STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING **02** B. WING _____	**04/29/2021**

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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 04/29/2021. Based on the findings is 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 April 29th, 2021. 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 (000) construction with a basement built in 1954, and additions of the same construction type built in 1985 and 1990. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 41 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.	K 321		6/12/21

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

Electronically Signed | 05/21/2021

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 321	Continued From page 1 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 properly maintain hazardous areas could result in injury or death in the event of a fire. The deficiency affected one (1) of three (3) smoke compartments. The findings were: Observation on 04/29/21 at 11:55 AM revealed that room 46 "whirlpool" was being used as a storage room for combustible materials but the	K 321	1. The facility will ensure that fire protected hazardous enclosures are separated by doors that are self-closing or automatic-closing in accordance with NFPA 101 8.4. 2. All residents are affected. The facility will audit existing fire protected hazardous enclosures to ensure they are separated by doors that are self-closing or automatically close. 3. The facility will educate maintenance staff on the requirement that all fire protected hazardous 8.4.	

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K 321	Continued From page 2 door did have an automatic closer. Storage rooms shall have doors that are self-closing or automatic-closing. Interview with the maintenance staff at the time of the observation acknowledged the deficiency, but indicated that they were unaware of the requirement. Interview with the Administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.2.1.3 .	K 321	4. The facility will monitor for compliance weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI.	
K 351 SS=E	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 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:	K 351		6/12/21

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K 351	Continued From page 3 Based on observation and staff interview, the facility failed to install the fire sprinkler system in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinkler Systems. Failure to properly install 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 04/29/21 at 12:00 PM and throughout the survey revealed resident closets with openings around the closet sprinkler head. It appears that during installation of the sprinkler heads multiple holes would sometimes be drilled in the closet ceiling in order to align the sprinkler head correctly. These additional holes were not properly sealed to prevent heat and smoke from escaping into the attic space. Ceiling openings around a sprinkler head could result in the delayed activation of the sprinkler system. Interview with the maintenance staff at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Interview with the Administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 101 8.1.1(3) Observation on 04/29/21 at 12:45 PM in the memory care dining room revealed that built-in closets were not provided with sprinkler coverage. Sprinklers are required in all built-in closets within nursing homes.	K 351	1. The facility will ensure that the center is protected throughout by an approved sprinkler system in accordance with NFPA 13. This includes ensuring that all openings/spacing around built-in closet sprinkler heads be sealed with fire rated caulk and that any holes where no sprinkler head exists be patched with fire rated drywall and sealed with fire rated caulk. The facility will also ensure that all built-in closets are sprinkled. Contractor is scheduled to be on site the week of 6/1/21 to install sprinkler heads in 3 of 3 built-in closets cited. 2. All residents are affected. The facility will audit all built-in closets to ensure there is no spacing between the ceiling surface and the sprinkler heads or isolated penetrations in the ceiling surface. The facility will also audit all built-in closets to ensure they are sprinkled in accordance with NFPA 13. 3. The facility will educate maintenance staff on the requirement that there is to be no spacing between the sprinkler heads and the ceiling surface as well as no isolated penetrations in the ceiling surface. The facility will also educate maintenance staff on the requirement that all built-in closets are to be sprinkled in accordance with NFPA 13. 4. The facility will monitor for compliance weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI.	

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K 351	Continued From page 4 Interview with the administrator at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Reference: 2010 NFPA 101 8.1.1(1); CMS S&C-13-55-LSC	K 351		