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

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
	535021	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 HWY 20 SOUTH BASIN, WY 82410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	K 000	ACCEPTED JUL 25, 2005 FRANCIS ZEVOZ	

Surveyor #: 18185

The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced.

K3: Building: Type II (000) one story building with a basement that houses the maintenance shop, commissary storage, boiler room, generator and electrical rooms, and laundry with a partial wet sprinkler system.
K6: Date of Plan Approval: 1981
K7: Life Safety Code surveyed under 2000 Existing Health Care
K8: Total Beds=90;SNF/NF=90
K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections or an FSES

K-012, K-017, and K-056 can be oviated by the Fire Safety Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write an "F" in the Providers Plan of Correction column and an "F" in the Complete Date column to accept the FSES. If the facility wants to fix the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates.

"NFPA" National Fire Protection Association

K 012 SS=F	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	K 012		

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

Michelle Watson Assistant Facility Manager 7-14-05

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 012	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and staff interview on 6/1/05 between 9 AM and 1 PM, the facility was not fully sprinkled as required for a type II (000) building in accordance with NFPA 101 Section 19.1.6.2 and 19.3.5.1. The findings were: 1. The following areas did not have sprinkler coverage: a. All resident rooms b. Training office closet c. Main electrical room d. Walk-in cooler and freezer e. Social services office f. Front canopy g. South electrical closet 2. Maintenance staff verified the findings.	K 012	K012 – NFPA 101 Life Safety Code Standard F	F
K 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017		

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K 017	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review, observations, and staff interview on 6/1/05 between 9 AM and 1 PM, the facility failed to meet the minimum construction standards for corridor walls in accordance with NFPA 101 Section 19.3.6.2.1. The findings were: 1. Review of architectural plans and observation revealed the corridor walls were not continuous from the floor deck through the concealed spaces to the roof above as required by the Code. Maintenance staff verified the finding.	K 017	K017 – NFPA 101 Life Safety Code Standard F	F
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		

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K 018	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations and staff interview on 6/1/05 between 11 AM and 1 PM, the facility failed to protect 5 of 115 corridor door openings in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. Resident rooms #308, #309, #208, #222, and #231 had gaps between the top edge of the corridor doors and the door frames that were greater than the allowed 1/8th of an inch. 2. The door to resident room #309 was impeded by a trash can placed in the swing path of the door. 3. The corridor doors for the resident rooms in the Rust pod had roller latches in place. 4. Maintenance staff verified the above finding.	K 018	K018 – Life Safety Code Standard The correction of this tag has been accomplished as follows: The gaps on doors for residents #308, #309, #208, #222 and #231 have been adjusted to meet the 1/8th inch gap allowance. The trash can in room #309 was moved. The corridor doors for the rust pod that need latches upgraded are scheduled to be replaced this winter. We have been given until March 2006 to complete this project. All residents are at risk of smoke and fire when doors are not maintained to fire code. The director of maintenance is responsible for keeping doors in good repair. He will continue to perform standard maintenance rounds and document when repairs have been done. He will report by way of the Safety Committee to the Quality Assurance Committee that correction actions have been done or recommended. These results are then reviewed by the Medical Director.	6/1/05 6/1/05 3/2006
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	K 027		

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K 027	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation and staff interview on 6/1/05 between 12 PM and 1 PM, the facility failed to protect 1 of 8 smoke barriers in accordance with NFPA 101 Section 19.3.7.3 and 8.3.2. The findings were: 1. The smoke barrier near resident room #318 had an unsealed cable sleeve penetration above the ceiling tile. Maintenance staff verified the finding.	K 027	K027 – Life Safety Code Standard The correction of this tag has been accomplished as follows: the penetration through the fire wall next to room #318 was sealed with drywall mud. All residents are at risk of fire and smoke if penetration is present. The director of maintenance is responsible to ensure that fire walls are sealed. He will continue to perform standard maintenance rounds and document when repairs are done. He will report these findings to the Safety Committee who will report to the quarterly Quality Assurance Committee that corrective actions have been done or recommended. These results are then reviewed by the Medical Director.	6/1/05
K 029 SS=D	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 observations and staff interview on 6/1/05 between 9 AM and 10 AM, the facility failed to provide 1 of 23 hazardous areas with proper separation in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. The self-closing device on the door between the maintenance office and the	K 029	K029 Life Safety Code Standard – The correction of this tag was accomplished as follows: the hold open device in the maintenance office and shop was removed the day of the inspection. All residents and staff are at risk of smoke and fire when doors cannot close properly. The director of maintenance is responsible to ensuring that door props are not used. He will continue to perform standard maintenance rounds and report his finding to the Safety Committee who will report to the quarterly Quality Assurance Committee. These results are then reviewed by the Medical Director.	6/1/05

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K 029	Continued From page 5 maintenance shop was impeded from closing by a hold open device that would not release upon activation of the fire alarm system as required by the Code. Maintenance staff verified the finding.	K 029	K050 – Life Safety Code Standard	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and staff interview on 6/1/05 between 1 PM and 3 PM, the facility failed to conduct quarterly fire drills on each shift in accordance with NFPA 101 Section 19.7.1.2. The findings were: 1. Review of the fire drill records revealed the third shift had not conducted a fire drill during the fourth quarter of 2004 and first quarter of 2005. Maintenance staff verified the above finding.	K 050	The correction of this tag will be accomplished as follows; The director of maintenance and the training director will review the fire drill schedule and notify each department and shift of the upcoming drill to ensure that all departments and shifts are compliant. All residents are at risk if staff is not trained to properly respond to drill or actual fire. The director of maintenance and education specialist will maintain a duplicate set of fire drill schedules and results. These records will be given to the Safety Committee who will report to the quarterly Quality Assurance Committee. These results are then reviewed by the Medical Director.	8/20/05
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 056		

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K 056	Continued From page 6 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 observations and staff interview on 6/1/05 between 9 AM and 1 PM, the facility was not fully sprinkled in accordance with NFPA 101 Section 19.1.6.2 and NFPA 13 Section 5-1.1. The findings were: 1. The following areas did not have sprinkler coverage: a. All resident rooms b. Training office closet c. Main electrical room d. Walk-in cooler and freezer e. Social services office f. Front canopy g. South electrical closet 2. Maintenance staff verified the findings.	K 056	K056 - NFPA101 Life Safety Code Standard F	F
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations and staff interview on	K 130		

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K 130	Continued From page 7 6/1/05 between 12 PM and 1 PM, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 370-25. The findings were: 1. Resident room #233 had an electrical receptacle cover plate missing. Maintenance staff verified the finding.	K 130	K130 – NFPA 101 Miscellaneous The correction of this tag has been accomplished as follows: the electrical receptacle cover plate in Room #233 was replaced with a proper cover. All residents are at risk of electrical shock if receptacle plate covers are missing. The director of maintenance is responsible for ensuring that all electrical systems are maintained in good operating condition. He will continue to perform standard maintenance rounds and document when repairs are done. He will report these findings to the Safety Committee who will report to the quarterly Quality Assurance Committee that corrective actions have been done or recommended. These results are then reviewed by the Medical Director.	6/1/05