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Healthcare Licensing and Surveys

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

PRINTED: 04/01/2013
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
	535081	A. BUILDING 01 - MAIN BUILDING B. WING	03/27/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND CARE CENTER	PO BOX 1326 THERMOPOLIS, WY 82443

(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 sprinklered single story building of Type V (111) with plan approval in 1967 and 1972. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility has a capacity of 60 certified medicare and medicaid beds.	K 000	Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal state and law. Completion dates are provided for procedural processing purposed and correlate with the most recently contemplated or accomplished corrective action and do not necessarily correspond chronologically to date. The facility is of the opinion it was in compliance with requirements of participation or that corrective action was necessary.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all smoke barriers were maintained as a continuous membrane in 1 of 4 smoke compartments. The findings were: Observations on 3/26/13 between 1:00 PM and 3:30 PM revealed two ceiling to roof 6 inch diameter chimneys were open to the roof in the old boiler room. The maintenance manager stated "they must been in use with the old boiler and were never cover over when the new boiler was installed". In addition, a small one inch hole was noted in the wall behind the door in the business office. electrical wires were running	K 012	1. The facility will ensure walls and ceilings are smoke resistant in all 4 smoke compartments. This will be accomplished by: 1a. The two ceiling-to-roof 6 inch diameter chimneys that are open to the roof in the old boiler room will be sheet rocked, taped and painted per appropriate fire codes. In addition, the hole in the wall in the bus. office will be caulked. 1b. Maintenance staff will be in-serviced on the importance of sealing voids with fire resistant materials per appropriate fire codes.	~~5-29-13~~ 5/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Walter Howell NHA
TITLE: Administrator
(X6) DATE: 4/12/2013

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.

Revised/amended c changes on pg/a/pa te c Adm (wally) 4/24/13 @ 10 AM.

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	535051	A. BUILDING 02 - MAIN BUILDING B. WING _____	03/27/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND CARE CENTER	PO BOX 1025 THERMOPOLIS, WY 82443

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K 012	Continued From page 1 through the hole. The administrator and maintenance manager verified these two findings at the times of the observations. Reference: NFPA 101, Life Safety Code, 2000 edition, 19.1.6.4 Each exterior wall of frame construction and all interior stud partitions shall be firestopped to cut off all concealed draft openings, both horizontal and vertical, between any cellar or basement and the first floor. Such firestopping shall consist of wood not less than 2 in. (5 cm) (nominal) thick or shall be of noncombustible material. 19.3.6.2.2 Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012	1c. Director of Maintenance/designee will monitor per the facility PM guide. 1d. Findings to QA.	
K 052 SS=E	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 observation, record review and staff interview, the facility failed to post a certificate indicating the facility fire alarm system complied with current life safety code. The findings were: Observation on 3/27/13 at 2:00 PM revealed the	K 052	1. The facility will ensure that a certificate will be posted indicating the facility alarm system complies with the current Life Safety Code. This will be accomplished by: 1a. Western States Monitoring will provide and install required equipment and act as third party monitor as required per current Life Safety Code. Upon completion of installation a Certificate of Compliance will be posted per current Life Safety Code. 1b. Maintenance staff will be in-serviced on the regulations pertaining	5-29-13

CERTIFIED MAIL

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K 052	Continued From page 2 fire alarm annunciator panel located on the wall at the main nurses station. A certificate of compliance was not posted on the wall near the panel. Record review revealed an annual inspection of the fire alarm system was conducted by API Inc. on 6/26/12 however, there was no certificate of compliance in the record. Interview with the facility maintenance manager on 3/26/13 at 2:00 PM revealed he was not aware the certificate was required to be posted near the control panel. Reference: NFPA 101, Life Safety Code, 2000 edition. 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code, 1993 edition. 5-2.2.3.1.1 Fire alarm systems providing services that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component.	K 052	to third party monitoring and required posting of the Certificate of Compliance per current Life Safety Code. 1c. Director of Maintenance/designee will monitor per the facility PM guide. 1d. Findings to QA.	
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 records review and staff interview, the	K 062	1. The facility will ensure the sprinkler system is continuously maintained and in reliable operating condition which includes being inspected and tested periodically. This will be accomplished by:	3/29/13

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K 062	Continued From page 3 facility failed to ensure the fire suppression (sprinkler) system was properly maintained in 1 of 4 smoke compartments. The findings were: Observations on 3/26/13 at 2:48 PM revealed a gap greater than one half inch existed between the sprinkler head escutcheons and the ceiling in resident bathroom ' s #4, #5, and #6. Interview with the maintenance manager at the above time confirmed the observations. He stated "the bathrooms are next to each other and someone working in the attic last summer must have stepped on the sprinkler system pipe and all 3 sprinkler heads dropped into the rooms below." Ref: 2000 NFPA 101 Section 19.3.5.1 (existing). Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. 9.7.4.2. Where standpipe and hose systems are installed in combination with automatic sprinkler systems, installation shall be in accordance with the appropriate provisions established by NFPA 13 Standard for the Installation of Sprinkler Systems. NFPA 13 Standard for the Installation of Sprinkler Systems, 1999 Edition: 5-6.5.3 Obstructions that prevent Sprinkler Discharge from Reaching the Hazard. Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section. NFPA 13 Standard for the Installation of Sprinkler Systems, 1994 Edition: 2-2.5.2 Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly.	K 062	1a. The gap greater than one half inch between the sprinkler head escutcheons and the ceiling in resident bathrooms #4, #5 and #6 was fixed on 3/29/13. 1b. The sprinkler pipe in the attic was raised and secured in the attic to eliminate gap between sprinkler head escutcheon and ceiling per appropriate fire codes. 1c. Maintenance staff will be in-serviced on the regulations pertaining to sealing smoke barriers per appropriate fire codes. 1d. Findings to QA.	

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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 compliance with the National Electric Code in 1 of 4 smoke compartments. The findings were: Observations on 3/26/13 at 1:48 PM revealed an electrical splitter was being used in the washing machine room and by the sink at the nurses station. Interview with the maintenance manager at the time of the observation confirmed the above findings. Reference: NFPA 70, National Electrical Code, 1999 Edition.	K 147	1. The facility will ensure electrical splitters are not used. This will be accomplished by: 1a. The two splitters used in the wash machine room and next to sink at nurse station were removed on 4/3/13 and were replaced with surge protectors per state surveyor's suggestion. 1b. Maintenance staff will be in-serviced on the importance of the regulations in accordance with appropriate electrical codes. 1c. Director of Maintenance/designee will monitor per the facility PM guide. 1d. Findings to QA.	4-3-13