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

PRINTED: 02/15/2017
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 _____	02/08/2017

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 2/08/17. 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 2012 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinkled, 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 35 residents.	K 000		
K 331 SS=E	NFPA 101 Interior Wall and Ceiling Finish Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide interior wall finish materials in accordance with the 2012 NFPA 101, Life Safety Code. The findings were:	K 331		

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

Dawn Walker — Administrator — 03-13-17

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.

ACCEPTED POC VIA PHONE CALL WITH ADMINISTRATOR

FORM CMS-2567(02-99) Previous Versions Obsolete — Event ID: W1N021 — Facility ID: WY0032 — If continuation sheet Page 1 of 5

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MAR 13 2017
Healthcare Licensing and Surveys

DAWN WALKER ON 3-17-17. SPOKE WITH DAWN WALKER THE ADMINISTRATOR TO ACCEPT THE POC WITH MODIFICATIONS TO COMPLIANCE DATES. 3-17-17

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K 331	Continued From page 1 Observation on 2/08/17 at 8:15 AM revealed that the facility was in the process of installing FRP wall paneling throughout corridors and within patient sleeping rooms. Interview with the Facility Maintenance Manager and Director of Nursing at the time of the observation revealed that no flame spread or smoke development documentation was available to establish that the material's classification was in accordance with the Life Safety Code.	K 331	K331: The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. With regard to the FRP wall paneling throughout the corridors and within patient rooms: The facility was able to locate documentation that FRP used is a Class A product and will provide that documentation no later than 03/01/2017. The facility will ensure all future wall or ceiling coverings are fire spread rating of Class A or Class B. Further, documentation attesting to fire spread rating will be stored in the maintenance project log book for ease of finding. Facility administrator will audit future projects for documentation and log book maintenance and report as a function of QAPI.	03/01/17 Ad
K 345 SS=E	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to demonstrate testing and maintenance of the fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. The findings were: Review of fire alarm testing and maintenance documentation on 2/08/17 starting at 9:55 AM revealed that no information was provided to demonstrate the required annual smoke detector	K 345	K 345: A fire alarm system needs to be tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electrical Fire Alarm Code, and NFPA 72 , National Fire Alarm and Signaling Code. With regard to the annual smoke detector in-place smoke entry test and the bi-annual smoke detector sensitivity test: The facility will ensure smoke detector testing will take place as required.	

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K 345	Continued From page 2 in-place smoke entry test, nor the bi-annual smoke detector sensitivity test. Interview with the Facility Maintenance Manager at the time of document review indicated that the facility contracts this service, and that he was unaware that this information was not included in the report. Subsequent to the survey exit the facility was able to submit a copy of the fire alarm testing documentation, which was delivered to the surveyor on 2/10/17. Review of this documentation indicated that the most recent smoke detector sensitivity test was performed on 3/23/14, which did not satisfy the bi-annual requirement. No evidence of the required in-place smoke entry test was provided within this documentation.	K 345	K345 continued: Our Fire Protection Company will be doing a complete check of our entire fire prevention, detection and alarm system to be completed no later than 03/30/17. He will be paying special attention to the smoke detector, in-place smoke entry test, bi-annual smoke detector sensitivity test and all fire dampeners. The facility will obtain a written report each time our fire protection company performs maintenance or inspection. These documents will be stored in the maintenance logs for ease of locating. Maintenance will report as a function of QAPI and annually thereafter.	3-30-17 AH
K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING 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 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates	K 363		

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K 363	Continued From page 3 of unlimited height are permitted. 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 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain positive latching at corridor doors in compliance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 2/08/17 at 9:05 AM revealed that the linen closet located adjacent to the central nursing station and entrance to the medical wing utilized both a swinging door and leaf door for separation from the corridor. Additional observation revealed that the leaf door was equipped with a manual latch, which if left open would prevent the swinging door from establishing a positive latch within the frame. Interview with the Facility Maintenance Manager and Director of Nursing at the time of the observation revealed that they were unaware of the requirement.	K 363	K363: Facility failed to meet the standard for maintaining positive latching at corridor doors in compliance with 2012 NFPA 101, Life Safety Code with regard to the linen closet located adjacent to the central nursing station. Facility ordered correct locking mechanism and will ensure both the swinging door and the additional leaf door (currently equipped with a manual latch) will be fitted with appropriate, positive latch mechanism on 03/10/2017. The facility maintenance director will perform a quarterly walk through of all doors to ensure compliance and report as a function of QAPI.	3-10-17 AR
K 521 SS=E	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in	K 521		

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K 521	Continued From page 4 accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is not met as evidenced by: Based on observation, staff interview and document review the facility failed to test fire dampers in accordance with the 2012 NFPA 101, Life Safety Code, the 2012 NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, and the 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. The findings were: Observation on 2/08/17 starting at 8:30 AM revealed that fire dampers located at ceiling-mounted supply and return air registers throughout the facility were soiled with excessive amounts of lint and dirt. Document review starting at 9:45 AM revealed that no documentation was available to establish that the required 4-year testing of fire dampers had been performed. Interview with the Facility Maintenance Manager and Director of Nursing at the time of the visual observation revealed that the facility was not aware of this requirement. Ref: 2012 NFPA 101, Life Safety Code, Sections 19.5.2.1 and 9.2.1; 2012 NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, Section 5.4.8.1; 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives, Section 19.4.1.1.	K 521	K521: The facility failed to test fire dampers in accordance with 2012 NFPA101 fire standards Life Safety Code. Regarding fire dampers located at ceiling-mounted supply and return air registers throughout the facility, which were soiled with excessive amounts of linen and dirt: Our Fire Protection will be doing a complete check of the facilities entire fire prevention, detection and alarm system, including all fire dampeners no later than 03/30/17. He will be paying special attention to the smoke detector, in-place smoke entry test, bi-annual smoke detector sensitivity test and all fire dampeners. The facility will also keep and maintain a log of all fire dampeners that will include last service date and next service due date. The maintenance director will also perform an annual inspection of all fire dampers to ensure cleanliness. The maintenance director will then report his findings as a function of QAPI.	3-30-17 Ad