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

PRINTED: 07/06/2017
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
	535048	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/29/2017

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

(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 06/29/17. Requirements for Long Term Care Facilities Section 42 CFR 483.70 (2) 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 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 372 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to maintain 1 of 5 smoke barriers in	K 372	K372 The facility will maintain 5 of 5 smoke barriers in accordance with the 2012 NFPA 101 Life Safety Code. This will be accomplished by: The unprotected penetrations from electrical wire and conduit in the smoke barrier separating two smoke compartments adjacent from Nurse's Station #1 was filled with fire rating caulking on 7/19/17. Monitoring: The Maintenance Supervisor will conduct weekly inspections of the 5 smoke barriers to ensure there are no unprotected penetrations.	8/4/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Heidi Ellanz | TITLE: Administrator | (X6) DATE: 7/19/17

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.

RECEIVED
JUL 19 2017
Healthcare Licensing and Surveys

Spoke with Administrator Heidi Ellanz on 07/24/17 to accept the P.O.C.
Heather Hauermann

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K 372	Continued From page 1 accordance with the 2012 NFPA 101 Life Safety Code. Observation on 06/29/17 at 12:38 PM revealed that the smoke barrier separating two smoke compartments had unprotected penetrations from electrical wire and conduit. The penetrations were located above the ceiling at the smoke barrier cross corridor doors adjacent to Nurse's station #1. Failure to provide smoke barriers in accordance with the 2012 NFPA 101 could result in injury or death by allowing the propagation of smoke and fire from one smoke compartment to another. Interview with facility staff at the time of the observation revealed that they were aware of the requirements for protecting penetrations in a smoke barrier but were unaware of these penetrations. Reference: 2012 NFPA 101 19.3.7.3, 8.5.6.2	K 372	Quality Assurance: The Maintenance Supervisor will report results of monitoring monthly to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to maintain electrical equipment in accordance with the 2012 NFPA 101 Life Safety	K 511	K511 The facility will maintain electrical equipment in accordance with the 2012 NFPA 101 Life Safety Code. This will be accomplished by: The Facility Maintenance Supervisor immediately removed the storage barrel from inside the marked area of the electrical panel clearance threshold. Monitoring: Beginning July 17, 2017 and up until the allegation date of compliance the Maintenance Supervisor will in-service staff currently employed on the marked area in the Biohazard Room and the	8/4/17

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K 511	Continued From page 2 Code. Observation on 06/29/17 at 12:18 PM revealed that room 1138, Bio-hazard, had storage next to an electrical panel. The storage was within a marked off area around the electrical panel indicating the code required service clearance. Failure to provide the required clearance to electrical panels could result in injury or death in the event of an emergency. Interview with facility staff at the time of the observation revealed that they were aware of the requirement and placed tape on the floor to mark and maintain the required clearance. Reference: 2012 NFPA 101 19.5, 9.1.2, 2011 NFPA 70 110.26 (A)	K 511	significance of it and the importance of compliance with regards to the electrical panel. An attendance sheet will be reconciled with an active staff roster and those staff unable to attend will be provided 1:1 education. The Maintenance Supervisor will conduct weekly inspections of the Biohazard room to ensure that storage barrels are not over the marked area which is the code required service clearance threshold. Findings resulting in correction will be addressed immediately. Quality Assurance: The Maintenance Supervisor will report results of monitoring monthly to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	