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

PRINTED: 09/08/2(
FORM APPROV
OMB NO. 0938-03

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/25/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANYON HILLS MANOR	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

(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) COMPLETIO DATE
K 000	INITIAL COMMENTS Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building and basement protected by an automatic supervised sprinkler system and fire alarm system K6: Date of Plan Approval: 1967, 1972 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=80;SNF/NF=80 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	**K029** The facility will ensure that all doors that are designated to have a self closure will have one and will close as according to NFPA regulations. A) Room 22 was changed from a storage room to an office therefore the room is not in need of a self closure B) On 8/31/2005, a self closure device was placed on the door to the folding room and the door closes as per requirements. C) On or about 8/31/05, the maintenance director replaced the door handle and the latching mechanism and door now closes as required All staff members (current and future) have the potential to be affected by this issue. An in-service will be done on 9/22/05 to inform Housekeeping, Nursing, and Maintenance of the issue and inform them that self closing corridor doors can not be propped open. Maintenance supervisor will monitor compliance as part of the preventive maintenance program at least quarterly. Any concerns with corrective action will be discussed at least quarterly at the facility QA committee meeting **COMPLETION DATE: 9/30/05**	
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	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADM — (X6) DATE: 9/19/05

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.

ACCEPTANCE OF THIS POC WITH DAVID RODRIGUEZ, NHA, ON 9/19/05 @ 2 PM VIA TELECONFERENCE.

Sep 19 05 10:34a Canyon Hills 307-864-2847 p.3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/25/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANYON HILLS MANOR	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

(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) COMPLETIOI DATE
K 029	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and staff interview on 8/25/05, the facility failed to provide 3 of 10 hazardous areas with separation in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. At 12:40 PM, the corridor door to store room #22 was not equipped with a self-closing device. 2. At 1:22 PM, the corridor door to the folding room was not equipped with a self-closing device. 3. At 1:23 PM, the folding room corridor door did not latch in the door frame. 4. Maintenance staff verified the findings.	K 029	**K038** The facility will ensure that all exit doors will be accessible at all times as according to NFPA regulations. A) On or about 8/31/05, the maintenance director adjusted the door latching mechanism that was in question and door now closes, and opens, as required All staff members (current and future) have the potential to be affected by this issue. The Maintenance Supervisor is aware of this issue and the door will be placed on a regular maintenance check system. Maintenance supervisor will monitor monthly as part of the regular maintenance check system. Any concerns with corrective action will be discussed at least quarterly at the facility QA committee meeting **COMPLETION DATE: 9/30/05**	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations and staff interview on 8/25/05, the facility failed to maintain exterior exit doors accessible at all times in accordance with NFPA 101 Section 19.2.1 and 7.2.1.6.1. The findings were: 1. At 1:46 PM, the delayed-egress lock on the dining room north exit door did not release when force was applied to the panic hardware. The maintenance director performed the test three times and each time the door failed to release. During the fire drill the door did release with the activation of the fire alarm system.	K 038		

Sep 19 05 10:34a Canyon Hills 307-864-2847 p.4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/25/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANYON HILLS MANOR	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

(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) COMPLETIO DATE
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 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 8/25/05, the facility was not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The findings were: 1. At 12:10 PM, the front entrance had a 5 foot by 10 foot area which did not have sprinkler coverage. 2. At 12:12 PM, the exterior roof above the front entrance was constructed of combustible materials, wider than 4 feet and did not have sprinkler coverage. 3. At 1:29 PM, the exterior roof over the basement exit was constructed of combustible materials, wider than 4 feet and did not have sprinkler coverage. 4. At 1:59 PM, the two walk-in refrigerator units in the kitchen did not have sprinkler coverage. 5. Maintenance staff verified the findings.	K 056	**K056** The facility will ensure that all areas that were identified will be equipped with a fire sprinkler system as according to NFPA regulations. A) On or prior to 8/31/05, the facility requested a fire sprinkler company come in and begin the process for the work to be done in the following areas: 1) Front entrance 2) Exterior roof above the front entrance 3) The exterior roof over the basement exit 4) The two walk-in refrigerator units All staff members (current and future) and all current patients (and potential patients) have the potential to be affected by this issue. The Administrator and the Maintenance Supervisor will monitor to ensure work is completed as contracted. The work on this issue should be completed no later than 11/15/2005. The Administrator or the Maintenance Supervisor will address this issue a work will inform the State if this event should take longer than originally described **COMPLETION DATE: 11/15/05**	

Sep 19 05 10:34a Canyon Hills 307-864-2847 p.5

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/25/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANYON HILLS MANOR	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

(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 144	Continued From page 3	K 144		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are tested monthly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observations and staff interview on 8/25/05, the facility failed to document the testing of the installed emergency generator in accordance with NFPA 99 Section 3-6.4.2. The findings were: 1. At 3:27 PM, review of the generator testing records revealed no record had been kept to ensure the generator had transferred from normal power to emergency power within the required 10 seconds during 2005. Maintenance staff reported he had not been told to record the transfer time. During the testing of the generator the electrical load was transferred from normal power to emergency power in 7 seconds.	K 144	**K144** The facility will ensure that the testing of the generator will be done on a monthly basis and the recording of such event will be recorded as according to NFPA regulations. A) On or prior to 8/31/05, the Maintenance Supervisor implemented a monthly checklist that will address this issue and will ensure this test will comply within the required time limits. All staff members (current and future) and all current patients (and potential patients) have the potential to be affected by this issue. The Maintenance Supervisor has developed and implemented a checklist that will check this system on a monthly basis to ensure compliance as required by NFPA regulations. Any concerns with corrective action will be discussed at least quarterly at the facility QA committee meeting **COMPLETION DATE: 9/30/05**	

Sep 27 05 02:22p Canyon Hills 307-864-2847 p.2