PO Accepted by Ken Sem on 5/17/13

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING 02 B. WING	04/26/2013

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

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1964, 1985, 1990 K7 SURVEY UNDER: 2000 EXISTING K8 SNF/NF Type of Structure: One story, Type V (111), 1964, protected, combustible wood frame construction with 1985 and 1990 building additions of the same construction type. The facility has a partial basement, four smoke compartments and a complete automatic (wet) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 04/26/13, following a State Agency Survey on 03/27/13, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Thermopolis Rehabilitation and Care Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).	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 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1	K 047	1. The facility will ensure exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system.	6/8/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Walter Sandl, NHA, MHSA
TITLE: Administrator
(X6) DATE: May 16, 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.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND CARE CENTER	PO BOX 1325 THERMOPOLIS, WY 82443

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K 047	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide continuous illuminated exit signs in all areas of the building. The deficient practice affected one of four smoke compartments, two staff and no residents. The facility has the capacity for 60 beds with a census of 50 the day of survey. Findings include: On 04/25/13 at 11:45 a.m., the corridor in the basement was observed to not have any emergency illuminated exit signs which would direct occupants to an exit in case of emergency. The exits from the corridor were not readily obvious and clearly identifiable. Interview with the Administrator in Training on 04/25/13 at 11:45 a.m. revealed the facility was not aware that the corridor in the basement was required to be equipped with illuminated emergency egress exit signs. The census of 50 was verified by the Administrator on 04/25/13. The finding was acknowledged by the Administrator and verified by the Administrator in Training at the exit interview on 04/25/13. Actual NFPA Standard: NFPA 101, 7.10.1.2*. Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access. Actual NFPA Standard: NFPA 101, 7.10.5.1*.	K 047	1a. The corridor in the basement that was observed not to have an emergency illuminated exit sign will have one installed that will be suitably illuminated by a reliable light source and shall be continuously illuminated and legible in both the normal and emergency lighting mode. 1b. Maintenance staff will be in-serviced on the regulations pertaining to required lighting per current Life Safety Code, NFPA 101, 7.10.5.c. 1c. Director of Maintenance/designee will monitor per the facility PM guide. 1d. Findings to QA.	

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K 047	Continued From page 2 Every sign required by 7.10.1.2 or 7.10.1.4, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode. Actual NFPA Standard: NFPA 101, 7.10.6.2. Every sign required to be illuminated by 7.10.6.3 and 7.10.7 shall be continuously illuminated as required under the provisions of Section 7.8. Exception: Illumination for signs shall be permitted to flash on and off upon activation of the fire alarm system.	K 047		
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 interview and record review, the facility failed to provide documentation of four of the required fire drills for the year prior to the survey date. The deficient practice affected four of four smoke compartments, staff and all residents. The facility has the capacity for 60 beds with a census of 50 the day of survey. Findings include:	K 050	1. The facility will ensure fire drills are held at unexpected times under varying conditions at least quarterly on each shift. Documentation will be provided. 1a. Documentation and fire drills for the third shift (10pm to 6am) will be done quarterly at unexpected times and under varied conditions to simulate the unusual conditions occurring in case of fire. These fire drills will be documented in the facility fire drill records. 1b. Maintenance staff will be in-serviced on the importance of the regulations on fire drills and record keeping in accordance with Life Safety	6/8/13

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K 050	Continued From page 3 Review of the facility's fire drill reports for the year prior to the survey on 04/25/13 from 1:15 p.m. until 1:30 p.m. revealed that the facility was unable to provide documented fire drills for the third shift for the following quarters: a) The first quarter of 2013 b) The fourth quarter of 2012 c) The third quarter of 2012 d) The second quarter of 2012 Interview with the Administrator in Training on 04/25/13 at 1:30 p.m. revealed the facility had three nursing shifts (6 a.m. to 2 p.m., 2 p.m. to 10 p.m., and 10 p.m. to 6 a.m.) and the facility was unaware of the missing fire drills. The census of 50 was verified by the Administrator on 04/25/13. The finding was acknowledged by the Administrator and verified by the Administrator in Training at the exit interview on 04/25/13. Actual NFPA Standard: NFPA 101, 19.7.1.2*. Fire drills shall be conducted at least quarterly on each shift and at unexpected times under varied conditions to simulate the unusual conditions occurring in case of fire.	K 050	Code, NFPA 101, 19.7.1.2. 1c. Administrator/designee per the facility PM guide. 1d. Findings to QA.	
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	K 056	1. The facility will ensure that an automatic sprinkler system is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building,	6/8/13

