STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**05/24/2019**

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 24, 2019. Requirements for Long Term Nursing Homes 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 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 40 residents.	K 000		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 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.	K 321		7/6/19

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

Electronically Signed | 06/14/2019

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 321	Continued From page 1 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 properly maintain hazardous areas could result in injury or death in the event of a fire. The deficiencies affected the basement floor. The finding was: Observation on 05/24/19 at 11:40 AM revealed that door props were being used to hold open the self-closing central laundry doors. Hazardous areas shall be safe guarded by an automatic extinguishing system and be separated from other spaces by smoke partitions with automatic or self-closing doors. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the	K 321	1. The facility will ensure that all self-closing central laundry doors are free from obstruction and not propped open. 2. Current residents have the potential to be affected. Executive Director/designee conducted an audit to ensure that all hazardous areas safe guarded by an automatic extinguishing system and separated from other spaces by smoke partitions with automatic or self-closing doors are free from obstruction and door props. 3. Maintenance/Housekeeping/Laundry staff educated that all hazardous areas safe guarded by an automatic extinguishing system and separated from other spaces by smoke partitions with automatic or self-closing doors are to be free from obstruction and door props at all times. Maintenance Director added tag to Preventive Maintenance Log for daily	

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	535051	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**05/24/2019**

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THERMOPOLIS REHABILITATION AND WELLNESS	**1210 CANYON HILLS RD THERMOPOLIS, WY 82443**

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K 321	Continued From page 2 requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.2.1.3	K 321	monitoring. 4. Facility will audit for compliance weekly x 4 weeks and monthly x 2 months. The ED/designee will report the tracking and trending of the initial and random audits to the monthly QAPI meeting for ninety days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiencies affected three (3) of three (3) smoke compartments and the basement floor. The findings were: Document review on 05/24/19 at 12:00 PM revealed that the fire alarm was only being activated quarterly with the fire sprinkler water	K 345	1. Facility will ensure that alarm system will be activated at least monthly. Facility will also ensure that annual testing documentation of the alarm notification appliances must include a list of all appliances, location of each appliance, and test results for each appliance. 2. Current residents have the potential to be affected. 3. Maintenance Director in-serviced that alarm system must be activated monthly and that annual testing documentation of the alarm notification appliances must include a list of all appliances, location of each appliance, and test results for each	7/6/19

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THERMOPOLIS REHABILITATION AND WELLNESS	**1210 CANYON HILLS RD THERMOPOLIS, WY 82443**

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K 345	Continued From page 3 flow alarm device testing. The fire alarm system must be activated at least monthly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 72 Table 14.4.5(24) Document review on 05/24/19 at 12:00 PM revealed that the alarm notification appliances had been tested in the last 12 months. However, the documentation only listed the number of appliances tested, and how many passed. Annual testing documentation of the alarm notification appliances must include a list of all appliances, location of each appliance, and test results for each appliance. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the deficiency. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 72 Table 14.4.5(20); Figure 14.6.2.4 page 11	K 345	appliance. Maintenance Director added tag to Preventive Maintenance Log for monthly monitoring. 4. Facility will audit for compliance weekly x 4 weeks and monthly x 2 months. The ED/designee will report the tracking and trending of the initial and random audits to the monthly QAPI meeting for ninety days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101	K 351		7/6/19

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THERMOPOLIS REHABILITATION AND WELLNESS	**1210 CANYON HILLS RD THERMOPOLIS, WY 82443**

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K 351	Continued From page 4 Spinkler System - Installation 2012 EXISTING 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the fire sprinkler system in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinklers. Failure to properly maintain the fire sprinkler system could result in injury or death in the event of a fire. The deficiencies affected three (3) of three (3) smoke compartments. The findings were: Observation on 05/24/19 at 10:54 AM and throughout the survey revealed fire sprinkler heads with eschutchens that were not flush to the ceiling. Eschutchens shall be used to cover the annular space around the sprinkler head. Interview with the maintenance director at the	K 351	1. Facility will ensure that fire sprinkler heads with eschutchens used to cover the annular space around the sprinkler head are flush with the ceiling. Facility will ensure that all items stored in closets have 18 inches or greater of clearance between stored items and the sprinkler head. Maintenance Director removed top shelves from all resident closets to ensure closets have 18 inches or greater of clearance between stored items and sprinkler head. 2. Current residents have the potential to be affected. ED/designee conducted initial audit to identify eschutchens used to cover the annular space around the sprinkler head not flush with the ceiling and outliers corrected.	

