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 - MAIN BUILDING B. WING	04/03/2014

RECEIVED
WY Dept of Health
MAY 27 2014
Healthcare Licensing and Surveys

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND CARE CENTER	PO BOX 1329 THERMOPOLIS, WY 82443

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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, 1-story building of Type V (000) construction built in 1954 with additions of the same construction type built in 1985 and 1990. The building was equipped with a supervised, automatic wet sprinkler system and a zoned fire alarm system. The facility has a census for Medicare and Medicaid of 41 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 the deficiencies. The plan of correction is prepared and/or 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 taken.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a delayed egress locking mechanism that shall release the lock within 15 seconds upon application of force to release the devise in 1 of 4 smoke compartments. The findings were: Observation of the exterior exit in the Main Dining Room on 04/03/14 at 10:59 AM revealed that the delayed egress mechanism was out of alignment and would not release the lock within 15 seconds of applied pressure. Interview with the Facility Maintenance Manager at the time of the	K 038	1. The facility will provide a delayed egress locking mechanism that shall release the lock within 15 seconds upon application of force to release the device in 1 of 4 smoke compartments. 1a. The exterior exit in the Main Dining Room that was found to be out of alignment and damaged was realigned and repaired by hardware contractor on 04/07/14. 1b. Maintenance staff will be in-serviced on the regulations pertaining to required exit access so that exits are readily accessible at all times in accordance with 7.1 19.2.1 1c. Director of Maintenance/designee will monitor weekly per the facility PM guide.	06/03/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5/23/14

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 ON 05/30/14 W/TOBY HOMI, ADMINISTRATOR

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K 038	Continued From page 1 observation revealed that the magnetic catch devise was misaligned or damaged and after temporarily aligning the device the delayed egress did function. Repeated attempts to disengage the lock failed as the magnetic catch would not stay in alignment.	K 038	1d. Findings to QA monthly.	
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide continuous illumination in a means of egress during conditions of occupancy requiring the means of egress to be available for use. The findings were: Observation of the Basement Hallway on 04/03/14 at 11:38 AM revealed that no lighting was provided on a non-switched fixture. Interview with the Facility Maintenance Manager at the time of the observation confirmed the lighting conditions as observed.	K 045	1. The facility will ensure that illumination of means of egress, including exit discharge, is arranged so that the failure on any single lighting fixture (bulb) will not leave the area in darkness. 1a. The facility will provide lighting on a non-switched fixture via an electrical contractor in the Basement Hallway. 1b. Maintenance staff will be in-serviced on the regulations pertaining to egress lighting and non-switched fixtures 19.2.8. 1c. Director of Maintenance/designee will monitor per the facility PM guide monthly. 1d. Findings to QA monthly.	06/03/14
K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by:	K 046	1. The facility will ensure that emergency lighting is provided for means of egress in all smoke compartments. 1a. The battery-powered emergency light	06/03/14

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K 046	Continued From page 2 Based on observation and document review, the facility failed to provide emergency lighting for means of egress in 3 of 4 smoke compartments. The findings were: 1. Observation of the Basement Hallway and associated stairway on 04/03/14 at 11:38 AM revealed that the battery-powered emergency light fixtures were wired to a nearby receptacle. Upon opening the circuit breaker serving the hallway and stair lighting, it was observed that the emergency lighting did not function. Interview with the Facility Maintenance Manager at the time of the observation confirmed that the emergency lighting did not function upon loss of power to the normal lighting systems. 2. Observation of the Boiler Room on 04/03/14 at 11:47 AM revealed that emergency and normal service room lighting at the transfer switch location were not supplied with power from the load side of the transfer switch. Interview with the Facility Maintenance Manager at the time of the observation confirmed that the emergency and normal lighting serving the transfer switch location were not powered from the load side of the transfer switch. 3. Observation of the Main Dining Room on 04/03/14 at 2:41 PM revealed that the battery-powered emergency light fixture was wired to a nearby receptacle. Upon opening the circuit breaker serving the lighting, it was observed that the emergency lighting did not function. Interview with the Facility Maintenance Manager at the time of the observation confirmed that the emergency lighting did not function upon loss of power to the normal lighting system.	K 046	in the Basement Hallway will be wired directly to the non-switched fixture via an electrical contractor 19.2.8. 1b. The battery-powered emergency light will be wired to the light fixture via an electrical contractor in the Basement Stairwell and the swtich will be removed and covered with a faceplate ensuring that the light stays on in the event of a power outage 19.2.8 1c. The battery-powered light in the Boiler Room will be rewired via an electrical contractor to be powered from Panel D (breaker #32) so that it works in the event of a power outage. 1d. The battery-powered emergency light will be removed and a ceiling light fixture at the point of egress from the Dining Room will be converted into a non-switched fixture via an electrical contractor ensuring that it works in the event of a power outage. 1e. The maintenance staff will be in-serviced on the regulations pertaining to emergency lighting of at least a 1.5 hour duration in accordance with 7.9 19.2.9.1 1f. Director of Maintenance/designee will monitor per the facility PM guide monthly. 1g. Findings to QA monthly.	

