STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING 01 B. WING _____	10/27/2022

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

(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 10/27/2022. 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 10/27/2022. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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, one story building of Type II (000) construction built in 1970 and 1990. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 87 certified Medicare and Medicaid beds with a census of 65 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 232 SS=E	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4,	K 232		11/25/22

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

Electronically Signed | 11/17/2022

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 232	Continued From page 1 exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain the means of egress could result in a slow or inability to egress which could result in injury or death in the event of an emergency requiring evacuation. The deficiency affected multiple corridors used by staff, patients, and visitors. The findings were: Observation on 10/27/22 at 11:17 AM and 12:07 PM revealed furniture placed in the corridor that projected into the 8 foot width of the corridor. Observation of the corridors located outside of room 401, and adjacent to the nurse's station at the 300 and 400 wings, revealed chairs located in the corridor. The chairs projected more than 2 feet into the 8 foot corridor width and the furniture was not secured to the floor or wall. Corridors at least 8 feet in width shall be permitted to have fixed furniture provided the furniture does not reduce the clear width to less than 6 feet The furniture is located on one side of the corridor, and the furniture is grouped such that each grouping does not exceed an area of 50 square feet. Interview with the maintenance manager at the time of the observation acknowledge the deficiency, but indicated that they were unaware of the requirement. Interview with the administrator at the time of exit	K 232	Preparation and execution of this response and plan of correction does not constitute an 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 the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. K 232 The facility will maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety code. This will be accomplished by: The chairs located outside room 401, adjacent to the nurse□s station at the 300 and 400 wings, in the corridor were immediately removed on 10/27/2022. All staff educated on 11/21/22 and 11/22/22 that there are to be no stationary chairs in the corridor hallways. Monitoring: The Maintenance Director and/or designee will monitor three times a week for one month, then weekly for one month, then PRN.	

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K 232	Continued From page 2 acknowledge the deficiency. Ref: 2012 NFPA 101 19.2.3.4(5)	K 232	Quality Assurance: The Maintenance Supervisor/Designee will report results of monitoring monthly to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
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. 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)	K 321		11/25/22

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K 321	Continued From page 3 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 protect hazardous area in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly protect hazardous areas could result in the propagation of smoke and fire which could result in injury or death. The deficiency affected one (1) of two (2) bathing rooms utilized by staff and patients. The findings were: Observation on 10/27/22 at 11:38 AM revealed a hazardous area that was not constructed to resist the passage of smoke. Observation of the bathing room located in the 100 wing revealed that the room was being utilized to store soiled linen with a gross container volume exceeding 64 gallons. It was observed that the corridor door to the bathing room had a louver installed in it, which allows free passage of air from the room. Hazardous areas shall be constructed to resist the passage of smoke and doors shall not include louvers. Interview with the maintenance manager at the time of the observation acknowledge the deficiency, but indicated that they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.2.1.2, 8.4.1, 8.4.3.3	K 321	Preparation and execution of this response and plan of correction does not constitute an 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 the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. K321 The facility will protect hazardous area in accordance with the 2012 NFPA 101, Life Safety Code. This will be accomplished by: On our before the date of compliance, the 100 wing bathing room corridor door will have the louver sealed so there will not be a passage for air from the room. Monitoring: The Maintenance Director and/or designee will monitor monthly for 3 months then quarterly for effectiveness. Quality Assurance: The Maintenance Supervisor/Designee	

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K 321	Continued From page 4	K 321	will report results of monitoring monthly to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation, documentation, and staff interview, the facility failed to protect cooking	K 324	Preparation and execution of this response and plan of correction does not	11/25/22