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	535061	A. BUILDING 02 _____ B. WING _____	04/25/2013

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K 056	Continued From page 4 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 interview, the facility failed to provide complete coverage by the required automatic sprinkler system. The deficient practice affected one of four smoke compartments, staff, and 22 residents. The facility has the capacity for 80 beds with a census of 86 the day of survey. Findings include: Observation on 04/25/13 at 2:10 p.m. revealed that sprinkler coverage was not provided for the combustible (wood) attic space above the 1990 atrium and administrative office addition. The attic space above the atrium and administrative office area was approximately 15 foot by 15 foot in size. Sprinkler heads in the adjacent attic space could not provide any coverage to the area due to the black insulation board left in place after the addition was added. Interview with the Administrator in Training on 04/25/13 at 2:10 p.m. revealed the facility was not aware that the attic space above the atrium and administrative office area was not sprinkler protected.	K 056	1a. The attic space above the atrium and administrative office(15' x 15'in size) will have a sprinkler head(s) installed to provide complete coverage for all portions of the building to meet NFPA Standard 13, 5-1.1 and 9.7.1.1 1b. Maintenance staff will be in-serviced on the importance of completecoverage for all parts of a facility. 1c. Findings to QA.	

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K 056	Continued From page 5 The census of 50 was verified by the Administrator on 04/25/13. The finding was acknowledged by the Administrator and verified by the Administrator in Training at the exit interview on 04/25/13. Actual NFPA Standard: NFPA 101, Table 19.1.6.2 and 19.3.5.1. Existing healthcare facilities with construction Type V (111) require complete sprinkler coverage for all parts of a facility. Actual NFPA Standard: NFPA 101, 19.3.5.1. 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. Actual NFPA Standard: NFPA 101, 9.7.1.1. Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Actual NFPA Standard: NFPA 13, 5-1.1. The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers installed throughout the premises (2) Sprinklers located so as not to exceed maximum protection area per sprinkler (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution Actual NFPA Standard: NFPA 13, 5-13.8.1. Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width.	K 056		
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	1. The facility will ensure the generator and transfer switch panel inthe boiler room are in an area continuously occupied	6/8/13

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K 144	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a remote system alarm at a work site that is readily observable by personnel for monitoring the emergency power supply system (EPSS). The deficient practice affected four of four smoke compartments, staff and all residents. The facility has the capacity for 60 beds with a census of 50 the day of survey. Findings include: Observation on 04/25/13 at 11:30 a.m. revealed the facility's emergency power supply (EPS) consisted of a generator and a transfer switch located in the boiler room in the basement. The location of the generator and transfer switch panel in the boiler room in the basement was not an area continuously occupied and there was no enunciator panel installed at a location that was readily observable by staff. Interview on 04/25/13 at 11:30 a.m. with the Administrator in Training revealed the facility was aware of the requirement for an enunciator located in a continuously occupied location to alert staff if there is trouble with the generator. The census of 50 was verified by the	K 144	and an enunciator panel installed at a location that is readily observable by staff. 1a. The generator and transfer switch panel in the boiler room in the basement will have a remote enunciator with stored battery power provided to operate outside of the generator room at the nurse station readily observable by facility personnel. This derangement signal shall activate when any conditions in NFPA 99, 3-4.1.1.15(a) and (b) occur. 1b. Facility staff will be in-serviced on the regulations pertaining to the remote system alarm at the nurse station. 1c. Director of Maintenance/designee will adhere to any PM recommendation by manufacturer and/or installer. 1d. Findings to QA.	

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K 144	Continued From page 7 Administrator on 04/25/13. The finding was acknowledged by the Administrator and verified by the Administrator in Training at the exit interview on 04/25/13. Actual NFPA Standard: NFPA 99, 3-4.1.1.15. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.) Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. Actual NFPA Standard: NFPA 110, 3-5.6.1. A remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.6.2(d). This remote alarm shall be located outside of the EPS service room at a work site readily observable by personnel.	K 144		