STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING **01** B. WING _____	**02/09/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	**333 N BRIDGER AVE** **PINEDALE, WY 82941**

(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 02/09/2023. Based on the findings of the survey team, the facility was in compliance with the requirements of 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 02/09/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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 of Type V (111) construction with plan approval in 1976 and 1983. The building was equipped with an automatic wet sprinkler system with an anti-freeze loop, and a zoned fire alarm system. The facility had a capacity of 50 certified Medicare and Medicaid beds with a census of 39 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
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	K 324		3/5/23

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

Electronically Signed | 02/24/2023

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K 324	Continued From page 1 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 equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking equipment could lead to equipment damage or improper protection by fire suppression systems, resulting in injury or death during an emergency. The deficiency affected the kitchen and all staff within. The findings were: Observation on 02/09/2023 at 9:17 AM in the kitchen revealed a wheeled gas-fired cooktop, grille, griddle, and deep fryer located beneath the grease hood and fire suppression system. Further observation revealed that no means was provided to ensure that the equipment is returned to the approved location beneath the fire	K 324	The facility failed to protect cooking equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations by failing to ensure that kitchen equipment had a means to return to the approved location beneath the fire suppression system after being moved for service or cleaning. To correct the deficiency, caster stops were purchased for all front castors of equipment residing under the fire suppression system. The contracted company used by facility for the maintenance of the fire suppressions system will assist in the planning and placement of castor stops on 03/05/2023 To avoid further non-compliance, dietary	

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K 324	Continued From page 2 suppression system after being moved for service or cleaning. Interview with the facility maintenance manager and facility administrator at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility maintenance manager at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.3.2.5.5 and 9.2.3 2011 NFPA 96, Section 12.1.2.3	K 324	employees will audit castor stops weekly with their equipment cleaning schedule. Maintenance and dietary staff were provided in-service education on 02/15/2023. The CDM will review audits and report as a function of QAPI.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 353		2/23/23

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K 353	Continued From page 3 Based on observation and staff interview, the facility failed to maintain fire sprinkler system in accordance with the 2012 NFPA 101. Life Safety Code, and the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to maintain fire sprinkler systems as required could result in injury or death due to inadequate response to a fire. The deficiency affected the informational signage at the fire riser. The findings were: Observation on 02/09/2023 at 9:32 AM at the facilities fire riser revealed that the informational signage providing hydraulic design information had become faded, and was illegible. Interview with the facility maintenance manager and facility administrator at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility maintenance manager at the time of exit acknowledged the deficiency. REF: 2011 NFPA 25, Section 5.2.8	K 353	The facility failed to maintain fire sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection System, by failing to ensure information signage at the fire riser was legible. To correct the deficiency, the signage at the fire riser was replaced 02/23/2023. To avoid future non-compliance, the maintenance department will audit the fire riser signage annually and report as a function of QAPI.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		2/15/23

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K 511	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure, resulting in injuries to staff or residents. The deficiency affected the kitchen, and all staff working within. The findings were: Observation on 02/09/2023 at 9:17 AM in the kitchen revealed a gas-fired cooktop, grille, griddle, and deep fryer. Further observation revealed that each piece of equipment was on casters, and was not provided with the required restraint to protect the flexible gas piping when the cooktop is moved for service or cleaning. It was observed that the restraint device was available for each piece of equipment, but had been disconnected. Interview with the facility maintenance manager and facility administrator at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility maintenance manager at the time of exit acknowledged the deficiency. REF: 2012 NFPA 54, Section 9.6.1.2	K 511	The facility failed to protect gas-fired equipment in accordance with the 2012 NFPA 101, Life Safety Code and the 2012 NFPA 54, National Fuel Gas Code. The facility failed to properly secure equipment after cleaning in a manner that would protect the flexible gas piping. To correct the deficiency, the restraints that were installed for the purpose of securing cooking equipment were reconnected, and dietary staff on-shift were provided education on 02/09/2023. Repeat in-service education was provided to both dietary and maintenance departments on 02/15/2023. To avoid future non-compliance, dietary employees will audit weekly with their equipment cleaning schedule. The CDM will review audits and report as a function of QAPI.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors	K 761		2/23/23

