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

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WY Dept of Health
OCT 12 2012
Healthcare Licensing and Surveys

PRINTED: 10/01/2012
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
	535017	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/18/2012

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 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. The facility was a fully sprinkled single story building of Type V (111) construction built in 1978 and 1983.The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 50 certified Medicare and Medicaid beds with a census of 35.	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 2 of 4 smoke barrier walls were smoke resistant. The findings were: Observation on 9/18/12 between 8:30 AM and 9	K 025	The facility will ensure smoke barriers are smoke resistant as evidenced by: 1. The Director of Maintenance (DOM) will seal the four unsealed pipe penetrations on the south smoke barrier wall and the two unsealed conduit penetrations on the north smoke barrier wall. 2. The DOM will monitor for openings in smoke barrier walls. 3. The DOM will report results at quarterly QAA meetings with appropriate follow up.	9/21/12

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

Kathleen J Mel — Administrator — 10/11/12

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.

POC ACCEPTED W/ HEATHER McVEE, NHA ON 10/29/12.

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K 025	Continued From page 1 AM showed the south smoke barrier wall had four unsealed pipe penetration. The largest gap measured 6 inches by 7 inches. Further observation showed the north smoke barrier wall had two unsealed conduit penetrations. The largest gap measured 1 inch by 3 inches. On 9/18/12 at 8:30 AM the maintenance supervisor reported smoke barrier walls were inspected semi-annually. He could not explain why these holes had not been noticed and repaired.	K 025		
K 029 SS=E	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 observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 5 smoke compartments. The findings were: Observation of the medical records storeroom on 9/17/12 at 2:46 PM showed the self-closing device had been removed for the door. At the time of the observation the maintenance supervisor reported he was unaware storage	K 029	The facility will ensure hazardous areas are separated from from use areas as evidenced by: 1. The DOM installed a self-closing device on the medical records storeroom. 2. The DOM will monitor hazardous areas to ensure when approved automatic fire extinguishing systems are in use, areas are separated from other spaces by smoke resistant partitions and self-closing doors 3. The DOM will report results at quarterly QAA meetings with appropriate follow up.	9/21/12

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K 029	Continued From page 2 location ' s required self-closing devices.	K 029		
K 052 SS=F	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 1 of 8 fire alarm system test was conducted. The findings were: Review of the fire alarm system testing records showed the bi-annual smoke detector sensitivity test was performed on 2/23/12, but the date had been written over a previous whited out date. Review of the previous sensitivity report dated 2/18/10 showed they were the same photo copied report. On 9/18/12 at 9:30 AM, the maintenance director reported he had not compared the two reports. At 9:35 AM that same day, the fire alarm contractor could not explain why the 2/18/10 sensitivity report was copied and submitted for the 2/23/12 report. Reference, NFPA 101, 2000 Edition, 19.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition;	K 052	The facility will ensure the fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 Electrical Code and NFPA 72 1. The DOM will identify and hire a new fire alarm contractor to perform bi-annual smoke detector sensitivity tests. 2. The DOM will monitor results of biannual tests by reviewing The results of testing prior to the contractor leaving the facility 3. The DOM will produce documentation of testing to the Administrator upon completion with follow up at QAA meeting.	9/21/12

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K 052	Continued From page 3 Table 7-3.2 Testing Frequencies. 15. Initiating Devices i. Smoke Detectors- Sensitivity, ...bi-annually	K 052		
K 056 SS=E	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 sprinkler heads were properly installed and failed to ensure there was complete sprinkler coverage in 2 of 5 smoke compartments. The findings were: 1. Observation of the north wing linen closet on 9/17/12 at 3:22 PM showed the sprinkler head was installed less than 4 inches from a wall. The sprinkler head was installed 2 inches from the wall. At the time of the observation, the maintenance supervisor reported the sprinkler system was inspected annually by an outside contractor. He could not explain why the sprinkler	K 056	10/11/12 The facility will ensure sprinkler heads are installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building as evidenced by: 1. The facility will move the north linen closet sprinkler head from 2 inches from the wall to the required 4 inches. 2. The facility will install two additional sprinkler heads in the sunroom to provide adequate coverage. 3. The DOM will conduct quarterly audits of the sprinkler system to ensure complete coverage for all portions of the facility and will report at quarterly QAA meetings with appropriate follow up.	~~3/21/12~~