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K 351	Continued From page 5 time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 13 6.2.7.1 Observation on 05/24/19 at 10:55 AM revealed that the supply storage room had items stacked to the ceiling, which obstructed the sprinkler coverage of the room. The storage was stacked to within a few inches of the sprinkler head. The clearance between the deflector and the top of storage shall be 18 inches or greater. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 13 8.6.6.1 Observation on 05/24/19 at 11:15 AM and throughout the survey revealed that stored items had been stacked in resident room closets, and were obstructing the sprinkler heads. The clearance between the deflector and the top of storage shall be 18 inches or greater. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the	K 351	3. Maintenance Director in-serviced that fire sprinkler heads with eschutchens used to cover the annular space around the sprinkler head must be flush with the ceiling. Maintenance Director in-serviced that there must be 18 inches or greater of clearance between stored items and sprinkler head in all sprinkled storage areas. Maintenance Director added both items to Preventive Maintenance Log for weekly monitoring. 4. Facility will audit for compliance weekly x 4 weeks and monthly x 2 months. The ED/designee will report the tracking and trending of the initial and random audits to the monthly QAPI meeting for ninety days or until substantial compliance has been achieved or sustained as directed by the committee.	

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K 351	Continued From page 6 requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 13 8.6.6.1	K 351		
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to perform fire drills in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly perform fire drills could result in injury or death in the event of a fire. The deficiency affected three (3) of three (3) smoke compartments and basement floor. The findings were: Document review on 05/24/19 at 12:00 PM revealed that fire drills were being documented quarterly on each shift. However, the fire alarm system was not being activated during the drills.	K 712	1. Facility will ensure that fire drills shall include the transmission of the fire alarm signal except when conducted between 9:00 PM and 6:00 AM. 2. Current residents have the potential to be affected. 3. Maintenance Director in-serviced that fire drills shall include the transmission of the fire alarm signal except when conducted between 9:00 PM and 6:00 AM. Tag added to Preventive Maintenance Log for monthly monitoring. 4. Facility will audit for compliance weekly x 4 weeks and monthly x 2 months. The	7/6/19

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K 712	Continued From page 7 Fire drills shall include the transmission of the fire alarm signal except when conducted between 9:00 PM and 6:00 AM. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.7.1.4 .	K 712	ED/designee will report the tracking and trending of the initial and random audits to the monthly QAPI meeting for ninety days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder	K 918		7/6/19

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K 918	Continued From page 8 circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, document review and staff interview, the facility failed to test and maintain the emergency generator in accordance with the 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to properly test and maintain the emergency generator could result in injury or death in the event of an emergency. The deficiencies affected three (3) of three (3) smoke compartments and the basement floor. The findings were: Document review on 05/24/19 starting at 12:00 PM revealed the weekly inspection of the emergency generator had not been conducted for the majority of the year. Documentation revealed that the weekly inspections had not been conducted during the months of January and February. Inspection of the emergency generator must be conducted weekly. Interview with the maintenance director at the time of the observation acknowledged the	K 918	1. Facility will ensure that emergency generator will be inspected weekly in accordance with 2010 NFPA 110. Facility will also ensure that emergency lighting in the automatic transfer switch room has battery backup power provided. 2. Current residents have the potential to be affected. 3. Maintenance Director in-serviced on the requirement that emergency generator is to be inspected weekly in accordance with 2010 NFPA 110 and that the emergency lighting in the automatic transfer switch room is required to have battery backup power provided. Tag added to Preventive Maintenance Log for monthly monitoring. 4. Facility will audit for compliance weekly x 4 weeks and monthly x 2 months. The ED/designee will report the tracking and trending of the initial and random audits to the monthly QAPI meeting for ninety days or until substantial compliance has been achieved or sustained as directed by the	

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K 918	Continued From page 9 deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 110 8.4 Observation on 05/24/19 at 11:45 AM revealed that emergency lighting in the automatic transfer switch room did not have emergency battery backup power provided. Rooms with emergency power system equipment shall have battery-powered emergency lighting. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 110 7.3.1	K 918	committee.	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 05/24/2019. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements.	E 000		

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

Electronically Signed | 06/14/2019

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