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

PRINTED: 09/22/2017
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
	535026	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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 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(111) construction built in 1962 and 1988. The building was equipped with a supervised, automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 128 certified Medicare and Medicaid beds with a census of 111.	K 000	**K 200** It is the practice of this facility to maintain the means of egress in accordance with 2012 NFPA 101, 19.2.1 and 7.10.8.3.1 – specifically to provide correct signage for means of egress. **Corrective Action:** The door signage observed labeled, "Not an Exit," was removed on 10/03/17 by the Maintenance Supervisor and the correct signage was placed to ensure safe and orderly egress. **Identification of Others:** An audit was conducted by the Maintenance Supervisor on 10/02/17, throughout the facility to identify	
K 200 SS=E	NFPA 101 Means of Egress Requirements - Other Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to maintain the means of egress in accordance with the 2012 NFPA Life Safety Code. The findings were: Observation on 09/13/17 at 1:49 PM and throughout the survey revealed multiple doors	K 200		

10/29 DH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	NHA	10/2/17

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.

Spoke with Derek Holbrook over the phone to accept the P.O.C. Heather Hauermann 10/12/17

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	535028	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/13/2017

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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 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(111) construction built in 1962 and 1966. The building was equipped with a supervised, automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 128 certified Medicare and Medicaid beds with a census of 111.	K 000	other egress doors labeled incorrectly. The deficient practice has the potential to affect staff, visitors and residents within all smoke compartments. All corridor doors were inspected by the Maintenance Supervisor (MS) or designee to validate correct signage for egress by 10/29/2017. **Systemic Measures:** Facility staff has been educated by the Maintenance Supervisor or designee on correct labeling of doors for egress by 10/29/2017. Newly hired staff will be educated during orientation. The Nursing Home Administrator and Maintenance Supervisor or designee will include the validation of correct labeling of doors for egress monthly for 3 months. **Monitoring:** The Maintenance Supervisor or designee will audit and validate the correct labeling of doors for egress monthly for three months to validate continued compliance. Corrective action will be taken immediately as necessary. Any concerns addressed through the audit process will be monitored and reported in summary in the facility monthly QAPI meetings. IDT will assess for trends or patterns and analyze monthly at the QAPI	10/29 DK
K 200 SS=E	NFPA 101 Means of Egress Requirements - Other Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to maintain the means of egress in accordance with the 2012 NFPA Life Safety Code. The findings were: Observation on 09/13/17 at 1:49 PM and throughout the survey revealed multiple doors	K 200		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: NHA | (X6) DATE: 10/2/17

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.

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K 200	Continued From page 1 labeled "This is not an exit" or "Not an Exit" which does not meet the requirements of the LSC for a sign on a door that is neither an exit nor a way of exit access. Failure to provide the correct signage for means of egress could result in injury or death in the event of an emergency. Interview with the Facility Maintenance Manager at the time of the observation revealed that the facility was unaware of the exact language required for no exit signs. Ref: 2012 NFPA 101 19.2.1, 7.10.8.3.1	K 200	meetings. The QAPI committee will validate continued compliance based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for three moths then reassess the need for continued monitoring based upon compliance.	10/29 DH
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324	**K 324** It is the practice of this facility to provide commercial cooking equipment in accordance with 2012 NFPA 101, section 19.3.2.5 and 9.2.3; 2011 NFPA 96 11.4 – specifically to provide for the bi-annual kitchen hood suppression system testing. **Corrective Action:** The kitchen hood suppression system inspection, testing and maintenance were performed by- Kitchen Hood certified contractor on 12/2016, 6/2017 documentation from company received by 10/29/2017. **Identification of Others:** The deficient practice has the potential to affect staff in the kitchen within 1 smoke compartment. The facility is in possession of only one kitchen hood suppression system.	10/29 DH

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SHERIDAN MANOR	1551 BIG HORN AVE SHERIDAN, WY 82801

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K 324	Continued From page 2 This STANDARD is not met as evidenced by: Based on documentation review and staff interview the facility failed to meet the maintenance requirements for Kitchen Range Hood Exhaust in accordance with the 2012 NFPA 101 Life Safety Code and 2011 NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. The findings were: Documentation review on 09/13/17 at 3:30 PM revealed that the the kitchen range hood exhaust system was inspected and cleaned once in the last 12 months, thus not meeting the requirement for inspection every 6 months. Failure to inspect and clean the kitchen range hood exhaust system could result in injury or death in the event of a fire. Interview with the Facility Maintenance Manager at the time of the observation revealed that they believed the kitchen range hood exhaust had been inspected twice in the last 12 months, but they were unable to provide supporting documentation. Ref: 2012 NFPA 101 19.3.2.5.2, 9.2.3; 2011 NFPA 96 11.4	K 324	**Systemic Measures:** Maintenance Supervisor has been educated by the Nursing Home Administrator or designee on the inspection, testing and maintenance of commercial cooking equipment by 10/29/2017. Newly hired staff will be educated during orientation. The Nursing Home Administrator and Maintenance Supervisor or designee will include the inspection, testing and maintenance of commercial cooking	10/29 DH
K 345 SS=D	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.	K 345		

