monthly audits to review all power strips in use How will we incorporate the new system in QUAPI: Audits will be presented to monthly meeting until which time the committee feels that issue has been resolved.		