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

PRINTED: 11/15/2013
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
	535017	A. BUILDING 01 MAIN BUILDING 01 B. WING	11/05/2013

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

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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) 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 39.	K 000	K011 The facility will ensure there are no holes in the fire walls. Facility will seal holes where communication cables are passing through the fire wall with fire proof caulking. Date of compliance will be prior to December 19, 2013. Facility will continue to follow up as a function of QAPI 12/19/13	
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure the fire barrier was continuous from floor to roof. The findings were: Observation of the 2-hour rated fire barrier on 11/05/13 at 10:15 AM showed a ½ inch unsealed cable penetration. At the time of the observation, the maintenance director reported the wall was inspected annually to ensure there were no	K 011		

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

Dawn Walker RN | Interim Administrator | 12/13/13

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 MODIFIED & ACCEPTED W/ DAWN WALKER, INTERIM HH, ON 12/23/13.

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K 011	Continued From page 1 unsealed penetrations. He further reported a new video camera system was installed in September 2013 and the wall had not been inspected after the work was completed.	K 011		
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 facility staff interview, the facility failed to ensure 1 of 4 smoke barrier walls was not smoke resistant. The findings were: Observation of the south attic smoke barrier wall on 11/05/13 at 10:40 AM showed there were five unsealed penetrations. The largest gap measured 1 inch across. At the time of the observation, the maintenance director could not explain why the holes had not been noticed and repaired during the annual 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	K 025	K025 The facility will ensure there are no holes in the smoke barrier. The facility will seal holes in smoke barrier with 5/8" sheet rock and/or fire proof calking. Monitor said smoke barriers on a quarterly basis and document. Will be monitored as a function of QAPI. Date of compliance will be 12/19/2013 12/19/13	

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K 025	Continued From page 2 1/2 hour. 8.3.2* Continuity. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces. A.8.3.2 To ensure that a smoke barrier is continuous, it is necessary to seal completely all openings where the smoke barrier abuts other smoke barriers, fire barriers, exterior walls, the floor below, and the floor or ceiling above.	K 025	K062 The facility will ensure that automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The facility will replace or calibrate 3 pressure gauges on fire system stand pipe every 5 years. The facility will also date pressure gauges and monitor as to when they are to be replaced or calibrated. Completed November 13, 2013 The facility will continue to monitor on a quarterly basis as a function of QAPI #2 Will Replace Located Corroded Sprinkler Heads	11/13/13
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, record review and facility staff interview, the facility failed to ensure sprinkler gauges were recalibrated and failed to ensure corroded sprinkler heads were replaced in 1 of 5 smoke compartments. The findings were: 1. Observation of the sprinkler riser on 11/05/13 at 9:20 AM showed the 5 year pressure gauge recalibration was performed 8/22/07, more than 5 years ago. At the time of the observation, the maintenance director reported he assumed the sprinkler contractor was monitoring testing requirements.	K 062		

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K 062	Continued From page 3 2. Observation of the kitchen sprinklers on 11/05/13 at 9:46 AM showed the head near to the kitchen hood was corroded. Review of the sprinkler testing records showed corroded sprinkler heads were not noted in the last quarterly sprinkler inspection. 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. 2-3.2 Gauges. Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the scale of the gauge be tested shall be recalibrated or replaced.	K 062	K076 The facility will ensure medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. The facility will remove or place proper device to store extra bottles if needed, and educate staff. Date of compliance is November 14, 2013. The facility will continue to monitor and document quarterly as a function of QAPI.	11/14/13
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076		

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K 076	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure oxygen cylinders were restrained in 1 of 5 smoke compartments. The findings were: Observation of resident room #210 on 11/05/13 at 8:56 AM showed an "E" sized oxygen cylinder was standing upright without restraint. At the time of the observation, the administrator reported family members modified this resident's oxygen cylinder, but didn't always replace used cylinders to the oxygen storeroom. She could not explain why additional safety precautions had been put in place if this were a reoccurring issue. Reference NFPA 101, 2000 Edition, 19.3.2.4, NFPA 99, 1999 Edition; 4-3.5.2.1 (b) 27. Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.	K 076		
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 facility staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 1 of 5 smoke compartments. The findings were: Observation of the video camera monitor near the	K 147		

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K 147	Continued From page 5 nurses station on 11/05/13 at 8:20 AM showed the monitor was plugged into two surge protectors in-line. At the time of the obeservation, the maintenance director could not explain why the chained adapters had not been noticed and replaced during the monthly safety inspections. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 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	K147 The facility will ensure that electrical wiring and equipment is in accordance with NFPA 70, National Electric Code 9.1.2. The facility will have an electrician install additional outlet to accommodate additional devices. Date of compliance was November 7,2013 The facility will continue to monitor compliance and document quarterly as a function of QAPI. 11/7/13	