DEPARTMENT OF HEALTH AND HU. .. 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
	535021	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/06/2006

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 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. The building is protected by an automatic supervised partial wet sprinkler system and fire alarm 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 an acceptance of a Plan of Correction. "NFPA" National Fire Protection Association	K 000		
K 018 SS=E	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	1. To prevent the passage of smoke between resident rooms/ Activity Room and corridors, the following corrective procedures were implemented: Room #309 and #345 had new doors installed. Rooms #337, #302, #215, #212 had fire proof door sealer installed to prevent smoke passage into the corridor.	10/25/06 10/25/06

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

x Linda Cox-McCh | x RN Facility Manager | x 10/30/06

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. NOV 03 2006

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K 018 SS=E	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	The door latches on resident rooms will be put on a monthly preventative maintenance schedule and monitored by the Maintenance Supervisor. 3. To maintain access through the bathing room door into the corridor, the following steps of correction were followed: The locking device on the corridor side of the door was removed. This leaves the deadbolt lock,	10/25/06

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X — X — X

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3 and 7.2.1.5.1. The findings were: 1. Observation on 09/06/06 between 9:15 AM and 11:30 AM revealed the following corridor doors did not fit tight into the frame to resist the passage of smoke. a. Resident room #337 b. Resident room #309 c. Resident room #302 d. The activities room double doors e. Resident room #215 f. Resident room #212 2. Observation on 09/06/06 at 9:34 AM revealed the corridor door to resident room #324 was damaged at the latch bolt and would not secure the door into the frame. 3. Observation on 09/06/06 at 9:29 AM revealed the corridor door to the south nurses station bathing room was not arranged to be opened readily from the egress side whenever the building was occupied. The door was equipped with a dead bolt and a keyed pad lock.	K 018	Continued from Page 1a accessible from both sides of the door, to secure the door. Staff was in-serviced on 10/25/06 by the Maintenance Director that the correction was made to meet life safety codes. This will be monitored for compliance through the Quality Improvement process.	10/25/06
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	K 029	The following doors in the basement area were corrected by implementing the following:	

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K 029	Continued From page 2 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 the facility failed to separate 3 of 22 hazardous areas from other spaces by smoke-resistant assemblies in accordance with NFPA 101 Section 19.3.2.1 and 19.3.6.3.2. The findings were: 1. Observation on 09/06/06 at 11:38 AM revealed the corridor door to the basement housekeeping closet was equipped with a self-closing device which was not able to latch the door into the frame. 2. Observation on 09/06/06 at 11:45 AM revealed the corridor door to the commissary was impeded from closing by a cord attached to another interior door knob. 3. Observation on 09/06/06 at 12:05 PM revealed the corridor door to the basement medical records store room was not equipped with a latching device. The door was secured with a dead bolt.	K 029	Continued from page 2 1. The door to the corridor in the housekeeping storage closet has been adjusted to properly latch the door. Residential Services staff was in-serviced on 10/25/06 by the Maintenance Director to notify Maintenance Department if the problem reoccurs. 2. The commissary staff was in-serviced on 10/25/06 by the Maintenance Director to remove the bungy cord from the inside door and to open the other side of the double doors if more room for entry is required. Residential Services Supervisor will be responsible for monitoring the doors. 3. A self-closure device will be ordered and installed on the interior door. This will be monitored for compliance through the Quality Improvement process	10/25/06 10/25/06 10/25/06 11/06/06
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046	The emergency light in the generator room was found inoperable. A new light system was	10/11/06

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K 046	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain the emergency battery light system in accordance with NFPA 101 Section 7.9.1.2. The finding was: 1. Observation on 09/06/06 at 12:42 PM revealed the emergency battery light at the generator was not able to remain illuminated for 30 seconds when tested.	K 046	Continued from Page 3 backordered on 10/11/06. It will be installed upon arrival. This will be noted on the preventative maintenance documentation and monitored by the Maintenance Supervisor for compliance through the Quality Improvement process.	11/06/06
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain 2 of 48 exits signs in accordance with NFPA 101 Section 7.10.5.2. The findings were: 1. Observation on 09/06/06 between 9:30 AM and 12 PM revealed the following exit signs were not maintained with both light bulbs continuously illuminated: a. The sign near the south nurses entrance. b. The sign near the commissary.	K 047	Emergency lights were not illuminated; "one bulb only". Exits lights on South Nurses' Station and near commissary were not working and were changed the day of the survey, 9/6/06. These exit lights will be checked weekly and monitored for compliance by the Maintenance Supervisor through the Quality Improvement process.	9/06/06
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	The manual fire alarm box in dining room was obstructed by chairs. The chairs were removed on the day of the survey, 9/6/06, by the Maintenance Director.	9/06/06

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K 052	Continued From page 4 This STANDARD is not met as evidenced by: Based on record review the facility failed to maintain the installed fire alarm system in accordance with NFPA 101 Section 9.6.2.6. The finding was: 1. Observation on 09/06/06 in the dining room at 10:02 AM revealed the manual fire alarm box in between the two exits was obstructed from access by 3 chairs.	K 052	Continued from Page 4 Staff was in-serviced on 10/25/06 by the Maintenance Director regarding keeping access to fire alarm boxes unobstructed. The alarm boxes will be checked daily by the Maintenance Department staff and monitored for compliance by the Maintenance Director through the Quality Improvement Process.	10/25/06
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 observations the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 400-8. The findings were: 1. Observation on 09/06/06 between 10 AM and 1 PM revealed the following locations were replacing permanent fixed wiring with temporary flexible wiring: a. The office managers office had a surge protector plugged into another surge protector. b. The main office had a surge protector plugged	K 147	Improper use of temporary flexible wiring. a. Each surge protector in the Business Manager's office is now plugged directly into a wall outlet. b. In the Business Office the surge protector is now plugged directly into a wall outlet. c. The surge protector in the MDS coordinator's office was removed from wall surface d. The extension cord was removed from the overhead projector in the training room on 9/6/06 by the Maintenance Director.	10/25/06 10/25/06 10/25/06 09/06/06

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K 147	Continued From page 5 into another surge protector behind the fax machine. c. The MDS coordinators office had a surge protector attached to the building surface. d. The basement class room had an overhead projector that was not in use which was being supplied with power from an extension cord.	K 147	Continued from Page 5 Staff was in-serviced on 10/25/06 not to use the extension cord. This will be monitored for compliance by the Training Director through the Quality Improvement process.	10/25/06