STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING **01** B. WING _____	**03/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	**542 16TH STREET** **RAWLINS, WY 82301**

(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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on March 30, 2021. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements. .	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on March 5, 2020. Requirements for Hospitals Section 42 CFR 482.41 (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 the National Fire Protection Association. The facility was a partially sprinklered, fully sprinklered, single story building with basement of Type V (111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system, with an anti-freeze branch, and an addressable fire alarm system. The facility had a capacity of 62 certified Medicare and Medicaid beds with a census of 43 residents. .	K 000		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in	K 293		4/24/21

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

Electronically Signed | 04/24/2021

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 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 signs in accordance with the 2012 NFPA 101, Life Safety Code. The failure to maintain exit signs as required could result in injury or death. The deficiency affected one (1) corridor out of numerous corridors in the facility. The findings were: Observation on 3/30/2021 at 10:40 AM in the in the corridor by room 47 looking towards the employee's lounge revealed that no exit sign could be observed in the corridor. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.2.10.1; 7.10.1.1, 7.10.1.5.1 .	K 293	This plan of Correction is the centers credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute 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 it is required by provisions of federal and state law. 1. Corrective Action: Exit Sign mounted to back hallway. 2. ID of others: All residents are identified to be at risk of not being able to see where the exits are down that particular hall way. 3. Systemic Change: On April 20, 2021 an exit sign was mounted in the back hallway. 4. Monitoring: Audit of the rest of the facility found no further exit signs were needed.	
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	K 321		5/4/21

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RAWLINS REHABILITATION AND WELLNESS	**542 16TH STREET** **RAWLINS, WY 82301**

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K 321	Continued From page 2 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. The failure to maintain hazardous areas as required could delay egress resulting in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 3/30/2021 at 12:45 PM at room 14 revealed a large amount of combustible	K 321	1. Corrective Action: Items were removed from the room. 2. ID of others: All residents are identified to be at risk do to the fire hazard created. 3. Systemic Change: On 3/31/21 items were moved from the room and placed an appropriate room with a self closing door. 4. Monitoring: Audits will be conducted throughout the facility weekly X 4 and monthly X2 by ED or designee to ensure	

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K 321	Continued From page 3 storage in a non-rated room. The room was sprinkled, but doors were not self-closing. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.2 .	K 321	rooms that are being used for storage have an appropriate door or that items are moved to an appropriate room. All results of audit will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring.	
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain fire alarm electrical	K 341	1. Corrective Action: Put cover back on junction box.	5/4/21

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K 341	Continued From page 4 systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 70, National Electrical Code. The failure to maintain fire alarm electrical systems as required could result in injury or death. The deficiency affected one (1) of numerous areas in the facility. The findings were: Observation on 3/30/2021 at 12:23 PM in the fire riser room revealed a junction box with no cover. Further observation found the wiring to be for the supervised signal on the fire riser. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.4.1; 9.6.1.3 2011 NFPA 70, 314.28 (C) .	K 341	2. ID of others: All residents are identified to be at risk. 3. Systemic Change: Cover was put back on box on April 20, 2021. 4. Monitoring: Audits to be conducted throughout the facility on all electrical covers to ensure they mounted properly weekly X 4 and monthly X 2 by ED or designee. All results of audit will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring	
K 342 SS=D	Fire Alarm System - Initiation CFR(s): NFPA 101 Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded.	K 342		4/24/21

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K 342	Continued From page 5 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain fire alarm pull stations in accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 72, National Fire Alarm and Signaling Code. The failure to maintain fire alarm pull stations as required could result in injury or death. The deficiency affected one (1) of numerous areas in the facility. The findings were: Observation on 3/30/2021 at 12:40 PM at the main building exit revealed the manual fire alarm box to be fourteen (14) feet from the exit door opening. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.4.1; 9.6.1.3 2010 NFPA 72, 17.14.6 .	K 342	1. Corrective Action: Moved fire alarm to be 5 feet away from the door. 2. ID of others: All residents are identified to be at risk do to fire alarm not being properly placed. 3. Systemic Change: Alarm was placed to be within 5 feet of door on April 20, 2021. 4. Monitoring: ED and maintenance checked all other alarms in facility in which we found all others were within proper distance of the doors.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 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	K 351		6/15/21

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K 351	Continued From page 6 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: K351 Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with the 2012 NFPA 101, Life Safety Code, the 2010 NFPA 13, Installation of Sprinkler Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected the entire facility. The findings were: Observation on 3/30/2021 at 12:23 PM in the fire riser room revealed no hydraulic design information nameplate was provided as prescribed. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated unawareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.5.1;	K 351	1. Corrective Action: Began searching for places that could provide a hydraulic design information nameplate. Received a quote from Western States Sprinklers. 2. ID of others: All residents are identified to be at risk. 3. Systemic Change: Contacted Western States Sprinklers whom will be installing the nameplate. Received a quote. 4. Monitoring: Will monitor the progress the western state sprinkles on a time frame, will request an extension if needed. Facility is having to have an engineer come to get us in compliance. Will request an extension for compliance if needed if engineer is not able to make it within date of compliance.	

