STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING **01** B. WING _____	**03/29/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	**542 16TH STREET** **RAWLINS, WY 82301**

(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 03/29/2023. The findings that follow demonstrate noncompliance with 42 CFR 483.73.	E 000		
E 041 SS=F	Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e), §485.542(e) (e) Emergency and standby power systems. The [LTC facility CAH and REH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.542(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. 482.15(e)(2), §483.73(e)(2), §485.625(e)(2), §485.542(e)(2)	E 041		6/5/23

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

Electronically Signed | 04/24/2023

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E 041	Continued From page 1 Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. 482.15(e)(3), §483.73(e)(3), §485.625(e)(3),§485.542(e)(2) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. *[For hospitals at §482.15(h), LTC at §483.73(g), REHs at §485.542(g), and and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1	E 041		

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E 041	Continued From page 2 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test emergency power systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 110, Standard for Emergency and Standby Power systems. Failure to test emergency power systems as required could result in the failure of emergency power systems during a power outage. The deficiency could impact all staff, residents, and visitors during an emergency. The findings were: Document review on 03/29/2023 starting at 10:45	E 041	Preparation and execution of the 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 it is required by the provisions of the state and federal law. 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	

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E 041	Continued From page 3 AM revealed that the facility had performed a two-hour run test of the emergency generator on 05/2021 and 06/2022, but that the emergency generator had not been subjected to a four-hour run test during a 36 month period as required. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: NFPA 110, Section 8.4.9	E 041	constitutes the facility□s allegation of compliance in accordance with the State Operations Manual. Emergency Preparedness Survey 2023: E041- Emergency Power Generator 1. Maintenance Director and/or designee validated, a 4-hour generator run test will be completed by 6/5/23, earliest date per contractor. 2. Maintenance Director and/or designee validated there is only one generator for facility to be checked. 3. Executive Director and Maintenance Director reviewed the regulation regarding the generator requirements. 4. The Maintenance Director and/or designee will audit the facility generator logs, 1x every 90 days to validate timely completion of the 4-hour generator test. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 03/29/2023. 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.	K 000		

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K 000	Continued From page 4 The facility was a fully sprinklered, single story building with basement of Type V (111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system, with an anti-freeze branch, and an addressable fire alarm system. The facility had a capacity of 62 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 211 SS=D	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 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 ensure the means of egress is continuously maintained free of obstructions in accordance with the 2012 NFPA 101, Life Safety Code. Failure to ensure that the means of egress is free of obstructions could delay egress during an emergency, which could result in injury or death. The deficiency could impact all staff and visitors that access the basement area of the building. The findings were: Observation on 03/29/2023 at 10:02 AM of the basement exit stairwell accessed via the mechanical and laundry areas revealed that the	K 211	K-211 Means of Egress 1. Maintenance Director and/or designee validated items were removed from the stairwell. 2. Maintenance Director and/or designee inspected exit doors to validate egress is free of obstructions. 3. Executive Director and Maintenance Director reviewed the regulation regarding the exit door egress requirements. 4. Maintenance Director and/or designee will audit exit doors weekly x 4 weeks, then 2x per month, then 1x per month for 4 months to validate exit door egress is	4/24/23

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K 211	Continued From page 5 stairwell was littered with miscellaneous combustible materials such as wooden 2x4's and 4 foot x 8 foot sheets of plywood. Additional items such as a water closet were also located within the stairwell. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.2.1 and 7.1.10.1	K 211	free of obstructions. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 321 SS=E	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	K 321		4/24/23

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K 321	Continued From page 6 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) 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 areas in accordance with the 2012 NFPA 101, Life Safety code. Failure to protect hazardous areas as required could result in injury or death during an emergency. The deficiency affected numerous rooms throughout the facility. The findings were: Observation on 03/29/2023 at 9:10 AM at room 14 revealed that the space was being utilized for the storage of large quantities of combustible materials. Additional observation revealed that the space was provided with sprinkler protection, and was constructed to be resistant to the passage smoke, but that the door was not provided with a self-closing or automatic-closing device as required. Similar observations were made in resident room 19, the activity office, and resident room 48. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the CEO at the time of exit acknowledged the deficiency.	K 321	K-321 Hazardous Areas 1. Maintenance Director and/or designee placed self-closure device on door for room #14, #19, #48 and to activity office. 2. Maintenance Director and/or designee audited storage rooms to validate a self-closing door device were in place. 3. Executive Director and Maintenance Director reviewed the regulation regarding spaces being utilized for storage of large quantities of combustible material requirements. 4. Maintenance Director and/or designee will audit rooms used for storage 2x per month for 3 months to validate self-closing door devices are in place. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	