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K 056	Continued From page 4 head had not been noticed and moved during the annual inspection. 2. Observation of the sun room on 9/17/12 at 3:55 PM showed two sprinkler heads were installed more than 7 ½ feet from a wall. The sprinkler heads were installed 9 feet from the wall. At the time of the observation, the maintenance supervisor reported the sprinkler system was inspected annually by an outside contractor. He could not explain why the sprinkler heads had not been noticed and modified or additional heads added. Reference, NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-5.3.2 Maximum Distance From Walls. The distance from sprinklers to walls shall not exceed one-half of the allowable maximum distance between sprinklers. The distance from the wall to the sprinkler shall be measured perpendicular to the wall. Table 5-6.2.2 (b) Protection Areas and Maximum Spacing (Standard Spray Upright/Standard Spray Pendent) for Ordinary Hazard Construction Type ... ...All System Type ... ...All Protection Area ... ...130 ft2 Spacing ... ...15 ft 5-6.3.3 Sprinklers shall be located a minimum of 4 in. from the wall.	K 056	4. In order to correct this deficiency, we are requesting a waiver of compliance until March 21, 2012 in order to install additional sprinkler heads in the sunroom and to correct sprinkler head placement in the north linen closet. The facility shall submit plans for this project to the State by November 30, 2012. Allowing 3 months for plan approval, the installation shall commence February 28, 2013 with a completion date of ~~March 21, 2013~~, 3/17/13. WAIVER REQUEST DATE.	10/1/12
K 062 SS=F	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	K 062		

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K 056	Continued From page 4 head had not been noticed and moved during the annual inspection. 2. Observation of the sun room on 9/17/12 at 3:55 PM showed two sprinkler heads were installed more than 7 ½ feet from a wall. The sprinkler heads were installed 9 feet from the wall. At the time of the observation, the maintenance supervisor reported the sprinkler system was inspected annually by an outside contractor. He could not explain why the sprinkler heads had not been noticed and modified or additional heads added. Reference, NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-5.3.2 Maximum Distance From Walls. The distance from sprinklers to walls shall not exceed one-half of the allowable maximum distance between sprinklers. The distance from the wall to the sprinkler shall be measured perpendicular to the wall. Table 5-6.2.2 (b) Protection Areas and Maximum Spacing (Standard Spray Upright/Standard Spray Pendent) for Ordinary Hazard Construction Type ... ...All System Type ... ...All Protection Area ... ...130 ft2 Spacing ... ...15 ft 5-6.3.3 Sprinklers shall be located a minimum of 4 in. from the wall.	K 056		
K 062 SS=F	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	K 062		

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K 062	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure storage items were 18 inches below the sprinkler deflector, failed to ensure escutcheons were maintained in 2 of 5 smoke compartments and failed to ensure the sprinkler system was tested during 1 of the past 4 quarters. The findings were: 1. Observation of the sprinkler system on 9/17/12 between 2:30 PM and 4 PM showed the director of nursing office closet and the closet of resident room #2 had items stored less than 18 inches below the sprinkler deflector. The closest item was only 6 inches from the deflector. At 2:40 PM, the maintenance supervisor could not explain why the stored times had not been noticed and removed during the monthly inspections. 2. Observation of the north exit vestibule on 9/17/12 at 3:36 PM showed the sprinkler escutcheon was missing. At the time of the observation, the maintenance supervisor could not explain why the escutcheon had not been noticed and replaced during the monthly inspections. 3. Review of the sprinkler system testing records showed the quarterly waterflow device test took more than 90 seconds to activate the fire alarm system. On 6/19/12, the waterflow device activated the fire alarm system in 97 seconds. On 9/18/12 at 9:35 AM, the sprinkler contractor could not explain why the system was not retested or the waterflow paddle replaced to ensure the	K 062	The facility will ensure storage items are 18 inches below the sprinkler deflector, escutcheons are maintained in all smoke compartments, and the sprinkler system is tested each quarter. 1. The DOM removed items stored above the 18" level in the Director of Nursing office and removed the ~~self~~ SHELF to prevent future occurences. 2. Housekeeping staff will monitor placement of stored items on a daily basis. 3. The DOM replaced the sprinkler escutcheon in the north exit vestibule. 4. The DOM will inspect sprinklers on a monthly basis to ensure proper placement of escutcheons. 5. The DOM adjusted the sensitivity on the water flow paddle switch in order to activate the system within 90 seconds.	9/21/12

