| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535031 | A. BUILDING **01**<br>B. WING _____ | **12/09/2021** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WIND RIVER REHABILITATON AND WELLNESS** | **1002 FOREST DRIVE**<br>**RIVERTON, WY 82501** |

| (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 |
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| E 000 | Initial Comments<br><br>An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 12/09/2021. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements.<br>. | E 000 | | |
| K 000 | INITIAL COMMENTS<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 12/09/2021.<br><br>Requirements for Long Term Nursing Homes 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.<br><br>The facility was a fully sprinklered, single story building with a partial basement of Type V(111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 81 certified Medicare and Medicaid beds with a census of 67 residents.<br>. | K 000 | | |
| K 227 SS=D | Ramps and Other Exits<br>CFR(s): NFPA 101<br><br>Ramps and Other Exits<br>Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12.<br>18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10 | K 227 | | 1/7/22 |

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

Electronically Signed | 12/30/2021

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 227 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain means of egress ramps in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain means of egress ramps could result in injury or death in the event of an emergency. The deficiency affected one (1) of multiple exterior exits.<br><br>The findings were:<br><br>Observation on 12/09/21 at 11:45 AM revealed that a concrete exterior ramp had recently been poured that is part of the means of accessing a public way from the facility. The new ramp had a rise of approximately 12 inches, and was not provided with hand rails. Ramps shall be provided with handrails along both sides of a ramp with a rise greater than 6 inches.<br><br>Interview with the facility director at the time of the observation acknowledged the deficiency.<br><br>Interview with the Administrator at the time of exit acknowledged the deficiency.<br><br>Ref: 2012 NFPA 101 19.2.2.6.1, 7.2.5.2 | K 227 | K227: Ramps & Other Exits<br>Based on observation & staff interview, the facility failed to maintain means of egress ramps in accordance with the 2012 NFPA 101 Life Safety Code.<br>Observation on 12/09/21 revealed that a concrete exterior ramp had recently been poured that is part of the means of accessing a public way from the facility. The new ramp had a rise of appx. 12 inches, and was not provided with hand rails. Ramps shall be provided with hand rails along both sides of a ramp with a rise greater than 6 inches.<br>1. Corrective Action:<br>Maintenance Director has reached out to different contractors to receive bids on installing hand rails, and will have the rails installed as soon as possible.<br>2. ID of Others:<br>Maintenance Director conducted inspection of all other ramps & stairs leading to a public way from the facility. No other issues were observed and all other ramps/stairs were in compliance.<br>3. Systemic Change:<br>Hand rails will be installed per ADA requirements for any future projects that requires such. Hand rails will be installed on this specific ramp as soon as possible (awaiting contractor bids & timeframes; a tentative date will be provided as soon as one is set).<br>4. Monitoring: | |

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| K 227 | Continued From page 2 | K 227 | Maintenance Director has conducted an audit of all ramps/stairs. Maintenance Director will monitor progress of the installation of new rails and will ensure any □new work□ requiring hand rails is completed at the time of installation. | |
| K 321 SS=D | Hazardous Areas - Enclosure<br>CFR(s): NFPA 101<br><br>Hazardous Areas - Enclosure<br>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.<br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.<br>19.3.2.1, 19.3.5.9<br><br>Area Automatic Sprinkler Separation N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms (exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces (over 50 square feet)<br>g. Laboratories (if classified as Severe Hazard - see K322) | K 321 | | 1/7/22 |