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K 321	Continued From page 7 REF: 2012 NFPA 101, Section 19.3.2.1.3	K 321		
K 324 SS=D	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 document review and staff interview, the facility failed to test and inspect commercial cooking equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for the Ventilation Control and Fire	K 324	K-324 Cooking Facilities Equipment 1. Maintenance Director and/or designee validated, a licensed contractor will complete the semi-annual kitchen hood inspection by 5/20/23.	5/20/23

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K 324	Continued From page 8 Protection of Commercial Cooking Operations. Failure to test and inspect commercial cooking equipment as required could result in a failure of fire safety systems during an emergency, which could lead to injury or death. The deficiency could impact all staff or visitors that occupy the kitchen area. The findings were: Document review on 03/29/2023 starting at 10:45 AM revealed that the facility had performed the semi-annual testing of the kitchen extinguishing system and fusible links in December of 2022, but no additional information was provided to demonstrate that a second semi-annual test had been performed during the previous twelve months. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: NFPA 101, Sections 19.3.2.5 and 9.2.3; 2011 NFPA 96, Sections 11.4 and 11.5	K 324	2. Executive Director and Maintenance Director reviewed the regulation regarding the semi-annual kitchen hood testing requirement. 3. Executive Director and Maintenance Director reviewed the regulation regarding the semi-annual kitchen hood testing requirement. 4. Maintenance Director and/or designee will audit kitchen hood logs 1x every 3 months for 90 days. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 345 SS=E	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.	K 345		5/20/23

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K 345	Continued From page 9 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 the 2010 NFPA 72, National Fire Alarm ad Signaling Code. Failure to test and maintain the fire alarm system as required could allow system failures to go undetected, which may result in injury or death during an emergency. The deficiency could affect all residents, staff, and visitors within the facility. The findings were: Document review on 03/29/2023 starting at 10:45 AM revealed that quarterly testing of the water flow alarm devices and supervisory signal devices had occurred on 03/2022, 09/2022, and 03/2023, but no information was provided to demonstrate that quarterly testing was performed during the 4th quarter of 2022. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator that the time of exit acknowledged the deficiency. REF: NFPA 72, Table 14.3.1 and 14.4.5	K 345	K-345 Fire alarm system- 1. Maintenance Director and/or designee validated a quarterly sprinkler test will be done by 5/20/23 by a licensed contractor. 2. Maintenance Director or designee validated there is only one fire sprinkler system for facility. 3. Executive Director and Maintenance Director reviewed the regulation regarding the quarterly inspection requirement for the fire sprinkler system. 4. Maintenance Director and/or designee will audit fire sprinkler system logs 1x every 3 months for 90 days to validate the quarterly fire sprinkler test requirements are met. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that	K 911		6/5/23

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K 911	Continued From page 10 are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to perform annual testing and maintenance of main and feeder circuit breakers in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to routinely test and maintain main and feeder circuit breakers could allow mechanical failures to go undetected, leading to power loss within the facility, which could result in injury or death. The deficiency could impact all residents, staff, and visitors within the facility. The findings were: Document review on 03/29/2023 starting at 10:45 AM revealed that the facility could not demonstrate annual testing of main and feeder circuit breakers, and no evidence was provided to demonstrate that a program for periodically exercising the components had been established in accordance with manufacturer recommendations. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: NFPA 99, Sections 6.4.4.1.2	K 911	K-911- Electrical System 1. Maintenance Director and/or designee completed testing of the main and feeder circuit breakers. 2. Maintenance Director or designee completed testing of the main and feeder circuit breakers. 3. Executive Director and Maintenance Director reviewed the regulation regarding annual testing requirements for the main and feeder circuit breakers. 4. Maintenance Director and/or designee will audit and validate the annual testing logs for the main and feeder circuit breakers are in compliance 1x every 3 months. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	
K 918 SS=E	Electrical Systems - Essential Electric Syste	K 918		6/5/23

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K 918	Continued From page 11 CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview,	K 918	K-918- Electrical System Generator-	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING **01** B. WING _____	**03/29/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 918	Continued From page 12 the facility failed to test emergency power systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 110, Standard for Emergency and Standby Power systems. Failure to test emergency power systems as required could result in the failure of emergency power systems during a power outage. The deficiency could impact all staff, residents, and visitors during an emergency. The findings were: Document review on 03/29/2023 starting at 10:45 AM revealed that the facility had performed a two-hour run test of the emergency generator on 05/2021 and 06/2022, but that the emergency generator had not been subjected to a four-hour run test during a 36 month period as required. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: NFPA 110, Section 8.4.9	K 918	1. Maintenance Director and/or designee validated, a 4-hour generator run test will be completed by 6/5/23, earliest date per contractor. 2. Maintenance Director and/or designee validated there is only one generator for facility to be checked. 3. Executive Director and Maintenance Director reviewed the regulation regarding the generator requirements. 4. The Maintenance Director and/or designee will audit the facility generator logs, 1x every 90 days to validate timely completion of the 4-hour generator test. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	