STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING **01** B. WING _____	**10/06/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION CENTER	**1445 UINTA DRIVE** **GREEN RIVER, WY 82935**

(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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 10/06/2022. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 10/06/2022. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the Section, the facility must meet the applicable provisions of the 2012 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 1987. The building was equipped with a supervised automatic dry sprinkler system, automatic wet sprinkler system with an anti-freeze loop, and an addressable fire alarm system. The facility had a capacity of 59 certified Medicare and Medicaid beds with a census of 48. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.	K 211		12/12/22

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

Electronically Signed | 10/27/2022

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K 211	Continued From page 1 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain egress doors as required could increase egress time from the building, resulting in injury or death. The deficiency affected one (1) of numerous doors throughout the facility. The findings were: Observation on 10/06/2022 at 10:55 AM at the exit door near the lounge (referred to as the lounge exit) revealed that the force required to open the door was measured to exceeded 35 lbf. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.4.5.1	K 211	Lounge door spacer was order for replacement on closure. Door will be repaired upon receipt of required part. All doors have the potential to be affected A monthly audit will be conducted by the Maintenance Manager and or designee to monitor all doors of egress. All audit findings will be reported in the Quality Assurance meeting quarterly, the team will monitor and make recommendations. The Maintenance Manager responsible for the compliance of this tag and reporting.	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited	K 324		12/1/22

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MISSION AT CASTLE ROCK REHABILITATION CENTER	**1445 UINTA DRIVE** **GREEN RIVER, WY 82935**

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K 324	Continued From page 2 cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect cooking equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking equipment could lead to equipment damage or improper protection by fire suppression systems, resulting in injury or death during an emergency. The deficiency affected the kitchen and all staff within. The findings were: Observation on 10/06/2022 at 11:02 AM in the kitchen revealed a wheeled gas-fired cooktop located beneath the grease hood and fire suppression system. Further observation revealed that no means was provided to ensure that the cooktop is returned to the approved location beneath the fire suppression system after	K 324	Tape was placed on the floor to indicate where the gas-fired cooktop must be located and or replaced following service and cleaning. This is the only gas-fired cooktop in the kitchen that has the potential to be affected. A monthly audit will be conducted by the Maintenance Manager and or designee to ensure the safety measure is maintained. All audit findings will be reported in the Quality Assurance meeting quarterly, the team will monitor and make recommendations. The Maintenance Manager responsible	

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K 324	Continued From page 3 being moved for service or cleaning. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.3.2.5.5 and 9.2.3 2011 NFPA 96, Section 12.1.2.3	K 324	for the compliance of this tag and reporting. All audit findings will be reported in the Quality Assurance meeting quarterly, the team will monitor and make recommendations. The Maintenance Manager responsible for the compliance of this tag and reporting.	
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to install fire alarm systems in	K 341	The fire alarm circuit disconnecting panel has been replaced with RED identifying	12/1/22

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K 341	Continued From page 4 accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to install fire alarm systems as required could lead to malfunction or inoperable conditions during an emergency. The deficiency affected the power supply circuit to the fire alarm system, which could lead to injury or death for staff, residents, and visitors throughout the facility during an emergency. The findings were: Observation on 10/06/2022 at 11:15 AM of panel EMB, Section 2, in the main electrical room revealed that the fire alarm circuit disconnecting means did not have a red identifying marking. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.3.4 and 9.6 2010 NFPA 72, Section 10.5.5.2	K 341	markings. All fire alarm circuit were replaced as indicated with RED identifying markings. The Maintenance Manager responsible for the compliance of this tag and reporting.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		12/1/22

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K 511	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure, resulting in injuries to staff or residents. The deficiency affected the kitchen, and all staff working within. The findings were: Observation on 10/06/2022 at 11:02 AM in the kitchen revealed a gas-fired cooktop. Further observation revealed that the cooktop was on casters, and was not provided with the required restraint to protect the flexible gas piping when the cooktop is moved for service or cleaning. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 54, Section 9.6.1.2	K 511	A cable restraint was put on the cooktop with casters to protect the flexible gas piping. This is the only gas-fired cooktop in the kitchen that has the potential to be affected. A monthly audit will be conducted by the Maintenance Manager and or designee to ensure the safety measure is maintained. All audit findings will be reported in the Quality Assurance meeting quarterly, the team will monitor and make recommendations. The Maintenance Manager is responsible for the compliance of this tag and reporting.	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99	K 911		12/1/22

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K 911	Continued From page 6 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the location for emergency power equipment in accordance with the requirements of the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to maintain emergency power equipment as required could lead to system failure during an emergency, which could affect all staff, residents, and visitors throughout the facility. The findings were: Observation on 10/06/2022 at 11:15 AM in the emergency generator room revealed several file cabinets full of paper, as well as miscellaneous combustible equipment such as standing hair dryers. Emergency power equipment must be located in a separate room, and can not contain items other than equipment related to the emergency power system. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.5.1 and 9.1.3.1	K 911	All items were permanently removed from storage adjacent to the generator. This is the only generator room on the premises. A monthly audit will be conducted by the Maintenance Manager and or designee to ensure the safety measure is maintained. All audit findings will be reported in the Quality Assurance meeting quarterly, the team will monitor and make recommendations. The Maintenance Manager is responsible for the compliance of this tag and reporting.	

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K 911	Continued From page 7 2010 NFPA 110, Section 7.2	K 911		