STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING 02 - MAIN BUILDING B. WING _____	10/30/2006

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

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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 with a basement protected by an automatic supervised wet 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	POC ACCEPTED W/ PAT MILLER, NHA, ON 12/5/06 @ 9:30 AM.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pat Miller — TITLE: NHA — (X6) DATE: 11-21-06

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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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	This facility strives to protect the corridor system in accordance with NFPA 101-Sect. 19.33.6.3	
	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 10/30/06 between 3:15 PM and 5 PM, revealed the following corridor doors did not fit tight into the frame to resist the passage of smoke. a. Resident room #5. b. The rehabilitation gym. c. Resident room #15. d. Resident room #26.	#1	The Maintenance Supervisor will assess and repair the doors in Room #5, #15, #26 and the rehabilitation gym as needed to meet the intent of the regulation Maintenance Supervisor will audit all doors in the facility on a bi-monthly basis to ensure all doors are in compliance. Results will be reviewed by Quality Assurance with corrective action taken as needed. Maintenance Supervisor and Administrator to monitor	11-21-06 11-27-06 11-27-06 11-27-06

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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 the facility failed to separate 4 of 11 hazardous areas from other spaces by smoke-resistant assemblies in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. Observation on 10/30/06 at 3:52 PM revealed the corridor door to the hazardous material closet did not fit tight into the frame to resist the passage of smoke. 2. Observation on 10/30/06 at 4:51 PM revealed the corridor doors to the laundry's dry room and washer room were impeded from closing by wood wedges. 3. Observation on 10/30/06 at 5:10 PM revealed the self-closing device attached to the basement store room door was equipped with a hold open arm. The hold open arm would not allow the self-closing device to automatically close the door upon the activation of the smoke detectorfire alarm system.	K 029	This facility strives to meet the intent of the regulation to separate hazardous areas from other spaces by smoke resistant assemblies. #1 Maintenance Supervisor revised and repaired the door to fit tight in the frame to resist passage of smoke. 10/31/06 #2 The wedges were removed from the corridor doors to the laundry's dry room and washer room and staff was inserviced on the purpose and importance of allowing the doors to close and maintain the smoke barrier. 10/30/06 #3 The self-closing device attached to the basement storeroom door was adjusted to close correctly to maintain the smoke barrier. Staff was inserviced on the purpose and importance of maintaining the smoke barrier. 10/30/06 Maintenance Supervisor and Laundry Supervisor will audit the doors daily on rounds to ensure the intent of the regulation is met. 11-27-06 The Safety and Quality Assurance committees will review the results. 11-27-06	

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K 052 SS=E	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 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to test the installed fire alarm system in accordance with NFPA 72 Table 7-3.2. The findings were: 1. Review of the fire alarm system testing records on 10/30/06 between 5:35 PM and 6:15 PM, revealed the annunciator panel's battery load voltage test had not been performed in the last 6 months as required by the Code. 2. Review of the fire alarm system testing records on 10/30/06 between 5:35 PM and 6:15 PM, revealed the monthly fire alarm receiver test had not been performed for the months of April and August 2006. 3. Interview on 10/30/06 at 6:10 PM with the maintenance director revealed there were no other records to review.	K 052	The facility strives to meet the intent of the fire alarm system required for life safety in installation, testing and maintenance in accordance with NFPA 70 National Electrical Code and NFPA 72. #1 The service contractor was contacted and the annunciator panel's battery load voltage test was completed on 11-07-06.	11-7-06
			#2 Maintenance Supervisor will monitor all testing to ensure it gets done timely.	11-27-06
			Maintenance Supervisor was inserviced on the importance of doing a monthly receiver test. Maintenance Supervisor and Administrator will monitor to ensure monthly testing is completed.	10-30-0
			Quality Assurance and Safety committee to review results and make recommendations as needed.	11-27-06

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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	K 147	The facility strives to provide electrical wiring and equipment in accordance with NFPA 70 and 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 and 410-3 respectively. The findings were: 1. Observation on 10/30/06 at 3:15 PM revealed the electrical receptacle near bed "B" in resident room #2 had a damaged face plate. 2. Observation on 10/30/06 at 3:27 PM revealed the MDS coordinator's office had a surge protector plugged into a 3-way adapter. The room had insufficient electrical receptacles for the appliances in use.	#1	The Maintenance Supervisor repaired the damaged faceplate of the electrical receptacle on 10-31-06.	10/31/06
		#2	The surge protector in the MDS coordinator's office was moved to an appropriate receptacle.	10/31/06
			Maintenance Supervisor will monitor for broken receptacles and for the appropriate use of electrical outlets on weekly rounds. The Safety and Quality Assurance committee will review the results.	11-27-06
			Maintenance Supervisor and Administrator to monitor	11-27-06