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| K 321 | Continued From page 3<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to protect hazardous areas in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly protect hazardous areas could result in injury or death in the event of a fire. The deficiency affected one (1) of six (6) smoke compartments.<br><br>The findings were:<br><br>Observation on 12/09/21 at 11:55 AM revealed a storage room, located in the physical therapy room, that was being used to store large quantities of combustible materials. The storage room was greater than 50 s.f. in size, and it was observed that an automatic door closer was installed at one time, but had been removed. Storage rooms larger than 50 s.f. used to store combustible materials shall be equipped with a self-closing or automatic-closing device.<br><br>Interview with the Facility Manager at the time of the observation acknowledged the deficiency.<br><br>Interview with the Administrator at the time of exit acknowledged the deficiency.<br><br>Reference: 2012 NFPA 101 19.3.2.1.3<br>. | K 321 | K321: Hazardous Areas<br>Based on observation & staff interview, the facility failed to protect hazardous areas in accordance with the 2012 NFPA 101 Life Safety Code. Observation on 12/09/21 revealed a storage room, located in the physical therapy room was being used to store large quantities of combustible materials. The storage room was greater than 50sq/ft in size and it was observed that an automatic door closer was installed at one time, but had been removed. Storage rooms greater than 50sq/ft used to store combustible materials shall be equipped with a self-closing or automatic-closing device.<br>1. Corrective Action:<br>Maintenance Director purchased and installed automatic-closing devices on PT storage room, as well as PT entrance. Closers were installed on 12/29/2021.<br>2. ID of Others:<br>Maintenance Director conducted inspection of facility & found no other areas being used for storage. All other designated storage areas were found to have proper door-closers.<br>3. Systemic Change:<br>If storage needs increase or change in the future, Maintenance Director or designee will ensure the storage area meets all requirements and make any modifications necessary to provide a safe and appropriate storage area.<br>4. Monitoring:<br>Maintenance Director or designee will | |

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| K 321 | Continued From page 4 | K 321 | conduct a facility-wide audit once a week for 4 weeks, then monthly for 2 months. This audit will ensure proper storage throughout the facility. Audit results will be presented at monthly QAPI meetings to asses any needs for ongoing monitoring. | |
| K 920 SS=D | Electrical Equipment - Power Cords and Extens<br>CFR(s): NFPA 101<br><br>Electrical Equipment - Power Cords and Extension Cords<br>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.<br>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to utilize power strips in accordance with the 2012 NFPA 99, Health Care Facilities | K 920 | K920: Electrical Equipment ~ Power & Extension Cords<br>Based on observation and staff | 1/7/22 |

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| K 920 | Continued From page 5<br>Code. Failure to utilize power strips could result in injury or death in the event of electrical or equipment failure. The deficiency affected three (3) of fifty (50) resident rooms.<br><br>The findings were:<br><br>Observation on 12/09/21 at 11:28 AM, 12:00 PM, and 12:05 PM revealed Patient Care Related Electrical Equipment (PCREE) plugged into power strips. Observation of resident rooms 36, 6, and 2, respectively, revealed oxygen concentrators plugged directly into power strips located in the patient care area. PCREE shall not be plugged into power strips and power strips shall not be located in the patient care area when PCREE is present.<br><br>Interview with the Facility Manager at the time of the observation acknowledged the deficiency.<br><br>Interview with the Administrator at the time of exit acknowledged the deficiency.<br><br>Reference: 2012 NFPA 99 10.2.3.6, CMS S&C: 14-46-LSC | K 920 | interview, the facility failed to utilize power strips in accordance with the 2012 NFPA 99 Health Care Facilities Code. The deficiency affected 3 of 50 resident rooms. Observation 12/09/21 revealed Patient Care Related Electrical Equipment (PCREE) plugged into power strips. Observation of resident rooms 36, 6 and 2 respectively, revealed oxygen concentrators plugged directly into power strips located in the patient care area. PCREE shall not be plugged into power strips and power strips shall not be located in the patient care area when PCREE is present.<br>1. Corrective Action:<br>Maintenance Director immediately conducted a facility-wide audit starting 12/09/21, ensuring proper use of power strips & PCREE. The issues noted in rooms 36, 6 and 2 were resolved that same day.<br>2. ID of Others:<br>Upon conducting the initial audit, no other PCREE was observed being misused or in any violation of the requirement.<br>3. Systemic Change:<br>Maintenance Director as well as the Executive & Nursing Directors will conduct an education training at the January 10th 2022 all-staff meeting. Education of the requirement for PCREE will be added to the initial training upon hiring new employees.<br>4. Monitoring:<br>Maintenance Director has implemented a facility-wide audit that started 12/09/21. This audit will remain in | |

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| K 920 | Continued From page 6 | K 920 | effect once weekly for 12 weeks. The audit will be presented at the monthly QAPI meeting for the 3 months it is being conducted. At the end of the 12 weeks, the QAPI team will assess the need to keep the audit ongoing, or make any changes. | |