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K 062	Continued From page 6 system was capable to activate the system within 90 seconds. Reference, NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 3-2.7.2 Escutcheon plates used with a recessed or flush type sprinkler shall be part of a listed sprinkler assembly. 5-5.6 Clearance to storage. The clearance between the deflector and the top of storage shall be 18 in. or greater. Reference, NFPA 101, 2000 Edition, 19.3.5.1, 9.7.5, NFPA 25, 1998 Edition; 9 2.7 Waterflow Alarm. All waterflow alarms shall be tested quarterly in accordance with manufacturer ' s instructions. Reference, NFPA 101, 2000 Edition, 19.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition; 2-6.2 Initiation of the alarm signal shall occur within 90 seconds of waterflow and the alarm-initiating device when flow occurs that is equal to or greater than from a single sprinkler of the smallest orifice size installed in the system. Movement or water due to waste, surges, or variable pressure shall not be indicated. Table 7-3.2 Testing Frequencies. 15. Initiating Devices j. Supervisory Signal Devices,.....quarterly k. Waterflow Devices,.....quarterly	K 062		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064		

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K 064	Continued From page 7 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure portable fire extinguishers were tested on a monthly basis in 1 of 5 smoke compartments. The findings were: Observation of the mechanical room on 9/17/12 at 3:13 PM showed the portable fire extinguishers annual inspection occurred during March 2012. Further observation showed a monthly inspection had not occurred since the March annual inspection. At the time of the observation the maintenance supervisor could not explain why the extinguisher had not been inspected on a monthly basis. Reference NFPA 101, 2000 Edition, 19.3.5.6, 9.7.4.1, NFPA 10, 1998 Edition; 4-3 Inspection. 4-3.1 Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals	K 064	The facility will ensure portable fire extinguishers are tested on a monthly basis in accordance with 9.7.4.1 19.3.5.6 NFPA 10 as evidenced by: 1. The DOM will test the fire extinguisher in the mechanical room. 2. The DOM will create a check list of all portable fire extinguishers in the facility and note monthly inspection of each. 3. The Dom will provide monthly checklists to the Administrator at quarterly QAA with appropriate Follow up.	9/21/12
K 141 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 and staff interview, the facility failed to ensure rooms with oxygen in use were posted with "No Smoking" signs in 1 of 5 smoke compartments. The findings were:	K 141	The facility will ensure non-smoking and no smoking signs in areas where oxygen is used or stored are posted in accordance with 19.3.2.4, NFPA 99 8.6.4.2 as evidenced by: 1. The DOM posted No Smoking signs on rooms 104 and 106. 2. The DOM will conduct an in service for nursing regarding the proper posting of No Smoking signs in the facility	9/21/12

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K 141	Continued From page 8 Observation on 9/17/12 between 2:30 PM and 3 PM showed resident room #104 and #106 had oxygen in use and the corridor doors were not posted with "No Smoking" signs. Further observation of the smoke compartment showed all other rooms with oxygen in use were posted as required. On 9/17/12 at 2:33 PM, the maintenance supervisor reported the "No Smoking" signs were supposed to be posted by the nursing staff. On 9/17/12 at 2:42 PM, the director of nurses could not explain why the signs were not posted.	K 141	3 The DOM will monitor results and report findings at the quarterly QAA meetings with appropriate follow up.	
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 equipment was replaced and failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 5 smoke compartments. The findings were: 1. Observation of the electrical system on 9/17/12 between 2 PM and 4 PM showed the following locations had damaged electrical equipment: a. Resident room #101 oxygen concentrator power cord. b. Resident room #203 bed power cord. c. Resident room #9 electrical outlet face plate had black char marks. On 9/17/12 at 2:28 PM, the maintenance supervisor reported the electrical equipment was	K 147	The facility will ensure damaged Electrical equipment is replaced and temporary electrical wiring does not replace permanent fixed wiring in accordance with NFPA 70, Electrical Code 9.1.2 as evidenced by: 1. The DOM removed a concentrator from room 101 that had a damaged electrical cord. 2. The DOM repaired the damaged bed cord from room 203. 3. The DOM replaced the damaged face plate and outlet in room 9.	9/21/12

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K 147	Continued From page 9 inspected monthly by the nursing staff and damaged equipment is reported on a work order. He could not explain why the aforementioned equipment had not been noticed and reported. 2. Observation of resident room #12 on 9/17/12 at 3:33 PM showed the radio was plugged into a 3-way electrical adapter. At the time of the observation, the maintenance supervisor reported the electrical equipment was inspected monthly by the nursing staff. He could not explain why the adapter had not been noticed and removed during the monthly inspections. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 90-7 Examination of Equipment for Safety. ...It is the intent of this Code that factory-installed internal wiring or the construction of equipment need not be inspected at the time of installation of the equipment, except to detect alterations of damage ... 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147	4. The DOM removed the three-way power adapter in room 12 with a surge protector. 5. The DOM will conduct an inservice with all staff to observe and report any damaged cords, faceplates, outlets, or use of three way adapters to Maintenance. 6. The DOM will monitor results and report at the quarterly QAA meeting with appropriate follow up.	