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K 324	Continued From page 2 This STANDARD is not met as evidenced by: Based on documentation review and staff interview the facility failed to meet the maintenance requirements for Kitchen Range Hood Exhaust in accordance with the 2012 NFPA 101 Life Safety Code and 2011 NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. The findings were: Documentation review on 09/13/17 at 3:30 PM revealed that the the kitchen range hood exhaust system was inspected and cleaned once in the last 12 months, thus not meeting the requirement for inspection every 6 months. Failure to inspect and clean the kitchen range hood exhaust system could result in injury or death in the event of a fire. Interview with the Facility Maintenance Manager at the time of the observation revealed that they believed the kitchen range hood exhaust had been inspected twice in the last 12 months, but they were unable to provide supporting documentation. Ref: 2012 NFPA 101 19.3.2.5.2, 9.2.3; 2011 NFPA 96 11.4	K 324	equipment during bi-annual audit reviews. **Monitoring:** The Maintenance Supervisor or designee will audit the inspection, testing and maintenance of commercial cooking equipment and validate documentation bi-annually using the TELS work order program to validate continued compliance. Corrective action will be taken immediately as necessary. Any concerns addressed through the audit process will be monitored and reported in summary in the facility monthly QAPI meetings. Nursing Home Administrator will assess for trends or patterns and analyze monthly at the QAPI meetings. The QAPI committee will validate continued compliance based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for three moths then reassess the need for continued monitoring based upon compliance.	10/20 DH
K 345 SS=D	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.	K 345		

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K 345	Continued From page 3 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and staff interview the facility failed to test and maintain 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: Documentation review on 09/13/17 at 3:30 PM revealed that the smoke detector sensitivity testing has not been completed in the last two years. Failure to properly maintain and test the fire alarm system could result in injury or death in the event of a fire. Interview with the Facility Maintenance Manager at the time of the observation revealed that they believed the testing had been conducted in the last two years, but they were unable to provide supporting documentation. Ref: 2010 NFPA 72 Table 14.4.5.15(l)	K 345	K 345 It is the practice of this facility to maintain the fire alarm system in accordance with 2010 NFPA Life Safety Code 72, table 14.4.5.15(l) specifically to provide for the 2 year fire alarm sensitivity testing. **Corrective Action:** The 2 year fire alarm sensitivity testing will be performed by Maintenance manager [illegible] documentation from [illegible] Integrators was completed [illegible] 3/2017 next schedule [illegible] the direct format to [illegible] control box at the [illegible] annually complete [illegible] 10/29/2017. **Identification of Others** The deficient practice has the potential to affect staff, residents and visitors within all smoke compartments. The facility is in possession of only one complete fire alarm system. **Systemic Measures:** Maintenance Supervisor has been educated by the Nursing Home Administrator on the proper maintenance of the fire alarm system by 10/29/2017. Newly hired staff will be educated during orientation. The Nursing Home Administrator and Maintenance Supervisor will include the maintenance of the fire alarm system during annual audit reviews.	10/29 DH
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.	K 353		

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K 345	Continued From page 3 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and staff interview the facility failed to test and maintain 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: Documentation review on 09/13/17 at 3:30 PM revealed that the smoke detector sensitivity testing has not been completed in the last two years. Failure to properly maintain and test the fire alarm system could result in injury or death in the event of a fire. Interview with the Facility Maintenance Manager at the time of the observation revealed that they believed the testing had been conducted in the last two years, but they were unable to provide supporting documentation. Ref: 2010 NFPA 72 Table 14.4.5.15(l)	K 345	**Monitoring:** The Maintenance Supervisor or designee will audit the testing/maintenance of the fire alarm system and validate documentation annually using the TELS work order program to validate continued compliance. Corrective action will be taken immediately as necessary. Any concerns addressed through the audit process will be monitored and reported in summary in the facility monthly QAPI meetings. NHA will assess for trends or patterns and analyze monthly at the QAPI meetings. The QAPI committee will validate continued compliance based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for three moths then reassess the need for continued monitoring based upon compliance.	10/29 DH
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.	K 353		

