STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535056	A. BUILDING **01** B. WING _____	R **11/30/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE VIEW CARE CENTER	**1325 SAGE STREET** **ROCK SPRINGS, WY 82901**

(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 revisit survey was conducted by Healthcare Licensing and Surveys on 11/30/2022 for deficiencies identified on 10/18/2022. All deficiencies have been corrected, and the facility is now back in compliance with all requirements in accordance with 42 CFR 483.73.	{E 000}		
{K 000}	INITIAL COMMENTS A Life Safety Code revisit survey was conducted by Healthcare Licensing and Surveys on 11/30/2022. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (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 with a basement of Type V (111) construction built in 1956. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 82 certified Medicare and Medicaid beds with a census of 39 residents. The findings that follow demonstrate noncompliance with CFR 483.90.	{K 000}		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by	K 211		12/13/22

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

Electronically Signed | 12/15/2022

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K 211	Continued From page 1 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the means of egress could delay egress of occupant during an emergency, which may lead to injury or death. The deficiency affected two (2) of multiple exits from the building, and could impact all residents, staff and visitors. The findings were: Observation on 11/30/2020 at 10:25 AM of the exterior exit located adjacent to room 218 revealed that the walkway at the exterior of the building was littered with a large pile of leaves, and that the sidewalk was covered with approximately three (3) inches of snow, which impeded access to the public way. Further observation of the exterior exit located adjacent to room 401 revealed the same conditions. Interview with the facility maintenance manager at the time of the observation acknowledged each deficiency, and indicated that he was not aware of the requirement to maintain a clear access to the public way. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section 7.1.10.1	K 211	1) Walkways leaving facility that had identified areas of leaves and snow removed and cleared on 11/30/22. 2) Education given to maintenance director and executive director on ensuring space outside of facility doors and not impetrated by 3) Maintenance director will conduct checks during daily rounds and both areas identified to ensure space is free of debris or clutter. 4) Results of initial and ongoing audits will be reviewed via the QAPI process monthly for three months 5) AOC Date: 12/13/22	
{K 222} SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors	{K 222}		12/13/22

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{K 222}	Continued From page 2 Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic	{K 222}		

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{K 222}	Continued From page 3 fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress doors and delayed-egress systems in accordance with the 2012 NFPA 101, Life Safety code. Failure to maintain egress doors and delayed-egress systems as required could result in injury or death in the event of an emergency. The deficiencies affected two (2) of the exits to the exterior throughout the facility, and could impact all staff, residents, and visitors. The findings were: Observation on 11/30/2022 at 10:27 AM of the exterior exit located at the physical therapy area at the end of the 200 hall revealed that the door was provided with signage indicating a delayed-egress system. Upon applying force to the door, it was observed that the force required to activate the delayed-egress system exceeded the maximum allowable force of 15 lbf.	{K 222}	1) Identified door at therapy area magnetic clock adjusted to ensure that door was able to initiate egress with 15lbs or less of force. Door located adjacent to room 104 door was opened effectively with removing ice from outside of door. 2) Audit completed on 11/30/22 to identify any other doors affected with none noted. 3) Maintenance director to conduct daily checks with rounds of both doors to ensure that the door by therapy area egress initiated with 15 lbs or less of force and that door adjacent to 104 was able to be opened appropriately. 4) Results of initial and ongoing audits will be reviewed via the QAPI process	

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{K 222}	Continued From page 4 Observation on 11/30/2022 at 10:22 AM of the exterior exit located adjacent to room 104 revealed that the door was provided with signage indicate emergency use only, but was provided with an exit sign. This layout was modified as compared to the conditions noted during the intial survey on 10/18/2022, which observed the door as provided with a delayed-egress sign. At the time of the revisit survey it was described to the surveyor that the door was unlocked, but could not be opened despite multiple efforts by the facility maintenance manager. He indicated that all locks had been removed, but that the door must have been frozen shut. This could not be confirmed by the surveyor. Interview with the facility maintenance manager at the time of the observation acknowledged each deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiencies. REF: 2012 NFPA 101, Sections 19.2.2.2.4(2) and 7.2.1.6.1.1(4)	{K 222}	monthly for three months 5) AOC Date:12/13/22	