STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9060	A. BUILDING 01 B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW SKILLED NURSING COMMUNITY AT WLRC	8204 WYOMING STATE HIGHWAY 789 LANDER, WY 82520

(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 10/11/2022. 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	This plan of correction and the responses to each F-tag are submitted to maintain certification in the Medicare Medicaid programs and constitute a credible allegation of compliance. The written responses do not constitute an admission of noncompliance or agreement with any findings stated under the F-tags. The facility reserves its right to dispute all findings and deficiencies in any appropriate forum, including in an independent dispute resolution, or, if appealable remedies are subsequently imposed, by timely appeal to the Departmental Appeals Board.	
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 10/11/2022. 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, New Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, one-story building of Type II (000) construction built in 2018. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 10 certified Medicare and Medicaid beds with a census of 8 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 324 SS=F	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,	K 324	**K-324 SS=F** **Cooking Facilities** **CFR(s): NFPA 101** This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code and 2011 NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking facilities could result in the propagation of fire and smoke which could result in injury or death. The deficiency could affect all residents, staff, and visitors.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christine Szymanski	SNF Administrator	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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	WY9060	A. BUILDING 01 B. WING _____	10/11/2022

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K 324	Continued From page 1 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 and staff interview, the facility failed to protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code and 2011 NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking facilities could result in the propagation of fire and smoke which could result in injury or death. The deficiency could affect all residents, staff, and visitors. The findings were: Observation on 10/11/2022 at 11:54 AM revealed that the facility had an electric stove top with a range hood that was equipped with an ansul extinguishing system. The ansul extinguishing system was equipped with a manual release that was located in the corridor, and has a protective lock box to keep residents from activating the system. Observation and interview with the operations manager and house manager	K 324	Corrective Actions: A key to the locking box containing the ansul extinguishing system with the manual release pull has been added to locking box and will remain there at all times. This locking box is located on the route in the path of egress. Staff were notified of the key location and signed off on that notification. The deficiency was corrected immediately upon discovery. Monitoring and Tracking, and Responsible Person(s): the Guide will check and review that the key is in the locking box keyhole on a daily basis as part of their environmental rounds. Quality Assurance: The results of the environmental monitoring will be reported by the Guide to the QAPI Committee monthly for three consecutive months, or until the solution is determined to be sustained.	11/27/2022

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K 324 Continued From page 2

revealed that no means of unlocking the lock box was readily available to staff. The manual release of the ansul extinguishing system shall readily accessible in the event of a fire.

Interview with the operations 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 18.3.2.5.3(5)(b); 2011 NFPA 96 10.5.1

K 379 SS=F Smoke Barrier Door Glazing
CFR(s): NFPA 101

Smoke Barrier Door Glazing
2012 NEW
Windows in smoke barrier doors shall be installed in each cross corridor swinging or horizontal-sliding door protected by fire-rated glazing or by wired glass panels in approved frames.
18.3.7.9
This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to install fire-rated glazing in cross-corridor door vision panels in accordance with the 2012 NFPA 101, Life Safety Code. Failure to install fire-rated glazing vision panels could result in the propagation of fire and smoke, which could result in injury or death. The deficiency could affect all residents, staff, and visitors.

K 324

K-379 SS=F
Smoke Barrier Door Glazing
CFR(s): NFPA 101

K 379 This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to install fire-rated glazing in cross-corridor door vision panels in accordance with the 2012 NFPA 101, Life Safety Code. Failure to install fire-rated glazing vision panels could result in the propagation of fire and smoke, which could result in injury or death. The deficiency could affect all residents, staff, and visitors.

Corrective Actions: The general contractor for construction of the facility will purchase smoke barrier door glazing glass panels from a local vendor. Upon receipt of these glass panels the general contractor will arrange for installation. 11/27/2022

Monitoring and Tracking, and Responsible Person(s): This will be a permanent installation and will be monitored annually by the Operations Manager.

Quality Assurance: The Administrator will report the date of installation to the QAPI Committee.

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K 379	Continued From page 3 The findings were: Observation on 10/11/2022 at 11:48 AM revealed that the cross-corridor swinging doors located in the smoke barrier were provided with vision panels that had no markings to confirm that the vision panels were fire-rated glazing. Interview with the operations manager at the time of the observation acknowledge the deficiency, but indicated that they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 18.3.7.9; Table 8.3.4.2	K 379		
K 923 SS=F	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient	K 923	**K-923 SS=F** **Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101** This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store oxygen cylinders in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly store oxygen cylinders could result in the propagation of fire and smoke which could result in injury or death. The deficiency could affect all residents, staff, and visitors within the vicinity of the oxygen storage area.	

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K 923	Continued From page 4 care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store oxygen cylinders in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly store oxygen cylinders could result in the propagation of fire and smoke which could result in injury or death. The deficiency could affect all residents, staff, and visitors within the vicinity of the oxygen storage area. The findings were: Observation on 10/11/2022 at 12:05 PM revealed that oxygen cylinders being stored in a storage room with combustible materials. Observation of storage room 108 revealed 16 E tank oxygen cylinders, approximately 400 C.F. of oxygen gas, stored directly next to racks of blankets and other linens. Storage of oxygen cylinders greater than	K 923	Corrective Actions: Operations Manager moved all E tank oxygen cylinders in excess of 12 out of the storage room 108. Blankets and linens were not moved since the E tank oxygen cylinder limit will remain at a total of 12. The deficiency was corrected immediately upon discovery. Monitoring and Tracking and Responsible Person(s): the Guide will check and review that the storage contains no more than 12 E tank oxygen cylinders on a daily basis as part of their environmental rounds. Quality Assurance: The results of the oxygen cylinder checks will be reported by the administrator to the QAPI Committee monthly for three consecutive months, or until the solution is determined to be sustained.	11/27/2022

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K 923	Continued From page 5 300 C.F. shall be located at least 5 feet from any combustible materials and in a space constructed of non or limited combustible materials. Interview with the operations 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 99 11.3.2, 11.3.2.1, 11.3.2.3(2)	K 923		