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 _____	01/11/2006

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 APR 26 2006 WYOMING DEPT. OF HEALTH HEALTH FACILITIES 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 "NFPA" National Fire Protection Association	K 000	This plan of correction constitutes our allegation of compliance.	3/11/06
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 This STANDARD is not met as evidenced by: Based on observations on 01/11/06 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:	K 012	Per waiver dated 3/1/06: The designs are 95% complete. Final completion expected by March 31, 2006. The project will be put out for bid by May 31, 2006. The completion of the project is estimated as December 31, 2006.	12/31/06

Amended Plan of Correction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anita Cox-Mills RN	NH Administrator	3/20/06

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.

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K 012	Continued From page 1 1. The following areas did not have sprinkler coverage: a. All resident room closets b. Training office closet c. Main electrical room d. Walk-in coolers and freezers e. Social services office f. Front canopy g. South electrical closet	K 012		
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 This STANDARD is not met as evidenced by: Based on plan review and observations the facility failed to meet the minimum construction standards for corridor walls in accordance with NFPA 101 Section 19.3.6.2.1. The finding were:	K 017	Per waiver dated 3/1/06: The designs are 95% complete. Final completion expected by March 31, 2006. The project will be put out for bid by May 31, 2006. The completion of the project is estimated as December 31, 2006.	12/31/06

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K 017	Continued From page 2 1. Review of architectural plans and observation on 01/11/06 between 9 AM and 1 PM revealed the corridor walls were not continuous from the floor deck through the concealed spaces to the roof above as required by the Code for buildings that are not fully sprinkled.	K 017		
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. 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. The findings were: 1. Observation on 1/11/06 between 9:20 AM and 10:12 AM revealed the following corridor doors	K 018	The gaps between the top edge of the door and the door frame to residents room #308, #309. #345, #327 and #203 have been fixed. The latch bolt on resident room #202's door has been replaced. The service cart that impeded the janitors closet # 206 was removed. An inservice was conducted on 1/12/06 for the housekeeping staff regarding placement of service carts. A QI audit has been instituted by the maintenance supervisor and will be done monthly.	3/11/06

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K 018	Continued From page 3 had gaps between the top edge of the doors and the door frames which were greater than the allowed 1/8th of an inch: a. Resident room #308 b. Resident room #309 c. Resident room #345 d. Resident room #327 e. Resident room # 203 2. Observation on 1/11/06 at 10:07 AM revealed the corridor door to resident room #202 had a latch bolt which would not insert into the strike plate, preventing the door from latching. 3. Observation on 1/11/06 at 10:29 AM revealed the corridor door to janitors' closet #206 was impeded by a service cart.	K 018	This will be monitored by the facility administrator.	3/11/06
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations the facility failed to seal a penetration in one of eight smoke barriers in accordance with NFPA 101 Section 19.3.7.3. The findings were:	K 025	The unsealed conduit above resident room #218 has been fixed. A monthly audit has been initiated by the maintenance supervisor. This will be monitored by the facility administrator.	3/11/06

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K 025	Continued From page 4 1. Observation on 1/11/06 at 12:45 PM revealed the vertical smoke barrier wall above resident room #218 had an unsealed conduit penetration above the ceiling.	K 025		
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 This STANDARD is not met as evidenced by: Based on observations the facility failed to protect 2 of 16 smoke barrier doors in accordance with NFPA 101 Section 19.3.7.3 and 8.3.4.1. The findings were: 1. Observation on 1/11/06 at 12:42 PM revealed the double smoke barrier doors leading to the north blue pod had a gap greater than the allowed 1/8th of an inch between the meeting edges of the two doors.	K 027	The gap between the double smoke barrier doors leading to the north blue pod have been fixed. A monthly audit has been initiated by the maintenance supervisor. This will be monitored by the facility administrator.	3/11/06
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	K 056	Per waiver dated 3/1/06: The designs are 95% complete. Final completion expected by March 31. 2006. The completion of the project is estimated as December 31. 2006.	12/31/06

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K 056	Continued From page 5 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 observation 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. Observation on 1/11/06 between 9 AM and 1 PM revealed the following areas did not have sprinkler coverage: a. All resident room closets b. Training office closet c. Main electrical room d. Walk-in coolers and freezers e. Social services office f. Front canopy g. South electrical closet	K 056		
K 144 SS=F	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.	K 144	Installation of load bank was completed on 2/8/06. The generator is now running in accordance with the requirements of LSC. The generator was tested by the installer at the completion of the project.	3/11/06

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K 144	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to test the installed emergency generator in accordance with NFPA 101 Section 7.9.1.2 and NFPA 110 Section 6-4.2. The findings were: 1. Observation and staff interview on 1/11/06 at 12:50 PM revealed the generator was rated at 125 Kilowatts and the monthly full load test ran at 31 Kilowatts, which was 25 percent of the generator's name plate rating. In addition, the facility had not performed an annual generator load bank test.	K 144	A monthly audit will be completed by the maintenance supervisor. The facility administrator will monitor for compliance.	3/11/06
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 observation the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 370-25. The findings were: 1. Observation on 1/11/06 at 10:36 AM revealed the electrical receptacle near the window in resident room #215 did not have a cover plate.	K 147	The electrical receptacle near the window in resident room #215 had a cover plate installed. Monthly audits have been instituted by the maintenance supervisor. The facility administrator will monitor for compliance.	3/11/06