STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A050	A. BUILDING **01** B. WING _____	**05/09/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	**130 HOSPITAL LANE** **AFTON, WY 83110**

(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 05/09/2023. 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 05/09/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.70 (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 of Type II (111) construction with plan approval in 1998 and 2010. The building was equipped with a supervised, automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 24 certified Medicaid beds with a census of 21 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
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	K 321		5/30/23

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

Electronically Signed | 06/02/2023

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K 321	Continued From page 1 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) 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 two (2) of numerous rooms within the facility. The findings were: Observation on 05/09/2023 at 9:10 AM in semi-private room 211 and 212 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	K 321	K321 A) Immediate Action Taken: On 5/30/2023 all combustible items stored in room 211 and 212 were removed. B) Systemic Changes: All team members were educated regarding storage requirements for combustible material on 5/30/2023. The Maintenance Director, or designee, will randomly audit vacant resident rooms weekly for three months to ensure that combustible material is not stored improperly in a vacant resident room. C) How Performance Will Be Monitored: The Maintenance Director will report	

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K 321	Continued From page 2 be resistant to the passage of smoke, but that the doors to the corridor were not provided with a self-closing or automatic-closing device as required. 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 administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section 19.3.2.1.3	K 321	findings of weekly audits to the QAPI Committee for one quarter or until substantial compliance has been achieved.	
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 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:	K 911	K911 A) Immediate Action Taken: The main and feeder circuit breakers are scheduled to be tested on 6/7/2023. B) Systemic Changes: Maintenance personnel were educated on the need to test the main and feeder circuit breakers annually on 5/31/2023. The Maintenance Director, or designee, will test the main and feeder circuit breakers annually. C) How Performance Will Be Monitored:	6/7/23

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K 911	Continued From page 3 Document review on 05/09/2023 starting at 10:00 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, Section 6.4.4.1.2	K 911	The Maintenance Director will report test results to the QAPI Committee.	