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K 351	Continued From page 7 9.7.1.1(1) 2010 NFPA 13, Section 24.5.1 .	K 351		
K 353 SS=D	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 _____ 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 maintain sprinkler systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 25, Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected the entire facility. The findings were:	K 353	1. Corrective Action: Removed items that were blocking or hanging from the sprinkler system. 2. ID of others: All residents are identified to be at risk do to sprinklers being obstructed. 3. Systemic Change: On 4/22/21 Maintenance director provided education to all staff on the need to keep sprinkler heads free from obstruction. 4. Audits will be conducted throughout	5/4/21

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K 353	Continued From page 8 1. Observation on 3/30/2021 at 11:13 AM in room 43 revealed clothes in the closet stacked to the ceiling within one (1) inch of the sprinkler head. After removing the clothes it was revealed that the sprinkler escutcheon had been damaged by the clothes. Further observation revealed similar conditions in patient rooms throughout the facility. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. 2. Observation on 3/30/2021 at 11:54 AM in the Activities Directors Room revealed that a decoration was hanging from the ceiling that was obstructing sprinkler discharge. The minimum clearance from sprinklers shall be maintained. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.5.1; 9.7.5 2011 NFPA 25, Section 5.2.1.2 .	K 353	the facility weekly X 4 and monthly X2 by ED or designee to ensure sprinkler heads are free from obstructions. All results of audit will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code,	K 511		5/4/21

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K 511	Continued From page 9 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 70, National Electrical Code. The failure to maintain electrical systems as required could result in injury or death. The deficiency affected two (2) rooms out of numerous rooms in the facility. The findings were: 1. Observation on 3/30/2021 at 10:59 AM in the employee's lounge revealed an electrical outlet without a cover. Further observation revealed combustible material stored up against the outlet. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. 2. Observation on 3/30/2021 at 12:23 PM in the fire riser room revealed a quad receptacle near the FS test valve, which was not protected by a ground fault circuit interrupter, nor was it protected as a damp or wet area.	K 511	1. Corrective Action: Replaced cover in the break room. Changed the cover in the fire riser room to a GFCI plate. 2. ID of others: All residents are at risk do to facility not meeting electrical standards. 3. Systemic Change: On April 12, 2021 ED and maintenance supervisor did walk through of the building to check to see if there were any other covers broken. 4. Monitoring: Audits to be conducted on all Audits to be conducted throughout the facility on all electrical covers to ensure they mounted properly weekly X 4 and monthly X 2 by ED or designee. All results of audit will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring.	

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K 511	Continued From page 10 Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.5.1.1; 9.1.2 2011 NFPA 70, Section: 406.6, 406.9 .	K 511		
K 532 SS=D	Escalators, Dumbwaiters, and Moving Walks CFR(s): NFPA 101 Escalators, Dumbwaiters, and Moving Walks 2012 EXISTING Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (Includes escalator emergency stop buttons and automatic skirt obstruction stop. For power dumbwaiters, includes hoistway door locking to keep doors closed except for floor where car is being loaded or unloaded.) 19.5.3, 9.4.2.2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a dumbwaiter in accordance with the 2012 NFPA 101, Life Safety Code and ASME A17.3, Safety Code for Existing Code for Existing Elevators and Escalators. The failure to maintain dumbwaiter as required could result in injury or death. The deficiency affected	K 532	1. Corrective Action: Shut the dumb waiter doors immediately. 2. ID of others: All residents are at risk do to the fire hazard caused by the dumbwaiter not being shut. 3. Systemic Change: Maintenance Director provided in service to all staff on	5/4/21

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K 532	Continued From page 11 one (1) of one (1) dumbwaiter in the facility. The findings were: Observation on 03/30/2021 at 12:32 PM in the clean linens room revealed the dumbwaiter doors on the upper and lower levels to be open while unattended. The doors were further unable to be closed without removing an obstruction keeping the door open. Doors would not close if exposed to heat or smoke. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.5.3, 9.4.2.2 2008 ASME 17.3, Section 6.1.4 .	K 532	keeping dumbwaiter door closed. 4. Monitoring: Audits to be conducted weekly X 4 and monthly X 2 by ED or designee to ensure dumbwaiter door is remaining shut when not in use. All results of audit will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring	
K 919 SS=E	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical equipment in accordance with the 2012 NFPA 101, Life Safety	K 919	1. Corrective Action: Obstruction was immediately removed. 2. ID of others: All residents are at risk	5/4/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING **01** B. WING _____	**03/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	**542 16TH STREET** **RAWLINS, WY 82301**

(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 919	Continued From page 12 Code and 2011 NFPA 70, National Electrical Code. The failure to maintain electrical equipment as required could result in injury or death. The deficiency affected one (1) of numerous electrical panels in the facility. The findings were: Observation on 3/30/2021 at 12:30 PM in the clean linens room revealed an obstruction in front of an electrical panel. A working space of three (3) feet in front of the panel is to be maintained. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 9.1.2 2011 NFPA 70, Section 110.26	K 919	do to electrical panel having an obstruction. 3. Systemic Change: Maintenance Director provided education to all staff to keep obstructions out of taped off area and a new sign was put up emphasizing the importance of this. 4. Monitoring: Audits to be conducted weekly X 4 and monthly X 2 by ED or designee to ensure there are no obstructions in front of the electrical panel. All results of audit will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring	