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

RECEIVED
JUN 05 2017
Healthcare Licensing and Surveys

PRINTED: 05/25/2017
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
	535051	A. BUILDING _____ B. WING	05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND WELLNESS	1210 CANYON HILLS RD THERMOPOLIS, WY 82443

(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 May 18, 2017. 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 partially sprinklered, single story building of Type V (000) construction with a basement 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 had a capacity of 60 certified Medicare and Medicaid beds with a census of 46 residents.	K 000	Preparation and execution of the 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 it is required by the provisions of the state and federal law. 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 the State Operations Manual	
K 227 SS=D	NFPA 101 Ramps and Other Exits Ramps and Other Exits Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10 This STANDARD is not met as evidenced by: Base on observation and staff interview, the facility failed to provide a ramp in accordance with the 2012 NFPA 101, Life Safety Code. The	K 227	1. The facility will provide and maintain ramps and exit passageways in accordance with state and federal regulations. 2. All residents are affected. 3. a. The emergency exit adjacent to room #3 will have handrails installed in accordance with state and federal regulation. b. The emergency exit adjacent to room 5 will have handrails installed in accordance with state and federal regulation.	~~6/12/17~~ Time Limited Waiver Approved Til 9-18-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Toby Howe | TITLE: Executive Dir. | (X6) DATE: 6-5-17

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 FOR USE PHONE CALL WITH ADMINISTRATOR TOBY HOWE ON 6/28/2017.

Accepted By on 6/28/17.

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K 227	Continued From page 1 findings were: 1. Observation on 5/18/2017 at 8:45 AM at the exit adjacent to room 3 revealed a ramp that had a rise greater than 6 inches and no handrails on either side of the ramp. Per the definition of the Life Safety Code a ramp is classified as a walkway with a slope greater than 1:20. During observation a length of approximately 60 inches and a height of approximately 8 inches was measured. The height exceeded the allowed 3 inches and therefore was classified a ramp. The failure to provide handrails could allow an individual to fall and cause injury. Interview with the Facility Maintenance Manager at the time of the observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Sections 19.2.2.6; 3.3.219; 7.2.5.2 (2) (c) 2. Observation on 5/18/2017 at 9:09 AM at the north exit adjacent to room 5 revealed a ramp that had a rise greater than 6 inches. Per the definition of the Life Safety Code a ramp is classified as a walkway with a slope greater than 1:20. During observation a length of approximately 192 inches and a height of approximately 13 inches was measured. The height exceeded the allowed 9.6 inches and therefore was classified a ramp. The failure to provide handrails could allow an individual to fall and cause injury. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement at that location. REF: 2012 NFPA 101 Section 19.2.2.6; 3.3.219; 7.2.5.2 (2) (c)	K 227	c. Maintenance staff to be in-serviced on ramps and exit passageways. 2012 NFPA 101 7.2.5-7.2.12, 18.2.2.6-18.2.2.10 and 19.2.2.6-19.2.2.10 4. The facility will audit weekly X 90 days in PM Manual Findings of audits to be brought to QAPI for evaluation and further educational opportunities. 5. The ED is responsible for compliance. Compliance date: June 12, 2017	

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K 311 SS=D	NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect vertical openings in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 5/18/2017 at 10:25 AM in the dumbwaiter room revealed a steel plate with screws and fire foam separating the dumbwaiter shaft from the room. Further observation revealed this not to be an approved rated assembly for fire separation. Failure to enclose vertical shafts as required could result in injury or loss of life during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Section 19.3.1.1	K 311	1. The facility will ensure that stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings have a fire resistance rating of at least 1 hour 2. All residents are affected. 3. a. The steel plate, fire foam and screws separating dumbwaiter shaft from room will be properly removed and replaced with 5/8" drywall. b. Maintenance staff to be in-serviced on vertical openings; 2012 NFPA 101 19.3.1.1-19.3.1.6 4. The facility will audit weekly X 90 days in PM Manual Findings of audits to be brought to QAPI for evaluation and further educational opportunities. 5. The ED is responsible for compliance. Compliance date: June 12, 2017	~~6/12/17~~ Time Limited Waiver Approved Till 9-18-17 6-28-2017
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing	K 321	1. The facility will ensure that hazardous areas are protected by a fire barrier having	6/12/17

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K 321	Continued From page 3 system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous areas in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: 1. Observation on 5/18/2017 at 9:15 AM in the gas-fired boiler room revealed a hole in the wall, which voided the fire-resistance rating of the enclosure. Failure to maintain hazardous areas as required could result in injury or death during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated he	K 321	1-hour fire resistance rating or an automatic fire extinguishing system in accordance with 2012 NFPA 101 8.7.1. and 8.4 2. All residents are affected. 3. a. The hole in the wall in the gas fired boiler room will be repaired with 5/8" drywall in accordance with state and federal regulations. b. All hazardous and combustible materials will be removed from room 27 and it will be converted from storage back to a 2 person resident room. c. The 3'x3' penetration in the basement dryer room will be replaced with 5/8" drywall. d. Maintenance staff will be in-serviced on hazardous areas 2012 NFPA 101 19.3.2.1; 8.7.1.3 4. The facility will audit weekly X 90 days in PM Manual. Findings of audits to be brought to QAPI for evaluation and further educational opportunities. 5. The ED is responsible for compliance.	

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K 321	Continued From page 4 was unaware of the requirement. REF: 2012 NFPA 101 Section 19.3.2.1 2. Observation on 5/18/2017 at 7:50 AM in room 27 revealed a storage room greater than 50 square feet that was not provided with a self-closing or automatic-closing door. The room contained excessive storage of combustible materials that posed a degree of hazard greater than that normal to the general occupancy of the building. Failure to maintain hazardous areas as required could result in injury or death during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Section 19.3.2.1; 8.7.1.3 3. Observation on 5/18/2017 at 10:05 AM in the laundry room revealed a 3 foot by 3 foot penetration in the ceiling. Further observation revealed combustible clothing was stored in the room and the room was greater than 50 square feet. The penetration was next to a sprinkler head, which may delay the sprinkler's response to heat, and impeded the ability to provide a smoke-proof enclosure. Failure to maintain hazardous areas as required could result in injury or death during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Section 19.3.2.1	K 321	Compliance date: June 12, 2017	
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING	K 351	1. The facility will protect the building	~~6/12/17~~ Time Limited Waiver

Approved until 11-6-17 AH 6-28-2017

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K 351	Continued From page 5 Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect the building throughout by an approved, supervised automatic sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code and NFPA 13, Standard for the Installation of Sprinkler Systems. The findings were: Observation on 5/18/2017 starting at 8:21 AM located in all resident rooms throughout the facility revealed built-in closets that included a bar for hanging clothing, and that the top of the closet enclosure was continuous to the ceiling of the room. Further observation revealed that the closets were not provided with sprinkler protection within each closet. Failure to provide sprinklers as required could result in injury or death during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated that he was unaware of that	K 351	throughout by an approved, supervised automatic sprinkler system in accordance with 2012 NFPA Life Safety Code and NFPA 13' 2. All residents are affected. 3. a. All closets throughout building will be provided with sprinkler protection in accordance with state and federal regulations. b. Maintenance staff will be in-serviced on sprinkler systems 2012 NFPA 101 19.3.5.1-5, 19.4.2, 19.3.5.10, 9.7 and 9.7.1.1(1) 4. The facility will audit weekly X 90 days in PM Manual Findings of audits to be brought to QAPI for evaluation and further educational opportunities. 5. The ED is responsible for compliance. Compliance date: June 12, 2017	

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K 351	Continued From page 6 requirement. Ref: 2012 NFPA 101 Sections 19.3.5.1 and 9.7.1.1 2010 NFPA 13 Section 1-6.1 S&C Letter 13-55	K 351		6/12/17
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain sprinkler system maintenance and testing in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The findings were:	K 353	1. The facility will ensure that the fire protection system is inspected, tested and maintained in accordance with NFPA 25. 2. All residents are affected. 3. a. The sprinkler gauges in the sprinkler room will be replaced or recalibrated in accordance with NFPA 25. b. Maintenance staff will be in-serviced on the inspection, testing and maintenance in accordance with NFPA 25. 4. The facility will audit weekly X 90 days in PM Manual Findings of audits to be brought to QAPI for evaluation and further educational opportunities. 5. The ED is responsible for compliance Compliance date: June 12, 2017	

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K 353	Continued From page 7 Observation on 5/18/2017 at 10:28 AM in the sprinkler room revealed that the sprinkler gauges had not been replaced or recalibrated within the last 5 years. The last date annotated on the gauges was 8/2011. Failure to maintain sprinkler systems as required could result in injury or death during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated an he was unaware of the requirement. REF: 2012 NFPA 101 Sections 9.7.5; 9.7.7; 9.7.8 2011 NFPA 25 Section 5.3.2	K 353		