STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/09/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

(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 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 with plan approval in 1978, 1983, and the kitchen in 2008. The building was equipped with a supervised automatic wet sprinkler system and with a zoned fire alarm system. The facility had a capacity of 50 certified Medicare and Medicaid beds with a census of 34 residents.	K 000	367-4161	
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 3 smoke barrier walls were smoke resistant. The findings were:	K 025	The facility will ensure smoke barrier walls are smoke resistant as evidenced by: 1. The Maintenance Director will install fireproof insulation and seal the penetration in the attic along the north smoke barrier wall. 2. The Maintenance Director will monitor for openings in smoke barrier walls. 3. The Maintenance Director will report results at quarterly QAA meetings with appropriate follow up.	9/15/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Heather J. McKee, M.D.C., LNHA — TITLE: Administrator — (X6) DATE: 9/7/11

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.

Fax ADON to w/ Heather McKee, NHA, ON

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WyomingDeptofHealth
SEP 09 2011
Office of Healthcare Licensing and Surveys

9/13/11

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K 025	Continued From page 1 Observation of the north smoke barrier wall on 8/9/11 at 10:46 AM showed one unsealed pipe penetration in the attic. At the time of observation, the director of maintenance could not explain why this penetration had not been noticed during the last quarterly inspection. Reference: NFPA 101, 2000 edition; 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour.	K 025		
K 062 SS=D	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 sprinkler heads were not painted in 1 of 5 smoke compartments. The findings were: Observation of the laundry soiled collection room on 8/09/11 at 9:16 AM showed the sprinkler head was painted. At the time of observation the director of maintenance reported all sprinkler heads were inspected by an outside contractor on an annual basis. Review to the 4/27/11 annual sprinkler inspection report showed there were no comments regarding painted, corroded or damaged sprinkler heads.	K 062	The facility will ensure required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically as evidenced by: 1. Ball Fire Protection Co. replaced the painted sprinkler head in the soiled laundry room. 2. The Maintenance Director will periodically monitor sprinkler heads for damage, corrosion, or paint. 3. The Maintenance Director will report results at the quarterly QAA meetings with appropriate follow up.	9/15/11

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K 062	Continued From page 2 Reference: NFPA 101, 2000 edition 19.3.5.1, 9.7.5, NFPA 25, 1998 edition; 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged or loaded, or in the improper orientation.	K 062		
K 066 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066	The facility will ensure ashtrays of noncombustible material and safe design are provided in all areas where smoking is prohibited and metal containers with self-closing cover devices into ashtrays can be emptied are readily available to all areas where smoking is permitted as evidenced by: 1. The Maintenance Director installed a fire rated cigarette butt disposal station at the East entrance. 2. The Maintenance Director will conduct an in service for all staff regarding the proper disposal of cigarette butts and the smoking policy.	9/15/11

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K 066	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, policy review, and staff interview, the facility failed to ensure staff members were following the smoking policy at 1 of 8 egress exits. The findings were: Observation of the east exit on 8/09/11 at 9:58 AM showed four cigarette butts were in the trash can along with paper waste. At the time of the observation the director of maintenance reported this area was not a designated smoking area and staff should not have been smoking in the area. Review of the facility's tobacco usage policy showed smoking is only allowed at the west entrance/main lobby and east time clock entrance. Each of the designated smoking areas were provided with ashtrays. Reference: NFPA 101, 2000 edition 19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.	K 066	3. The Maintenance Director will monitor results and report at the quarterly QAA meetings with appropriate follow up.	

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K 066	Continued From page 4 (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	K 066		
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 electrical outlets were provided with faceplates and failed to ensure a damaged electrical equipment was replaced in 2 of 5 smoke compartments. The findings were: 1. Observation of resident room #105 on 8/09/11 at 9:35 AM showed the electrical receptacle behind the headboard of the bed was missing a faceplate. At the time of observation, the director of maintenance reported the housekeeping staff should have notified the maintenance department once they found the faceplate had been damaged or missing. 2. Observation of resident room #202 on 8/09/11 at 10:05 AM showed the electrical cord to the bed was cracked with the inner electrical wires	K 147	The facility will ensure electrical outlets are provided with faceplates and damaged electrical equipment is replaced in accordance with NFPA 70, National Electrical Code 9.1.2 1. The Maintenance Director replaced the broken outlet cover in room #105 2. The Maintenance Director replaced the damaged electrical cord in room #202. 3. The Maintenance Director will conduct an in service with all staff to observe and report any broken or damaged electrical equipment to Maintenance. 4. The Maintenance Director will monitor results and report at the quarterly QAA meetings with appropriate follow up.	9/15/11

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K 147	Continued From page 5 exposed. At the time of observation the director of maintenance could not explain why the cord had not been identified by either the housekeeping staff or the quarterly electrical inspection. Reference: NFPA 101, 2000 edition 19.5.1, 9.1.2, NFPA 70, 1999 edition; 110-27. Guarding of Live Parts. (b) Prevent physical damage. In locations where electric equipment would be exposed to physical damage, enclosure of guards shall be so arranged and of such strength so to prevent such damage. 410-56. Rating and Type. (e) Position of Receptacle Faces. .... Face plates shall be installed so as to completely cover the opening and seat against the mounting surface.	K 147		
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on policy review and staff interview the facility failed to ensure procedures were in place in the event the sprinkler system was impaired.	K 154	The facility will ensure policies and procedures are in place in the event the required automatic sprinkler system is out of service for more than 4 hours in a 24 hour period as evidenced by: 1. The facility will implement a fire watch policy in accordance with NFPA 101 9.7.6.1 2. The Safety Office will conduct an in service for all staff regarding the fire watch policies and procedures.	9/15/11

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K 154	Continued From page 6 The findings were: During the entrance conference on 8/08/11 at 4:30 PM the facility did not have a fire watch policy to provide procedures in the event the automatic sprinkler system was out of service for more than 4 hours in a 24 hour period. At the time of review, the administrator could not explain why they did not have a policy in place.	K 154	3. The Safety officer will conduct quarterly fire watch drills and retain documentation on such drills 4. The Safety Officer will report results of these drills at the quarterly QAA meeting with appropriate follow up.	
K 155 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by: Based on policy review and staff interview the facility failed to ensure a procedure was in place in the event the fire alarm system was impaired. The findings were: During the entrance conference on 8/08/11 at 4:30 PM the facility did not have a fire watch policy to provide procedures in the event the fire alarm system was out of service for more than 4 hours in a 24 hour period. At the time of review, the administrator could not explain why they did not have a policy in place.	K 155	The facility will ensure policies and procedures are in place in the event the required fire alarm system is out of service for more than 4 hours in a 24 hour period as evidenced by: 1. The facility will implement a fire watch policy in accordance with NFPA 101 9.6.1.8. 2. The Safety Officer will conduct an in service for all staff regarding fire watch policies and procedures. 3. The Safety Officer will conduct quarterly fire watch drills and retain documentation on such drills. 4. The Safety Officer will report results of these drills at the quarterly QAA meeting with appropriate follow up.	9/15/11