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

PRINTED: 12/11/2014
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 B. WING	12/02/2014

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 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 36.	K 000		
K 029 SS=D	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 that hazardous areas were separated from use areas in 2 of 5 smoke compartments in accordance with NFPA 101, 2000 Edition, Section 8.4.1.3 . The findings were:	K 029	**K029: One hour fire rated construction** The facility will ensure that hazardous areas are sealed from use areas in smoke compartments in accordance with NFPA 101 2000 Edition, Section 8.4.1.3 by:	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn M Walker — TITLE: Administrator — (X6) DATE: 12/29/14

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 Via Phone Call with Administrator Dawn Walker on 12/30/14 @ 4:50pm [signature] 84854

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K 029	Continued From page 1 1. Observation of the Main Mechanical Room on 12/02/14 at 9:01 AM revealed that the ceiling had a 6 inch pipe penetrating through the fire-rated ceiling leaving an approximate 1 inch gap surrounding the pipe. Interview with the Facility Maintenance Director at the time of the observation confirmed the unprotected ceiling penetration. 2. Observation of the Linen Closet on 12/02/14 at 9:10 AM revealed that the contents in the room classified the space as hazardous and the corridor door was not provided with a self-closing device. Interview with the Facility Maintenance Director at the time of the observation confirmed the door lacked a self-closing device. 3. Observation of the Oxygen Storage Room on 12/02/14 at 9:44 AM revealed the room provided storage for less than 3000 cubic feet of oxygen but the door was not provided with a self closing device. Interview with the Facility Maintenance Director at the time of the observation confirmed the door lacked a self-closing device.	K 029	A) **For main mechanical room:** Penetrations in fire wall were repaired 12/15/2014 by maintenance team. Ceilings will be monitored monthly and reported quarterly as a function of QA. B) **For linen closet:** A self-closing device was installed by maintenance team on 12/15/2014. Doors will be monitored monthly by maintenance team and reported quarterly as a function of QA. C) **For oxygen storage room:** A self-closing device was installed on 12/15/2014. Doors will be monitored monthly by maintenance team and reported quarterly as a function of QA.	12/15/14 12/15/14 12/15/14
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 staff interview, the facility failed to provide exit access doors that	K 038	**K 038: Readily accessible exits** The facility will ensure that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 19.2.1 by:	

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K 038	Continued From page 2 were readily accessible at all times in 1 of 5 smoke compartments. The findings were: Observation of the courtyard exit gate off the west corridor on 12/02/14 at 9:13 AM revealed a double gate to the parking lot with fastening devices that required more than one releasing operation. Both the left and right leafs included a manual bottom bolt that did not release per the action of the gate. Additionally two more manual bolts were located at the top and middle of both leafs. Interview with the Facility Maintenance Manager at the time of the observation acknowledged the manual bolts located on the gate. Ref: 2000 NFPA 101, Section 19.2.2.2.1, 7.2.1.5.4, 7.2.1.5.5	K 038	A) **For courtyard gate:** Gate will be reconfigured with a latching device to comply with 2000 NFPA 101, Section 19.2.2.2.1 7.2.1.5.4,7.2.1.5.5 by maintenance team. Completion date will be 01/20/2014. Courtyard gates will be tested monthly for a period of 90 days, reported as a function of QA, and placed on a quarterly monitoring scheduled thereafter, again to be reported as a function of QA.	01/20/15
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 facility staff interview, the facility failed to ensure that the automatic sprinkler systems are continuously maintained per the requirements of NFPA 25. The findings were: Observation of the sprinkler system on 12/02/14 from 8:38 AM to 1:15 PM revealed dust and debris on multiple sprinkler heads throughout all 5		**K062: Required automatic sprinkler systems are to be continuously maintained** The facility will ensure that automatic sprinkler systems are continuously maintained in reliable operating condition and will be inspected and tested periodically per requirements of NFPA 25 by: A) **For multiple sprinkler heads throughout all 5 smoke compartments:** All sprinkler heads were cleaned on 12/12/2014. Maintenance staff will monitor sprinkler heads for dust and debris on a monthly basis. Results of that monitoring will be reported quarterly as a function of QA	12/12/14

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K 062	Continued From page 3 smoke compartments. Interview with the Facility Maintenance Manager at the time of the observations acknowledged the dust and debris on the sprinkler heads and the need for on-going maintenance. Ref: 2000 NFPA 101 Sections 9.7.5 and 32.3.3.5.1, 1998 NFPA 25 Section 2-2.1.1	K 062		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply 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 & staff interview, the facility failed to ensure that HVAC systems are tested per the requirements of NFPA 90A. The findings were: Document review and staff interview on 12/02/14 between 10:00 AM and 11:00 AM revealed that documentation was not available to indicate that fire dampers had been tested on a 4-year basis in accordance with NFPA 90A, Section 3-4.7. Interview with the Facility Maintenance Director at the time of document review acknowledged the lack of testing.	K 067	**K067: Heating, ventilating and air conditioning** The facility will ensure that the HVAC systems are tested per the requirements of NFPA 90A by: A) **For fire dampers:** All fire dampers will be tested and documented on a four year schedule. Testing will be completed on 02/01/2015; the results of the testing will be reported, by maintenance team, as a function of QA. Further monitoring will occur on an annual basis and reported as a function of QA.	02/01/15
K 106 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hospitals, and nursing homes and hospices with life support equipment, have a Type I Essential		**K106: Type 1 Essential Electrical System powered by a generator with a transfer switch and separate power supply.** The facility will ensure that the emergency generator is in accordance with NFPA 110 by:	

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K 106	Continued From page 4 Electrical System powered by a generator with a transfer switch and separate power supply. The EES is in accordance with NFPA 99, 3.4.2.2, 3.4.2.1.4. This STANDARD is not met as evidenced by: Based on observation and staff interview, the emergency generator was not outfitted with a manual stop in accordance to NFPA 110. The findings were: Observation of the generator on 12/02/14 at 9:04 AM, that provides power for emergency lighting did not have a remote manual stop outside the weather enclosure or elsewhere on the premises. Interview with the Facility Maintenance Director at the time of the observation acknowledged a remote manual stop was not provided. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3; 1999 NFPA 110 Section 3-5.5.6	K 106	A) **For emergency generator:** An emergency stop to back-up generator will be installed by 12/31/2014 by maintenance team. Monitoring of emergency stop will be performed monthly by maintenance team. Results will be reported to QA team quarterly	12/31/14
K 144 SS=D	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.		**K144: Generators are to be inspected weekly** The facility will ensure that generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4. by:	

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K 144	Continued From page 5 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to provide documentation of the weekly generator maintenance inspections in compliance with the requirements of NFPA 99. The findings were: Document review and staff interview on 12/02/14 from 10:00 AM to 11:00 AM revealed the records for the weekly generator inspections could not be provided. Interview with the Facility Maintenance Director at the time of the review acknowledged the lack of documentation. Ref: 1999 NFPA 99, Section 3.4.2.2; 1999 NFPA 110, Section 6-4.1	K 144	A) **For emergency generator:** Inspection schedule was revised to include weekly inspection on 12/03/2014. Documentation of said inspections will be completed by maintenance team. Results of inspections will be reported quarterly as a function of QA.	12/3/14