STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535038	A. BUILDING **01** B. WING _____	**08/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE - EVANSTON	**475 YELLOW CREEK ROAD** **EVANSTON, WY 82930**

(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 08/20/2024. 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 08/20/2024. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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 with plan approval in 1985. The building was equipped with an automatic dry sprinkler system, and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 43 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90	K 000		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.	K 271		10/15/24

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

Electronically Signed | 09/16/2024

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K 271	Continued From page 1 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a level means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide a level means of egress as required could delay or hinder egress during an emergency, resulting in injury or death. The deficiency affected several areas of the walkways to the public way at the facility. The findings were: Observation on 08/20/2024 at 9:30 AM at the exit pathway to the public way, on the southwest side of the facility, revealed that the concrete walkway had uplifted from soil expansion causing two portions of the walkway to be at different heights. Further observation found that the height difference between the walkway portions was an abrupt change in excess of 1/4 inch. Additional observation found this deficiency repeated in several places around the facility. Abrupt changes in elevation of walking surfaces shall not exceed 1/4 inch. Changes in elevation exceeding 1/4 inch, but not exceeding 1/2 inch shall be beveled with a slope of 1 in 2. Interview with the maintenance manager at the time of observation confirmed the deficiency, and indicated that he was aware of the requirement. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 2012 NFPA 101, Sec. 19.2.1 and 7.1.6.2	K 271	A complete inspection of the facility sidewalks was completed on 9/12/2024 to identify and mark all areas where a level walking surface was not provided. A cement grinding tool was purchased on 9/10/24. All areas will be ground to ensure a level walking surface with no abrupt changes of greater than ¼ inch. All areas will be placed on a quarterly inspection to ensure no future heaving of cement walkways. This inspection will be added to the TELS preventative maintenance program, and any issues will be addressed with the Quality Assurance team and repaired.	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101	K 918		10/31/24

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAIN CARE - EVANSTON	**475 YELLOW CREEK ROAD** **EVANSTON, WY 82930**

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K 918	Continued From page 2 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain main and feeder circuit breakers in accordance with 2012 NFPA	K 918	A licensed electrician in the building on 9/13/24 to assess the needed level of inspection and exercising per the	

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K 918	Continued From page 3 99, Heath Care Facilities Code. Failure to maintain main and feeder circuit breakers as required could result in faulty or inoperable equipment. The deficiency affected the facilities main and backup electric system. The findings were: Document review on 08/20/2024 starting at 10:40 AM revealed the facility was not able to provide documentation demonstrating that the main and feeder circuit breakers had been tested. Main and feeder circuit breakers shall be inspected annually, and a program for periodically exercising the components shall be established according to manufacturer's recommendations. Interview with the maintenance manager at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 2012 NFPA 99 Ch.10 Sec. 4.4.1.2	K 918	manufacturer recommendations for main and feeder circuit breakers. All main and feeder circuit breakers will then be inspected and exercised per the manufacturer's recommendations. Inspection and maintenance routines will be added to the TELS preventative maintenance system following the recommended intervals from the manufacturer. Any issues found will be repaired by a licensed electrician and reviewed with the QAPI team.	