STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535030	A. BUILDING **01** B. WING _____	**08/18/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	**1111 LANE 12** **LOVELL, WY 82431**

(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 08/18/2022. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/18/2022. Requirements for Long Term Care Facilities Section 42 CFR 483.90(a) except as otherwise provided in this 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, two story building of Type II (III) construction built in 1991. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 85 certified Medicare and Medicaid beds with a census of 51 residents. The finds that follow demonstrate noncompliance with 42 CFR 483.90(a).	K 000		
K 163 SS=E	Interior Nonbearing Wall Construction CFR(s): NFPA 101 Interior Nonbearing Wall Construction Interior nonbearing walls in Type I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls required to have a minimum 2 hour fire resistance rating are permitted to be fire-retardant-treated wood	K 163		9/10/22

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

Electronically Signed | 09/06/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 163	Continued From page 1 enclosed within noncombustible or limited-combustible materials, provided they are not used as shaft enclosures. 19.1.6.4, 19.1.6.5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to construct nonbearing walls in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly construction nonbearing walls could result in the propogation of fire and smoke in the event of a fire, which could result in injury or death . The deficiency could impact all residents, visitors, and staff. The findings were: Observation on 08/18/22 at 10:15 AM revealed that the facility had three temporary walls constructed in the corridors of the 2nd floor West wing. The walls were constructed of wood studs and sheet plastic and were utilized to quarantine a section of the wing for COVID positive residents. At the time of the observation the entire wing was unoccupied by residents. Interior nonbearing walls in buildings of Type II construction shall be constructed of noncombustible or limited-combustible materials. Interview with facilities service director at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the CEO at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.1.6.4	K 163	(A) To ensure the safety of staff and residents, the three temporary walls will be removed. (B) All walls will be inspected quarterly, and will be constructed in compliance with 2012 NFPA 101 Life Safety Code. (C) All wall construction will be maintained and inspected by maintenance personal and logged on monthly preventative maintenance logs. (D) Inspection sheets will be reviewed by the facility services director and reported to the Quality Committee.	

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K 918	Continued From page 2	K 918		
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 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:	K 918		10/2/22

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K 918	Continued From page 3 Based on document review and staff interview, the facility failed to test and maintain the Essential Electrical System (EES) in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly test and maintain the EES could result in the system working improperly which could result in injury or death in the event of a power outage. The deficiency could impact all residents, visitors, and staff. The findings were: Document review on 08/18/22 starting at 11:00 AM revealed that the facility had not conducted an inspection of the main and feeder circuit breakers associated with the EES in the last 12 months, nor did they have a program for periodically exercising the components. Interview with facilities service director at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the CEO at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 99 6.4.4.1.2.1	K 918	(A) To ensure the safety of staff and residents. Testing of all EES main and feeder circuit breakers will be tested and exercised according to manufacturer's requirements. (B) The electrical systems will be inspected and maintained to comply with 2012 NFPA 99 Health Care Facilities Code. (C) All Essential Electrical System will be inspected annually by maintenance personnel and recorded on our preventative maintenance inspection checklist. (D) Inspection sheets will be reviewed by the facility services director and reported to the Quality Committee	