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Wyoming Dept of Health

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

JUN 15 2009

PRINTED: 05/26/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	Office of Healthcare Licensing and Surveys B. WING _____	05/12/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT CTR	1445 UINTA 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
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction built in 1987. The building was equipped with a supervised automatic dry sprinkler system with an antifreeze loop and a zoned fire alarm system.	K 000	483.70 (a) Initial comments. The building was equipped with a supervised automatic dry sprinkler system with an antifreeze loop and a zoned fire alarm system. This will be reported to the QA committee quarterly.	06/03/09
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 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure pull stations were unobstructed in 1 of 6 smoke compartments. The findings were: Observation on 5/12/09 at 10:25 AM revealed the two manual fire alarm pull stations were obstructed by plants. The plants were 30 inches	K 062	NFPA101 life Safety Code Standard (NFPA 70 & 72 9.6.1.4.) The system has an approved maintenance and testing program. This will be accomplished by: A) Fire alarm pull station will continue to be inspected quarterly. The two plants that were located under the fire alarm pull stations have been moved and staff has been informed as to not put any objects under pull stations and move immediately if ever obstructing fire alarm pull stations.	05/12/09

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

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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: FV4021 Facility ID: WY0004 If continuation sheet Page 1 of 5

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	535033	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/12/2009

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CASTLE ROCK CONVALESCENT CTR	1445 UINTA GREEN RIVER, WY 82935

6/19/09

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K 052	Continued From page 1 tall and located directly under the pull stations. Interview with the maintenance director at the time of observation revealed pull stations were inspected quarterly to ensure they were unobstructed. Records show the fire alarm system was last inspected during the first week in April.	K 052	This will be reported to the QA committee quarterly.	
K 056 SS=D	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 observation and staff interview the facility failed to ensure the building had complete sprinkler coverage in 1 of 6 smoke compartments. The findings were: Observation on 5/12/09 at 10:55 AM revealed the sprinkler head in the skylight above the nurses' station was located more than 36 inches below the peak of the roof. The sprinkler was located 48 inches from the peak of the roof. Interview with the maintenance director at the time of observation revealed he was unaware sprinklers	K 056	NFPA 101 Life Safety Code Standard (19.3.5) Sprinkler that is installed past 36" from peak of roof will be moved and installed to proper height. Simplex Company has been contracted to complete this project. This will be reported to the QA committee quarterly.	06/24/09

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K 056	Continued From page 2 were to be located within 36 inches of the peak of the roof. He further reported that an outside contractor conducted the annual sprinkler inspection to ensure all sprinklers were installed correctly.	K 056		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure sprinkler heads were free of foreign material in 1 of 6 smoke compartments. The findings were: 1. Observation on 5/12/09 at 8:57 AM revealed the sprinkler head in the telephone room was covered with white paint. Upon closer inspection it was revealed that the operating mechanism was coated with paint. Interview with the maintenance director at the time of the observation revealed the sprinkler heads were not routinely inspected by the facility's staff. He stated the sprinkler system was inspected annually by an outside contractor. 2. Observation on 5/12/09 at 9:32 AM revealed two of eight sprinkler heads in the kitchen were corroded. The maintenance director confirmed the condition of the sprinkler heads.	K 062	NFPA 101 Life Safety Code Standard (19.7.6, 4.6.12, NFPA 25, 9.7.5) 1) Sprinkler heads will be inspected quarterly. The sprinkler head that is installed in the telephone room will be changed out with a new one by contractor Simplex. 2) The sprinkler heads in the kitchen will be inspected quarterly and any corroded ones will be changed out with new ones and installed by contractor Simplex. This will be reported to the QA committee quarterly.	6/24/09 6/24/09
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance	K 069		

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K 069	Continued From page 3 with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to test the fire suppression system under the kitchen hood on a semi-annual basis. The findings were: 1. Review of the kitchen hood fire suppression system testing records revealed the system was last tested on 11/21/08. Record review also showed the test prior to 11/21/08 occurred a year earlier, in November 2007. 2. Interview with the maintenance director on 5/12/09 at 2:20 PM confirmed the hood suppression system had not been tested every six months as required.	K 069	NFPA 101 Safety Code Standard (9.2.3, 19.3.2.6, NFPA 96) Fire suppression system will be tested on the kitchen hood on a semi-annual basis as required by code. All records will be kept on file. Mountain Land Fire is scheduled to test system. This will be reported to the QA committee quarterly.	06/17/09
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 and staff interview the facility failed to ensure the facility's electrical system was properly maintained in one of six smoke compartments. The findings were: 1. Observation on 5/12/09 at 8:55 AM revealed the call router in the telephone room was plugged into a battery backup surge protector (uninterrupted power tap) which was itself plugged into another surge protector. Interview with the maintenance director at the time of observation revealed the electrical system was	K 147	NFPA 101 Life Safety Code Standard (NFPA 70, NEC 9.1.2) 1) Electrical systems will be routinely inspected and surge protectors will be used properly. Extra surge protector was unplugged and wiring was hooked up properly, according to code.	05/14/09

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K 147	Continued From page 4 not routinely inspected to ensure surge protectors were used safely. 2. Observation on 5/12/09 at 9:57 AM revealed the electrical outlet in the front lobby next to the water fountain was not a ground faulty circuit interrupter (GFCI) type. Review of the circuit panel with the maintenance director revealed the circuit was not GFCI protected. Review of the electrical receptacles upstream of the said receptacles revealed they were not GFCI protected. Interview with the maintenance director at the time of observation revealed he was aware that receptacles near water sources were required to be GFCI protected. He further revealed that the electrical system had not been inspected to ensure all receptacles near water sources were GFCI protected.	K 147	2) All electrical outlet receptacles by any water source has been inspected and has been replaced with the proper GFCI protectors. This will be reported to the AQ committee quarterly.	05/15/09

Castle Rock Convalescent Center
1445 Uinta Drive Green River, WY 82935

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To: Jason	**From:** John
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Re:	**CC:**

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