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K 051 K 051 SS=D	Continued From page 3 NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observation and document review, the facility failed to provide documentation indicating that semi-annual tests were being performed. The findings were: Observation and review of documentation on 04/03/14 at 9:45 AM revealed that documentation was available for the annual fire alarm battery load voltage test but no semi-annual	K 051 K 051	1a. The facility will ensure that semi-annual fire alarm battery load voltage tests will be completed via hardware contractor. 1b. The maintenance staff will be in-serviced on the regulation that semi-annual battery load voltage test results for the remote annunciation of the fire alarm system are kept readily available. 19.3.4, 9.6 1c. Director of Maintenance/designee will monitor per the facility PM guide monthly. 1d. Findings to QA monthly.	06/03/14

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K 051	Continued From page 4 documentation was made available. Interview with the Facility Manager both during document review, and subsequently via email communication verified that documentation was not available.	K 051		
K 062 SS=E	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 interview, the facility failed to maintain automatic sprinkler systems in a reliable operating condition in 4 of 4 smoke compartments. The findings were: Observation of the attic space on 04/03/14 at 2:17 PM revealed that 50% to 60% of the existing batt insulation installed below the roof decking had deteriorated over time and had fallen down or is hanging in the attic space. It could not be established that a means of maintaining the space above 40°F for sprinkler piping freeze protection has been provided per NFPA 13, Section 5-14.3.1.1. Interview with the Facility Maintenance Manager at the time of the observation revealed that he has been working, as time allows, to reinstall the existing insulation, but over 50% of the existing insulation remains in poor condition.	K 062	1. The facility will ensure that the required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically via hardware contractor. 1a. The facility will establish that a means of maintaining the space above 40F for sprinkler piping freeze protection has been provided per NFPA 13, Section 5-14.3.1.1. 1b. The 50-60% of the existing batt insulation installed below the roof decking that has deteriorated over time and fallen down will be replaced. 1c. The maintenance staff will be in-serviced on the regulations pertaining to sprinkler piping freeze protection per NFPA 13, Section 5-14.3.1.1. 1d. Director of Maintenance/designee will monitor per the facility PM guide monthly. 1e. Findings to QA monthly.	06/03/14
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply	K 067	1. The facility will ensure that fire dampers and duct-mounted smoke	06/03/14

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K 067	Continued From page 5 with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to demonstrate that fire dampers and duct-mounted smoke detectors have been tested and maintained in accordance with NFPA 90A in 4 of 4 smoke compartments. The findings were: 1. Observation and review of documentation on 04/03/14 at 9.30 AM revealed that fire dampers are installed within supply registers serving the Main Dining Room. Documentation was not made available to establish that fusible links have been removed on a 4-year cycle to verify that the dampers are in proper working order. Interview with the Facility Director both during document review and during the exit interview verified that no such tests are being performed. 2. Observation and review of documentation on 04/03/14 at 9:35 AM revealed that duct-mounted smoke detectors were not listed in the annual or quarterly testing of fire alarm initiating devices and no other documentation was made available to indicate that the smoke detectors were tested and maintained per the requirements of NFPA 90A. Interview with the Facility Director at the time of the observation revealed that the facility was not aware of any duct-mounted smoke detectors. Subsequent review of as-built construction documents and field surveys	K 067	detectors are tested and maintained via hardware contractor in accordance with NFPA 90A in all smoke compartments. 1a. The facility will make available documentation that fusible links have been removed on a 4-year cycle and verify that the dampers are in proper working order via hardware contractor. 1b. The facility will ensure that duct-mounted smoke detectors are listed in the annual and quarterly testing of fire alarm initiating devices. 1c. The maintenance staff will be in-serviced on the regulations pertaining to the proper maintenance and testing of fusible links, dampers and duct-mounted smoke detectors. 1d. Director of Maintenance/designee will monitor per the facility PM guide monthly. 1e. Findings to QA monthly.	

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K 067	Continued From page 6 performed by HLS verified that duct-mounted smoke detectors are installed in the supply air path within each packaged roof top unit.	K 067		