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K 353	Continued From page 4 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 documentation review and staff interview the facility failed to maintain and test the fire sprinkler system in accordance with the 2012 NFPA Life Safety Code and 2011 NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The findings were: Documentation review on 09/13/17 at 3:30 PM revealed that the pressure gauges installed on the fire sprinkler riser branches had not been replaced or recalibrated since 2010, and were due to be replaced. Failure to replace or recalibrate pressure gauges could result in injury or death if failure of the fire sprinkler system is not realized due to gauges reading incorrectly. Interview with the Facility Maintenance Manager at the time of the observation revealed that they were unaware of this requirement. Reference: 2012 NFPA 101 9.7.5, 2011 NFPA 25 5.3.2.1	K 353	**K 353** It is the practice of this facility to maintain and test automatic fire sprinkler system in accordance with 2012 NFPA Life Safety Code 101, section 19.3.5, 19.3.5.3 and 9.7, 9.7.5, NFPA 25 5.3.2.1 for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Corrective Action: The facility portable fire extinguishers were inspected and signed off on October 29, 2017 by the Maintenance Supervisor and logged in the TELS preventative maintenance program by the Maintenance Supervisor or designee. **Identification of Others:** The deficient practice has the potential to affect staff, residents and visitors within all smoke compartments. All pressure gauges on the fire sprinkler riser were inspected by the Maintenance Supervisor or designee by 10/29/2017. **Systemic Measures:** Maintenance Supervisor has been educated by the Nursing Home Administrator or designee on the proper maintenance and testing of the fire sprinkler system by 10/29/2017. Newly hired staff will be educated during orientation. The Nursing	10/29 DH 10/29 DH
K 355 SS=E	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with	K 355		

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K 353	Continued From page 4 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 documentation review and staff interview the facility failed to maintain and test the fire sprinkler system in accordance with the 2012 NFPA Life Safety Code and 2011 NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The findings were: Documentation review on 09/13/17 at 3:30 PM revealed that the pressure gauges installed on the fire sprinkler riser branches had not been replaced or recalibrated since 2010, and were due to be replaced. Failure to replace or recalibrate pressure gauges could result in injury or death if failure of the fire sprinkler system is not realized due to gauges reading incorrectly. Interview with the Facility Maintenance Manager at the time of the observation revealed that they were unaware of this requirement. Reference: 2012 NFPA 101 9.7.5, 2011 NFPA 25 5.3.2.1	K 363	Home Administrator and Maintenance Supervisor or designee will include the maintenance of the fire sprinkler system during monthly audit reviews. **Monitoring:** The Maintenance Supervisor or designee will audit the maintenance of the fire sprinkler system and validate documentation annually using the TELS work order program to validate continued compliance. Corrective action will be taken immediately as necessary. Any concerns addressed through the audit process will be monitored and reported in summary in the facility monthly QAPI meetings. NHA will assess for trends or patterns and analyze monthly at the QAPI meetings. The QAPI committee will validate continued compliance based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for three moths then reassess the need for continued monitoring based upon compliance.	10/29 DH
K 355 SS=E	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with	K 355		

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SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

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K 353	Continued From page 4 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 documentation review and staff interview the facility failed to maintain and test the fire sprinkler system in accordance with the 2012 NFPA Life Safety Code and 2011 NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The findings were: Documentation review on 09/13/17 at 3:30 PM revealed that the pressure gauges installed on the fire sprinkler riser branches had not been replaced or recalibrated since 2010, and were due to be replaced. Failure to replace or recalibrate pressure gauges could result in injury or death if failure of the fire sprinkler system is not realized due to gauges reading incorrectly. Interview with the Facility Maintenance Manager at the time of the observation revealed that they were unaware of this requirement. Reference: 2012 NFPA 101 9.7.5, 2011 NFPA 25 5.3.2.1	K 353	K 355 It is the practice of this facility to inspect and maintain portable fire extinguishers in accordance with 2012 NFPA Life Safety Code 101-19.3.5.12, 7.2.1.2 Standard for Portable Fire Extinguishers. **Corrective Action:** The facility portable fire extinguishers were inspected and signed off on October 29, 2017 by the Maintenance Supervisor and logged in the TELS preventative maintenance program. **Identification of Others:** This deficient practice could affect all residents throughout the facility should a portable fire extinguisher not be immediately available for use by any staff member **Systemic Measures:** The Maintenance Supervisor and Maintenance support staff will be educated by the Nursing Home Administrator or designee on the inspection and maintenance of the portable fire extinguishers by 10/29/2016. Newly hired maintenance staff will be educated during orientation.	10/29 DH
K 355 SS=E	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with	K 355		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535026	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

