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

PRINTED: 09/16/2016
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
	535048	A. BUILDING 01 _____ B. WING _____	08/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATION CENTER	1901 HOWELL AVENUE WORLAND, WY 82401

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K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42CFR 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 partially sprinklered, single story building of Type V (000) construction built in 1970 and 1990. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 87 certified Medicare and Medicaid beds with a census of 62.	K 000	Preparation and execution of this response and 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 the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual.	
K 011 SS=D	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 shall be protected by approved self-closing fire doors with at least 1 1/2 hour fire resistance rating 18.1.1.4.1, 18.1.1.4.2, 18.2.3.2, 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain rated construction for a hazardous area in accordance with NFPA 101 in 1 of 6 smoke compartments. The findings were: Observation of clean utility room sprinkler piping on 08/30/2016 at 9:20 AM revealed an opening around the sprinkler head in the ceiling tile more than 1 1/2 inches. Interview with Facility Maintenance Manager at the time of the	K 011	**K011** The facility will maintain rated construction for a hazardous area in accordance with NFPA 101 in 6 of 6 smoke compartments. This will be accomplished by: The open area around the sprinkler head in the ceiling tile in the clean utility/linen room will be filled in with fire rate caulking. Monitoring: Maintenance Supervisor will conduct monthly inspections to ensure there are not open areas greater than 1 ½ inches around sprinkler pipes.	10/28/16

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

Heidi Glanz — ADMINISTRATOR — 9/30/16

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.

RECEIVED
WY Dept of Health
SEP 30 2016
Healthcare Licensing and Surveys

Accepted via phone call w/ modifications with Heidi Glanz 10-13-16

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K 011	Continued From page 1 observation acknowledged the opening around the sprinkler head located in the clean utility room. Ref: 2000 NFPA 101, Section 19.3.2.1	K 011	Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke doors were resistant against the passage of smoke in 2 of 6 smoke compartments. The findings were: Observation of the smoke barrier doors located at the boiler room, Hall 1, and Hall 3 on 08/30/2016 at 9:24 AM revealed a gap in the smoke barrier doors. Further observation revealed that the door closer would not fully close upon swing, therefore	K 018	**K018** The facility will ensure smoke doors are resistant against the passage of smoke in 6 of 6 smoke compartments. This will be accomplished by: The two said smoke compartment doors have been adjusted to close properly and for the gap to not exceed 1/8". Monitoring: Maintenance Supervisor will conduct weekly inspections to ensure proper closure of doors. Adjustments will be made immediately if needed. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions.	10/28/16

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K 018	Continued From page 2 the smoke barrier was compromised. Interview with the Facility Maintenance Manager at the time of observation acknowledge the gap in the smoke barrier doors and failure of door closers. Ref: 2000 NFPA 101, Sections 19.2.2.6 and 7.2.1.8	K 018		
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2 Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1 Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to provide smoke detectors in accordance with NFPA 72. The findings were: Observation at Hall 2 smoke barrier doors on 08/30/2016 at 9:20 AM revealed that the smoke detectors were installed at approximately 12 feet 8 inches from each side of the smoke doors which was further than the maximum distance at	K 021	K021 The facility will provide smoke detectors in accordance with NFPA 72. This will be accomplished by: The facility will acquire the assistance to relocate the smoke detectors to establish compliance with NFPA72. Monitoring: Maintenance Supervisor will conduct monthly inspections of smoke detectors to assure continued operation of fire system. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions. - Smoke detector & door release operations demonstrated via video submitted on 10/4/2016 to indicate operation per NFPA 72	10/28/16 PD 10/13/16

