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 _____	**02/15/2018**

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 2/13/2018. Requirements for Long Term Care Facilities Section 42 CFR 483.70(a) except as otherwise provided in this 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 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 Medicare and Medicaid beds with a census of 35 residents.	K 000		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exit signage in accordance with the 2012 NFPA 101, Life Safety Code. This deficiency affected 1 of 6 smoke compartments. The findings were:	K 293	K293 Exit Signage In response to deficiency K293, in which the facility was noted as having failed to maintain exit signage in accordance with the 2012 NFPA 101, Life Safety Code the	2/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/10/2018

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 293	Continued From page 1 Observation on 2/13/2018 at 3:18 PM located at the separation doors to the Independent Living Wing revealed an exit sign that was not a required means of egress. Failure to maintain exit signage as required could delay egress resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Subsequent interview with the Facility Maintenance Manager indicated the facility did not want residents exiting through this door. REF: 2012 NFPA 101, Sections: 19.2.10; 7.10	K 293	facility removed the "Exit" sign noted on 02/15/2017. Further, all other signage was inspected on that date to ensure compliance. To prevent such a recurrence, maintenance staff will evaluate all exit signs on an annual basis and report as a function of QAPI.	
K 361 SS=D	Corridors - Areas Open to Corridor CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain corridor separation in accordance with the NFPA 101, Life Safety Code. This deficiency affected 1 of 6 smoke compartments. The findings were: Observation on 2/13/2018 at 2:27 PM in the TV Room revealed that the area was open to the corridor. Further observation revealed that the TV room was not provided with a smoke detector. Failure to maintain corridor separation could allow fire and smoke to spread resulting in injury or	K 361	K361 Area Open to Corridor In response to deficiency K361,in which the facility was noted as having failed to have smoke detectors installed in 1 of 6 smoke compartments: The facility scheduled smoke detectors to be installed ON March 21st for that smoke compartment, specifically in the common "TV Room" area. Further ,mapping of all facility smoke detector, sprinklers, extinguishers, etc...occurred on	3/21/18

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K 361	Continued From page 2 death. Interview with the Facility Maintenance Manager at the time of observation acknowledged the deficiency, and that he was unaware of the requirement. REF: 2012 NFPA 101, Section: 19.3.6.1(7)	K 361	02/28/2018 Maintenance staff will review detector placement and functioning with the appropriate subcontractor(s)annually and report as a function of QAPI.	
K 916 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical systems in accordance with the 2012 NFPA 99, Health Care Facilities Code. This deficiency affected 1 of 1 annunciator panel for the Essential Electrical System. The findings were: Observation on 2/13/2018 at 2:00 PM at the generator annunciator panel revealed that it was missing the battery charger failure indicator, and when the panel was tested no visual or audio alert sounded. Failure to provide essential electrical power components as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of the observation acknowledged the	K 916	K916 : Electrical Systems-Essential Electric System In response to deficiency K916, in which the facility was noted as having failed to provide electrical systems in accordance with the 2012 NFPA 99, Health Care Code with respect to a non-functioning generator annunciator : Said annunciator will be fixed prior to March 25th . At that time, all generator components will be inspected. Maintenance staff will monitor the annunciator weekly with generator testing and report as a quarterly QAPI.	3/25/18

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K 916	Continued From page 3 decifiency, and indicated he was unaware of the requirement. REF: 2012 NFPA 99, Section: 6.4.1.1.17.4 (4)	K 916		

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E 000	Initial Comments Based upon the findings of the survey team, it was determined the facility meets the Emergency Preparedness standards based on compliance with all provisions.	E 000		

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