PRINTED: 11/22/2005
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/16/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABIL	1901 HOWELL WORLAND, WY 82401

12/15/05

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a domestic wet sprinkler system in the file store room, the laundry and the oxygen transferring room. K6: Date of Plan Approval: 1973 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=87;SNF/NF=87 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections and the Fire Safety Evaluation System (FSES). "NFPA" National Fire Protection Association These deficiencies can be obviated by the Fire Safety Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write an "F" in the Providers Plan of Correction column and the Complete Date column to accept the findings of the FSES. If the facility wants to fix the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates.	K 000	Preparation and execution of this plan of correction does not constitute and admission or agreement by this provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law. Completion dates are provided for procedural processing purposes and correlate with the most recently contemplated or accomplished corrective action and does not necessarily correspond chronologically to the date the facility is of the opinion it was in compliance with requirements of participation or that correction action was necessary.	
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012	K012 F	F

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jerrol Walter by Heidi Clancy — TITLE: Administrator — (X6) DATE: 12/9/05

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.

Acceptance of the PoC with Jerrol Walter, NHA, on 12/15/05 @ 2 PM via telephone.

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WORLAND HEALTHCARE AND REHABIL	1901 HOWELL WORLAND, WY 82401

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K 012	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations on 11/16/05, the facility failed to meet the minimum construction requirements for a building not fully sprinklered in accordance with NFPA 101 Section 19.1.6.2. The findings were: 1.* At 12:37 PM, the facility was primarily of Type II (111) construction. However, several areas were constructed of wood, this changed the construction to Type V (111) which requires a complete supervised automatic sprinkler system. These areas were: a.* At 12:38 PM, the vertical smoke barrier wall in hall #2 above the ceiling tile was constructed of wood framing. b.* At 12:41 PM, the vertical smoke barrier wall in hall #3 above the ceiling tile was constructed of wood framing. c.* At 12:45 PM, a false wall in hall #3 above the ceiling tile located between the janitors closet and room #210 was constructed of wood framing. d.* At 12:58 PM, the administrative area had a wood support beam above the ceiling tile running across the corridor near the resident phone area. * The Fire Safety Evaluation System (FSES) will obviate these deficiencies. The facility has the option of correcting these items or placing an "F" in the Providers Plan of Correction column and the Complete Date column to accept the findings of the FSES.	K 012		
K 017	NFPA 101 LIFE SAFETY CODE STANDARD	K 017		

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12/15/05

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K 017 SS=F	Continued From page 2 Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.6 This STANDARD is not met as evidenced by: Based on observations on 11/16/05, the facility failed to provide corridor walls which extend from the floor to the roof deck above in accordance with NFPA 101 Section 19.3.6.2.1. The findings were: 1.* At 11:06 AM, the corridor walls of the original building stopped at the ceiling of the resident rooms instead of extending to the roof above. The corridor walls for the hall #1 addition did extend to the roof above. 2.** At 11:10 AM, the corridor wall above the ceiling tile in the hall #1 addition had three unsealed pipe penetrations between resident rooms #112 and #114. 3.** At 11:24 AM, the corridor wall above the ceiling tile across from the resident phone area	K 017	K017 The facility will have corridors that are separated from use areas by walls constructed with at least one half (1/2) hour fire resistance rating. This requirement will be met as evidenced by: 1. F 2. The holes around the pipe between rooms 112 and 114 will be sealed. 3. The unsealed cable penetration by the resident phone area will be sealed. The Maintenance Supervisor will complete these and he will check contractor's work to make sure that when holes are made they are filled in.	F 12/30/05 12/30/05

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	536046	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/16/2005

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K 017	Continued From page 3 had an unsealed cable penetration. ** These deficiencies will not be obviated by the FSES and must be corrected. * The Fire Safety Evaluation System (FSES) will obviate these deficiencies. The facility has the option of correcting these items or placing an "F" in the Providers Plan of Correction column and the Complete Date column to accept the findings of the FSES.	K 017		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations and staff interview on 11/16/05, the facility failed to separate or sprinkle 1 of 12 hazardous areas in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1.** At 10:15 AM, the unsprinklered business office was storing 32 card board file boxes which were all full of paper documents and open to the room. The room was greater than 50 square feet	K 029	K029 The facility will insure that it does not have too many file boxes in a room that does not have a one (1) hour fire rated door and also a self closing device on the door. This requirement will be met as evidenced by: 1. File cabinets were ordered on 12/07/05, by the Administrator, files will be put in the cabinets when they arrive. The Maintenance Supervisor will check rooms to make sure that they do not have too	12/30/05

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K 029	Continued From page 4 and did not have a 1-hour fire rated corridor door and the door was not equipped with a self-closing device. Administrative staff reported the facility would be buying several filing cabinets to store the files in. ** These deficiencies will not be obviated by the FSES and must be corrected.	K 029	many boxes to create a hazardous area.	
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations on 11/16/05, the facility was not fully sprinkled in accordance with NFPA 101 Section 19.3.5, 19.1.6, and NFPA 13 Section 5-1.1. The findings were: 1.* At 1:15 PM, the building was primarily constructed of a Type II (111) construction, but several areas were observed to have wood construction making the building a Type V (111) structure. The building did not have a complete	K 056	K056 F	F

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K 056	Continued From page 5 supervised automatic complete sprinkler system. The facility did have a domestic wet sprinkler system in the file store room, the laundry, and the oxygen transferring room. * The Fire Safety Evaluation System (FSES) will obviate these deficiencies. The facility has the option of correcting these items or placing an "F" in the Providers Plan of Correction column and the Complete Date column to accept the findings of the FSES.	K 056		