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

PRINTED: 07/26/2011
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
	535038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE - EVANSTON	475 YELLOW CREEK ROAD EVANSTON, WY 82930

(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 the 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 2000 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 built in 1986. The building was equipped with a supervised automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds.	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 all smoke barriers were maintained as a continuous membrane in 1 of 5 smoke compartments. The findings were: Observation on 7/13/11 at 12:48 PM revealed a 12 inch x 30 inch attic access panel made of sheetrock in the kitchen's dry goods pantry. The panel was cracked in half creating a one inch gap. In addition, a 2 inch auxiliary drain pipe ran through a hole in the panel. There was a half-inch gap around the pipe. At the time of the observation, the plant operations manager	K 012	K 012 The attic entrance in the dry storage pantry in the kitchen was repaired on 8/1/2011. The maintenance director/assistant will ensure proper smoke barrier at all seven attic entrances. They will be checked monthly for three months and quarterly thereafter. Any concerns will be addressed immediately and reported to the QA committee on a quarterly basis	8/1/2011

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

Nancy [illegible] ADMINISTRATOR 8-2-2011

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.

RECEIVED
Wyoming Dept of Health

Approved ~ No changes needing to be made. Spoke to Adm on 8/18/11 & Requested documentation for off site F/U.

AUG 02 2011
Office of Healthcare Licensing and Surveys

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K 012	Continued From page 1 verified the panel needed to be replaced. Reference: NFPA 101, Life Safety Code, 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. 19.3.6.2.2* Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3,6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	**K 018** The resident room doors (106, 107 301, 303, 304) that were found to have improper smoke barrier will have gaskets replaced on 8/1/2011. All other doors will be inspected for proper gaps and proper closure on a quarterly basis. Any concerns will be corrected and addressed with the QA committee at least quarterly.	**8/1/2011**

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure five corridor doors were resistant to the passage of smoke in 2 of 5 smoke compartments. The findings were: Observation on 7/13/11 between 11:46 AM and 1:03 PM revealed resident rooms 106, 107, 301, 303 and 304 had gaps between the door frame and the top and sides of the corridor doors greater than the allowed 1/8th of an inch. Interview with maintenance manager at the time of the observation confirmed the seals between the doors and the frames were either loose or missing and needed to be adjusted or replaced. Reference: NFPA 101, Life Safety Code, 2000 edition, Section 19.3.6.3 Corridor Doors. 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1 3/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with	K 018		

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K 018	Continued From page 3 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. A.19.3.6.3.1. Gasketing of doors should not be necessary to achieve resistance to the passage of smoke if the door is relatively tight-fitting	K 018		
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: Based on observation and staff interview, the facility failed to ensure compliance with the National Electric Code by maintaining the required 3 feet of work space in front of electrical panel in 1 of 6 smoke compartments. The findings were: Observation on 7/12/11 at 9:48 AM and at 3:22 PM, and on 7/13/11 at 12:11 PM, revealed a cart of clean drinking cups was in front of, and blocking access to, electrical panels E01 and K in the kitchen. Interview with the facility maintenance manager on 7/13/11 at 12:11 PM confirmed the cart was blocking the electrical panels. Reference: NFPA 70, National Electrical Code, 1999 Edition. 110-26. Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment ...	K 147	K 147 The cart was moved from the front of the electrical panels on 7/13/2011. A sign was placed on the wall reminding staff not to put anything in front of the electrical panels on 7/13/2011. Kitchen storage space will be re-arranged on 8/2/2011to accommodate for better storage of kitchen items away from electrical panels. Signs will be placed on all electrical panels in building reminding staff to keep area clear. Maintenance director/assistant will check electrical panels monthly throughout building to ensure nothing is being improperly stored in front of them. Any concerns will be corrected immediately and reported to the QA committee on a quarterly basis.	8/2/2011

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K 147	Continued From page 4 (a) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of (1), (2), and (3) or as required or permitted elsewhere in this Code. (1) Depth of Working Space. The depth of the working space in the direction of access to live parts shall not be less than indicated in table 110-26(a) ... Table 110-26(a) Nominal Voltage Minimum Clear Distance (ft) To Ground 0/150-3 ft. (b) Clear Space. Working space required by this section shall not be used for storage .	K 147		