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K 324	Continued From page 5 facilities in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for the Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking facilities could result in the spread of smoke and fire, which could result in injury or death. The deficiencies affected the kitchen and could impact all staff within the kitchen. The findings were: Observation on 10/27/22 at 12:38 PM revealed a gas-fire cook-top under a commercial exhaust hood located in the facility's kitchen. Observation of the cook-top revealed that no means was provided to ensure it is returned to the approved location after being moved. Cooking appliances requiring fire-extinguishing protection shall be provided with a means of return to the approved location after being moved for cleaning or maintenance purposes. Interview with the maintenance manager at the time of the observation acknowledge the deficiency, but indicated that they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.2.5.1, 9.2.3; 2011 NFPA 96 12.1.2.3 Document review on 10/27/22 starting at 1:05 PM revealed that the facility failed to inspect the kitchen hood extinguishing system as required. Documentation revealed that the kitchen hood	K 324	constitute an 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 the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. K324 The facility will protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for the Ventilation Control and Fire Protection of Commercial Cooking Operations. This will be accomplished by: On 10/31/2022 the Maintenance Director placed black tape on the kitchen floor at the base of the legs of the cook top stove so it can be returned to the approved location under the fire-extinguishing protection system after being moved. The Kitchen Hood System will be inspected on December 8, 2022. Monitoring: The Maintenance Director and/or designee will monitor the cook top stove location monthly as well as the black tape and that it is in good condition and will move or replace as needed. The	

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K 324	Continued From page 6 extinguishing system had been inspected once in the last twelve (12) months. Kitchen hood extinguishing systems shall be inspected once every six (6) months. Interview with the maintenance manager at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.2.5.1, 9.2.3; 2011 NFPA 96 11.5	K 324	Maintenance Director will monitor that inspections that are due are completed and/or scheduled monthly. Quality Assurance: The Maintenance Supervisor/Designee will report results of monitoring monthly to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a failure of the system which could result in injury or death in the event of a fire. The deficiencies affected one (1) of one	K 345	Preparation and execution of this response and plan of correction does not constitute an 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 the provisions of federal and state law require it. For the purposes	12/8/22

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K 345	Continued From page 7 (1) fire alarm system, and has the potential to affect all residents, staff, and visitors. The findings were: Document review on 10/27/22 starting at 1:05 PM revealed that the fire alarm system batteries had not been inspected and tested as required. Document review revealed that the fire alarm system batteries had been inspected and load voltage tested once in the last twelve (12) months. Fire alarm system batteries shall be inspected and load voltage tested once every six (6) months. Interview with maintenance manager at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.3.1(3)(d), Table 14.4.5(6)(3)	K 345	of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. K345 The facility will test and maintain the fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. This will be accomplished by: The fire alarm system batteries will be inspected on December 8, 2022. Monitoring: The Maintenance Director and/or designee will monitor that inspections that are due are completed and/or scheduled, monthly. Quality Assurance: The Maintenance Supervisor/Designee will report results of monitoring monthly to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or	K 363		11/25/22

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K 363	Continued From page 8 hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain corridor doors in accordance with the 2012 NFPA 101, Life Safety	K 363	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by	

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K 363	Continued From page 9 Code. Failure to properly maintain corridor doors could result in the propagation of smoke and fire into the corridor, which could result in injury or death. The deficiency affected one (1) of multiple corridor doors used by staff. The findings were: Observation on 10/27/22 at 12:08 PM revealed a door protecting a corridor opening that was being improperly held open. Observation of the medical storage room located adjacent to the nurse's station for the 300 and 400 wings revealed that the door had an automatic door-closer, but was being held open by a string attached to a storage rack. Doors protecting corridor openings may only be held open by self - or automatic closing devices. Interview with the maintenance manager at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.2.3.4(5)	K 363	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 the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. K363 The facility will maintain corridor doors in accordance with the 2012 NFPA 101, Life Safety Code. This will be accomplished by: The door protecting a corridor door located adjacent to the nurses station for the 300 400 wings, the string holding the door open was removed immediately on 10/27/2022. All staff will be in-serviced on 11/21/2022 and 11/22/2022 on the door not being held open and that it may only be held open by self or automatic closing device. Monitoring: The Maintenance Director and/or designee will monitor corridor doors three times a week for one month, then weekly for one month, then PRN. Quality Assurance: The Maintenance Supervisor/Designee will report results of monitoring monthly to	

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

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K 363	Continued From page 10	K 363	the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	