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K 355	Continued From page 5 NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to inspect and maintain portable fire extinguishers in accordance with the 2012 NFPA Life Safety Code and the 2010 NFPA 10 Standard for Portable Fire Extinguishers. Observation on 09/13/17 at 12:35 PM and throughout the inspection revealed that multiple fire extinguishers located in the facility had not been inspected for over 30 days. Multiple fire extinguishers were missing inspection sign offs for the month of August. Failure to properly inspect and maintain fire extinguishers could result in injury or death in the event of a fire. Interview with the Facility Maintenance Manager at the time of the observation revealed that the facility is aware and typically performs all monthly inspections on fire extinguishers and believes the inspection cards were just not marked off. Ref: 2012 NFPA 101 19.3.5.12, 7.2.1.2	K 355	**Monitoring:** The MS will continue to inspect portable fire extinguishers monthly and document in TELS to validate compliance. Corrective action will be implemented as needed. Any concerns addressed through the audit process will be monitored and reported in summary in the facility monthly QAPI meetings. Nursing Home Administrator will assess for trends or patterns and analyze monthly at the QAPI meetings. The QAPI committee will validate continued compliance based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for three months then reassess the need for continued monitoring based on compliance.	10/29 DH
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	K 372		

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	535026	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1551 BIG HORN AVE SHERIDAN, WY 82801

(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 355	Continued From page 5 NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to inspect and maintain portable fire extinguishers in accordance with the 2012 NFPA Life Safety Code and the 2010 NFPA 10 Standard for Portable Fire Extinguishers. Observation on 09/13/17 at 12:35 PM and throughout the inspection revealed that multiple fire extinguishers located in the facility had not been inspected for over 30 days. Multiple fire extinguishers were missing inspection sign offs for the month of August. Failure to properly inspect and maintain fire extinguishers could result in injury or death in the event of a fire. Interview with the Facility Maintenance Manager at the time of the observation revealed that the facility is aware and typically performs all monthly inspections on fire extinguishers and believes the inspection cards were just not marked off. Ref: 2012 NFPA 101 19.3.5.12, 7.2.1.2	K 355	**K 372** It is the practice of this facility to maintain a smoke compartment smoke barrier in accordance with 2012 NFPA 101 Life Safety Code 19.3.7.3, 8.6.7.1(1). **Corrective Action:** The penetrations in the ceiling found deficient at the smoke barrier cross corridor doors adjacent to the dietary and activity departments; and penetrations in the ceiling at the smoke barrier cross corridor doors at the South entrance to the building addition were repaired and brought into compliance by MS on 10/29/2017. **Identification of Others:** The deficient practice has the potential to affect staff, residents and visitors throughout the facility should smoke spread between areas. All ceiling areas were inspected by the Maintenance Supervisor or designee for the presence of improper penetrations by 10/29/2017. **Systemic Measures:** Facility staff has been educated by the Maintenance Supervisor or designee on the proper maintenance of the ceiling penetrations by 10/29/2017. Newly hired staff will be educated	10/29 DR
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	K 372		

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	535026	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1951 BIG HORN AVE SHERIDAN, WY 82801

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K 372	Continued From page 6 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 staff interview the facility failed to maintain a smoke compartment smoke barrier in accordance with the 2012 NFPA 101 Life Safety Code. Observation on 09/13/17 at 4:10 PM revealed that the smoke barrier separating two smoke compartments had unprotected penetrations from plumbing and conduit. The penetrations were located above the ceiling at the smoke barrier cross corridor doors adjacent to the dietary and activity departments. Penetrations were also located above the ceiling at the smoke barrier cross corridors doors at the South entrance to the building addition. 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 the Facility Maintenance Manager 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	during orientation. The NHA and MS or designee will include the maintenance of the ceiling penetrations during semi-annual audit reviews. **Monitoring:** The MS or designee will audit the maintenance of the ceiling penetrations monthly for three months to validate continued compliance. Corrective action will be taken immediately as necessary. Any concerns addressed through the audit process will be monitored and reported in summary in the facility monthly QAPI meetings. NHA will assess for trends or patterns and analyze monthly at the QAPI meetings. The QAPI committee will validate continued compliance based on trends identified and implement additional interventions as needed to ensure continued compliance monthly for three moths then reassess the need for continued monitoring based upon compliance.	10/29 DH