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 _____	**08/08/2018**

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 08/08/18. Requirements for Long Term Care Facilities Section 42 CFR 483.700(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 (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 63.	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	K 222		9/14/18

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

Electronically Signed | 08/28/2018

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.

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 _____	**08/08/2018**

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WORLAND HEALTHCARE AND REHABILITATION CENTER	**1901 HOWELL AVENUE** **WORLAND, WY 82401**

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K 222	Continued From page 1 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised	K 222		

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	535048	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/08/2018**

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

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K 222	Continued From page 2 automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101 Life Safety Code. Failure to maintain egress doors could result in injury or death in the event of an emergency. The deficiency affected one (1) of six (6) smoke compartments. The findings were: Observation on 08/08/18 at 12:30 PM revealed that the corridor entrance doors to the dementia wing (200 wing) had delayed egress doors activated by a wander guard system. The delayed egress doors were not provided with the required signage on the dementia wing side of the doors. Delayed egress doors shall have readily visible signs that read "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS". Interview with the maintenance director at the time of the observation acknowledged the deficiency, but indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.2.2.2.4, 7.2.1.6.1	K 222	The facility will provide the required signage on the dementia wing side of the delayed egress doors. This will be accomplished by: The Maintenance Supervisor will install the required signage, on or before the allegation date of compliance, on the inside of the dementia wing side of the doors. The sign will read PULL UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. Monitoring: The Maintenance Supervisor and/or Designee will conduct weekly inspections to ensure that the delayed egress doors activated by the wander guard system release freely and timely when pulled on for the said amount of time. 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 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure	K 321		9/14/18

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	535048	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/08/2018**

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K 321	Continued From page 3 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 system in accordance with 8.7.1 or 19.3.5.9. 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, 19.3.5.9 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 REQUIREMENT 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. Failure to maintain hazardous areas could result in injury or death in the event of a fire. The deficiency affected one (1) of six (6) smoke compartments. The findings were:	K 321	The facility will maintain hazardous areas in accordance with the 2012 NFPA 101 Life Safety Code. This will be accomplished by: The Maintenance Supervisor repaired the hole 9/3/18 in the ceiling where the compressor piping accesses the facility in the Central Storage Area. 5/8 gypsum will	

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	535048	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/08/2018**

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WORLAND HEALTHCARE AND REHABILITATION CENTER	**1901 HOWELL AVENUE** **WORLAND, WY 82401**

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K 321	Continued From page 4 Observation on 08/08/18 at 1:02 PM revealed that the large storage room next to the clean laundry room had a hole cut into the ceiling to accommodate compressor piping, and the hole had not been patched and sealed. Storage areas protected with an automatic sprinkler system shall be separated from other spaces by smoke partitions. Interview with the maintenance director at the time of the observation acknowledged the deficiency, but indicated he was unaware the hole had not been patched. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.3.2.1.2, 8.4.4.1	K 321	be used to protect the exposed area and maintain separation of areas. Monitoring: The Maintenance Supervisor will conduct weekly inspections of hazardous areas to ensure there are no unprotected penetrations. 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 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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 _____	K 353		9/14/18

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K 353	Continued From page 5 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance with the 2011 NFPA 25 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Failure to test and maintain the fire sprinkler system could result in injury or death in the event of a fire in the area. The deficiency affected one (1) of six (6) smoke compartments. The findings were: Observation on 08/08/18 at 12:15 PM revealed that the fire sprinkler system riser in the boiler room had a 2" test port with no reduction on it. Interview with the maintenance director at the time of the observation revealed that the 2" test port was what was used for conducting the quarterly water flow alarm device testing. The maintenance director was unaware if the contractors who conducted the testing were reducing the size of the piping while testing. Testing of the water flow alarm devices shall be conducted through a port size that is equivalent to the smallest sprinkler head port in the facility. Interview with the maintenance director at the time of the observation acknowledged the deficiency, but indicated he was unaware the requirement. Interview with the administrator at the time of exit acknowledged the deficiency.	K 353	The facility will test and maintain the fire sprinkler system in accordance with the 2011 NFPA 25 standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. This will be accomplished by: On 24 August 2018, Worland Healthcare and Rehabilitation observed that the fire system riser in the boiler room has a one half inch reduction orifice installed into the riser system to test the flow of water through the smallest head port installed in the facility during a water flow test. Monitoring: The Maintenance Supervisor will monitor monthly for the proper function of the system and assure that the water flow test is being conducted through this reducing orifice. 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	

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K 353	Continued From page 6 Reference: 2011 NFPA 25 5.3.3.1	K 353		

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 08/08/2018. Based upon the findings of the survey team, it was determined that the facility was in compliance with all Emergency Preparedness requirements.	E 000		

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

Electronically Signed | 08/23/2018

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