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K 761	Continued From page 5 CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to inspect and test fire-rated doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly inspect and test fire-rated doors could result in improper operation or failure during an emergency, which could result in injury or death for all residents, staff, and visitors within the facility. The findings were: Document review on 02/09/2023 starting at 10:45 AM revealed that fire-rated doors were being inspected by the facility maintenance manager, but no information was available to demonstrate that he was certified or knowledgeable of the types of operating components being subjected to testing. Interview with the facility maintenance manager at the time of observation acknowledged that he had	K 761	The facility failed to inspect and test fire-rated doors in accordance with the 2012 NFPA 101, Life Safety Code. The facility failed to demonstrate certification or proper knowledge of the types of operating components being subject to facility testing by the maintenance manager. To correct the deficiency, the maintenance manager enrolled in a certification program on 02/23/2023. To correct current deficient knowledge of NFPA updates, the maintenance manager enrolled in a notification program through NFPA training on 02/18/2023. To avoid future non-compliance certifications will be reviewed annually. The maintenance manager will report as a function of QAPI.	

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K 761	Continued From page 6 received no formal training applicable to the testing and inspection of fire-rated doors, and that he was not aware of the requirement. Interview with the facility maintenance manager at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 7.2.1.15 and 7.2.1.15.5	K 761		
K 781 SS=D	Portable Space Heaters CFR(s): NFPA 101 Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to prevent the use of portable space heaters in accordance with the 2012 NFPA, Life Safety Code. Failure to prevent the use of portable space heaters as required could result in an increased risk of fire, which may result in injury or death of residents, staff, and visitors throughout the facility. The findings were: Observation on 02/09/2023 at 9:55 AM in resident room 6 revealed a portable space heater in operation and elevated above the floor by sitting on a chair. Portable heating devices are permitted only in nonsleeping staff areas, and heating elements must be documented to ensure that temperatures do not exceed 212 degrees Fahrenheit.	K 781	The facility failed to prevent the use of portable space heaters in accordance with the NFPA, Life Safety Code by allowing a resident space heater in the sleeping area. To correct the deficiency, the space heater was removed on 02/09/2023. The remainder of resident rooms were also inspected for the presence of space heaters. All staff were provided immediate education on 02/09/2023 and all staff education is scheduled for 03/01/2023 and 03/02/2023. To prevent future non-compliance, the maintenance manager will audit for the presence of space heaters with the regularly scheduled, monthly, walk	3/2/23

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K 781	Continued From page 7 Interview with the facility maintenance manager and facility administrator at the time of observation acknowledged the deficiency, and indicated that they were aware of the requirement. Interview with the facility maintenance manager at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section 19.7.8	K 781	through. The maintenance director will report as a function of QAPI.	
K 929 SS=E	Gas Equipment - Precautions for Handling Oxyg CFR(s): NFPA 101 Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that portable oxygen cylinders are secured and protected from damage in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 99 Health Care Facilities Code. Failure to secure portable oxygen cylinders may result physical damage to the cylinder, which could result in injury or death of residents, staff, or visitors in the immediate area. The findings were:	K 929	The facility failed to ensure that portable oxygen cylinders are secured and protected from damage in accordance with the 2012NFPA 101, Life Safety Code, and the 2012 NFPA 99 Health Care Facilities Code. The facility failed to secure a portable oxygen cylinder. To address the current deficiency, the portable cylinder was secured and all staff on shift were provide education on 02/09/2023.	3/1/23

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K 929	Continued From page 8 Observation on 02/09/2023 at 9:40 AM in resident room 207 revealed a portable oxygen cylinder resting unsecured on the resident's chair. Interview with the facility maintenance manager and facility administrator at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility maintenance manager at the time of exit acknowledged the deficiency. REF: 2012 NFPA 99, Sections 5.1.3.2.2 and 11.6.2.3	K 929	To avoid future non-compliance, clinical staff have a scheduled in-service on 03/01/2023 and 03/02/2023. The maintenance manager will also audit for the presence of unsecured cylinders with the regularly scheduled walk through. The Maintenance Director will report as a function of QAPI.	