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K 021	Continued From page 3 5 feet 0 inches. Interview with the Facility Maintenance Manager at the time of the observation acknowledge the distance of the smoke detectors from the smoke doors. Ref: 2000 NFPA 101, Sections 19.3.4.5.1 and 9.6.2.10.1 1999 NFPA 72, Section 2-10.6.5	K 021		
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 arrange exit access so that exits are readily accessible at all times in accordance with NFPA 101 in 1 of 6 smoke compartments. The findings were: 1. Observation on 8/30/2016 at 8:20 AM of Hall #1 revealed when the exterior door was fully closed it required approximately 20 pounds of pressure to release the latch at the panic bar. Interview with the Facility Maintenance Manager at the time of the observation acknowledged the door would not unlatch with the minimal required force. Ref: 2000 NFPA 101, Sections 19.2.1, 7.5.1.1, and 7.7.1 (3) 2. Observation on 08/30/2016 at 9:05 AM in the dementia unit located within Hall #2 revealed that the exterior exit door was provided with a magnetic lock and keypad that failed to activate and release the door with the deactivation code	K 038	**K038** The facility will arrange exit access so that exits are readily accessible at all time in accordance with NFPA 101 in 6 of 6 smoke compartments. This will be accomplished by: The Maintenance Supervisor will adjust exit doors to assure pressure needed to open door when activated is less than 15 pounds of pressure. Monitoring: The Maintenance Supervisor will conduct monthly inspections and adjust doors when needed. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions.	10/28/16

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K 038	Continued From page 4 entered. At the time of the observation the Facility Maintenance Manager acknowledged the locking system did not release upon code entry. Ref: 2000 NFPA 101, Sections 7.2.6.1 (b), 7.2.1.5.4, 19.2.2.2.2	K 038		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NFPA 13 This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility failed to ensure 6 of 6 smoke compartments were fully sprinkled. The findings were: Observation on 08/30/2016 at 10:45 AM revealed the building was primarily constructed of a Type II (111) construction, but the above-ceiling areas above the main lobby and administration areas were observed to have wood construction without a (2) hour fire resistive separation making the building a Type V (000) structure. Additional observation of the above-ceiling areas revealed that sprinklers were not provided throughout the concealed and combustible space. Interview with the facility maintenance manager at the time of the observation acknowledged that a complete	K 056	**K056** The facility will provide sprinkler protection in concealed spaces containing combustible, or limited combustible, materials. This will be accomplished by: The facility will retain a fire sprinkler company to install a sprinkler system in the ceiling area above the lobby, Business Office, and Administration Office area. Monitoring: The Maintenance Supervisor will monitor for good working condition and ensure that the system is properly maintained. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions.	10/28/16

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K 056	Continued From page 5 sprinkler system was not installed. Ref: 2000 NFPA 101, Section 9.7.6 NFPA 13	K 056		
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 and staff interview, the facility failed to ensure sprinkler systems were in accordance with NFPA13. The findings were: Observation in the pantry on 08/30/2016 at 9:39 AM revealed shelving in the center of the room had items within the 18 inch minimal clearance requirement that obstructed a sprinkler head. Interview with the Facility Maintenance Manager at the time of the observation acknowledge items within the 18 inch distance that obstructed the sprinkler. Ref: 2000 NFPA 101, Sections 9.7.1.1 1999 NFPA 13, Section 5.9.5.3	K 062	**K062** The facility will ensure sprinkler systems are in accordance with NFPA13. This will be accomplished by: The items on the shelving in the middle of the pantry will be removed so that nothing is above the 18" threshold. Monitoring: The Maintenance Supervisor will conduct bi-monthly inspections to ensure compliance. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions.	10/28/16
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.8.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical wiring and equipment in accordance with NFPA 70. The	K 147	**K147** The facility will provide electrical wiring and equipment in accordance in NFPA70. This will be accomplished by: The Maintenance Supervisor will remove all plug adapters from the electrical outlets.	10/28/16

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K 147	Continued From page 6 findings were: Observation on 08/30/2016 at 8:35 AM in room 113 and throughout the facility revealed plug adapters (surge protectors) affixed to the electrical outlets that were not per the requirements of S&C Letter 14-46. At the time of the observation the Facility Maintenance Manager acknowledged the adapters (surge protectors) were affixed to the outlets and was unaware of the specific UL requirements. Ref: S&C Letter 14-46	K 147	Monitoring: The Maintenance Supervisor will conduct weekly inspections to ensure compliance. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions.	