...ICAID SERVICES

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	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/29/2010

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

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K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this 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 a zoned fire alarm system. The facility had a capacity of 59 certified Medicare and Medicaid beds.	K 000		
K 025 SS=E	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 observation and staff interview the facility failed to ensure 1 of 6 smoke barriers walls were smoke resistant. The findings were: Observation of the east smoke barrier wall on 6/29/30 at 8:41 AM showed there were two	K 025	NFPA 101 LIFE SAFTEY CODE STANDARD (19.3.7.3, 19.3.7.5, 19.1.6.3,19.1.6.4) All gaps and holes in smoke barrier walls have been sealed with fire/smoke retardant sealant. In the future, any smoke barrier walls that have been inspected on a semi-annual basis that are found to have gaps or holes in them, will be repaired immediately. A policy on smoke barrier walls will be put into place. All smoke barrier walls will be checked on a semi-annual basis by maintenance personnel. Any holes or gaps that are found will be filled with a fire/smoke retardant sealant. All reports will be given to the Q.A. Committee	07/19/10

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.

PDC Accepted w/ bwd Feedback, NHA, OD 8/15/10

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K 025	Continued From page 1 unsealed pipe penetrations. The largest gap was 2 inches by 4 inches wide. At the time of observation a member of the maintenance staff reported the wall was inspected semi-annually. He could not explain why the hole had not been sealed during the last inspection.	K 025		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure fire drills were held on each shift for 3 of the past 4 quarters. The findings were: Review of the fire drill records showed the second shift occurred between 2 PM and 10 PM and the third shift occurred between 10 PM and 6 AM. Further review showed a drill had not been conducted on the third shift during the second and third quarters of 2009. Records also showed a drill had not been conducted on the second shift during the first quarter of 2010. At 5 PM on 6/28/10 the maintenance director reported he was aware of the requirement of one fire drill per shift per quarter. He could not explain why the drill had not been conducted on the above mentioned	K 050	NFPA 101 LIFE SAFETY CODE STANDARD (19.7.1.2) Maintenance Director explained that the fire drill was conducted at the proper time, but the alarm system had failed to alarm properly. Alarm system was repaired and a fire drill was conducted again but at a different time. In the future if there is a problem with the alarm system the fire drill will still be conducted at the proper time on all shifts per quarter. A policy on fire drills is in place. Fire drills will be performed on different shifts/times on a monthly schedule by maintenance. One fired rill per shift per quarter. All quarterly fire drill reports will be reported to the Q.A. Committee.	08/02/10

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K 050	Continued From page 2 shifts.	K 050		
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, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure sprinklers were not corroded or obstructed in 3 of 6 smoke compartments. The findings were: 1. Observation of the sprinkler system on 6/28/10 between 3 PM and 4:30 PM showed the corridor sprinklers near the south hall pantry and the office of the assistant director of nursing were obstructed. The sprinklers were installed within 12 inches of ceiling mounted lights and the bottom of the lights were below the bottom of the sprinklers' deflectors. At 3:28 PM the maintenance director reported he was aware of the spacing requirement. He further reported that the system was inspected annually by an outside contractor and they had failed to note any obstructed sprinklers on their last report. 2. Observation of the sprinkler system on 6/28/10 at 4:09 PM showed the two heads in the dish room were corroded. At 3:28 PM the maintenance director reported he was aware that corroded or damaged sprinkler heads must be replaced.	K 062	1. An annual sprinkler system inspection will be added to the Policy and Procedures to be done with other annual inspections the Castle Rock Convalescent Center facility. 2. The company Simplex-Grinnell from Salt Lake City, Utah, will be installing new sprinkler heads. Contracts have been signed authorizing work. 3. Shut down and drain existing system. Remove all recessed sprinkler heads. Extend sprinkler drops down and install new #401 style sprinklers with quick response pendent heads. Deflector of the new sprinkler heads will spray under existing surface mounted lights to meet code requirements. Place the system back in service. 4. Annual inspection of sprinkler system is now a part of the annual maintenance prevention program at Castle Rock Convalescent Center. 5. After each annual inspection a status report will be given to the Quality Assurance Committee on the results annual inspections	08-20-10 08-20-10 08-20-10 08-20-10 08-20-10
K 141 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 141		

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K 141 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 141		

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K 141	Continued From page 3 Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation, policy review and staff interview the facility failed to ensure NO SMOKING signs were posted were oxygen was being used in 2 of 6 smoke compartments. The findings were: Observation of resident room corridor doors on 6/28/10 between 2 PM and 4 PM showed a "No Smoking" sign was posted on the door frame of resident rooms were oxygen was in use. Further review showed oxygen was in use in resident rooms #5, #32 and #34, but the doors lacked no smoking signage. At 2:37 PM the director of nursing reported it was the facility's practice to post all rooms where oxygen was used with a no smoking sign. Review of the facility's oxygen policy and smoking policy showed the posting of areas were oxygen was in use was not addressed.	K 141	NFPA 101 LIFE SAFETY CODE STANDARD (19.3.2.4. NFPA 99, 8.6.4.2) Policy wording will be changed. Proper signs will be posted with the wording, "Oxygen in Use, No Smoking". The signs on resident rooms will not be used. Proper signs that read "No Smoking" and Oxygen in use" will be posted by maintenance. Maintenance personnel on their rounds will check signage and replace as needed and will be part of our quarterly fire report to the Q.A. Committee.	~~08/27/10~~ 8/20/10
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	NFPA 101 LIFE SAFETY CODE STANDARD (NFPA 99. 3.4.4.1) The length of time from normal power to emergency generator power was not logged due to inspection by contractor. In the future, all testing times will be logged properly on a monthly basis. A policy is in place to test generator start times on a monthly basis. The length of time from normal power to start up time of emergency generator power will be checked by maintenance on a monthly basis and logged properly.	07/30/10

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K 144	Continued From page 4 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure the emergency generator transfer times were recorded for 2 of the past 12 months. The findings were: Review of the emergency generator testing log showed the transfer time from normal power to emergency power had not been collected on a monthly basis. The times were not collected for the months of February and March 2010. On 6/28/10 at 5:30 PM the maintenance director reported he was aware of the testing requirement. He further confirmed the above mentioned times were not collected.	K 144	An annual generator load bank test will be performed by a contractor. The annual test report of a generator will be reported to the Q.A. Committee.	
K 147 SS=E	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 damaged electrical cords were replaced in 1 of 6 smoke compartments. The findings were: Observation of the electrical system on 6/28/10 at 4:25 PM showed the power cord to the cooling unit in the walk-in freezer was damaged. The 18 inch orange cord had three areas that had been damaged and wrapped with black electrical tape. At the time of observation a member of the maintenance staff reported he was aware that damaged electrical equipment must be replaced. He further reported that the cord should have been noticed and replaced during the quarterly	K 147	NFPA 101 LIFE SAFTEY CODE STANDARD (NFPA 70, National Electrical Code 9.1.2) The power cord to the cooling unit in the walk-in freezer will be replaced and installed in a proper wire conduit. Contractor will be doing all electrical work. In the future, all electrical quarterly inspections that show a hazard will be repaired immediately. A policy is in place for all electrical cords to be inspected on a quarterly basis. All electrical inspections will be done by maintenance or by a licensed contractor. Any quarterly electrical inspections that show any hazards will be repaired immediately by maintenance or a licensed contractor. Any hazardous electrical inspections will be reported to the Q.A. Committee.	08/06/10

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K 147	Continued From page 5 electrical inspections.	K 147		