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 _____	**11/14/2023**

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

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 11/13/2023 and 11/14/2023. 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 11/13/2023 and 11/14/2023. 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, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, single story building with a basement of Type V (III) 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 41 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall	K 271		1/15/24

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

Electronically Signed | 12/13/2023

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K 271	Continued From page 1 be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a level means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide a level means of egress as required could delay egress, resulting in injury or death during an emergency. The deficiency affected one (1) of numerous means of egress from the facility and has the potential to affect all residents, staff, and visitors. The findings were: Observation on 11/13/2023 at 4:00 PM at the North East corner exit pathway adjacent to the bus parking, revealed that the concrete walkway had uplifted from soil expansion and tree roots, causing a portion of the walkway to be at different heights. It was further observed that the height difference between the walkway portions was in excess of the maximum allowable tolerance of 1/2 inch at the joint. Interview with the maintenance manager at time of observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101, Sections 19.2.1, 7.1.6.2	K 271	1. A quote for repair was immediately requested. An AFE was sent to corporate for approval, date pending for repairs. 2. Facility audit complete to validate compliance for facility 3. Staff were educated on requirements regarding exit pathway compliance. 4. The ED/Designee will audit care plans weekly for 3 months. Results of the audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5. Date of compliance 1/15/2024	
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	K 321		1/15/24

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K 321	Continued From page 2 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 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 maintain hazardous areas in accordance with 2012 NFPA 101, Life Safety Code. Failure to properly maintain hazardous areas could result in the spread of fire and smoke, resulting in injury or death. The deficiency affect one (1) of numerous hazardous areas and has the potential to affect all residents, staff, and visitors. The findings were: Observation on 11/13/2023 at 2:33 PM revealed	K 321	1. The area being used for storage had a lock and closure added to meet compliance. 2. Facility audit complete to validate compliance for facility regarding storage areas. 3. Staff were educated on requirements regarding Hazardous areas and enclosure	

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K 321	Continued From page 3 that the facility failed to protect hazardous areas as required. Observation of resident room 104 indicated that it was being used for storage. Further observation revealed that the door separating the storage room from the corridor did not have an automatic door closure. Doors protecting hazardous areas shall be self-closing or automatic-closing. Interview with the maintenance manager at time of 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 19.3.2.1.3	K 321	compliance. 4. The ED/Designee will audit care plans weekly for 3 months. Results of the audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5. Date of compliance 1/15/2024	
K 345 SS=F	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. 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 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a failure of the system,	K 345	1. The Fire alarm system was immediately scheduled for all required testing to meet compliance. 2. Facility audit complete to validate compliance for facility regarding fire alarm	1/15/24

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K 345	Continued From page 4 resulting in injury or death in the event of a fire. The deficiencies affected the fire alarm system and has the potential to affect all residents, staff, and visitors. The findings were: 1. Document review on 11/14/2023 starting at 8:00 AM revealed that the facility failed to conduct all required fire alarm testing. No documentation was available at the time of the survey to demonstrate that the smoke detector sensitivity test was conducted in the last twenty-four (24) months. The smoke detector sensitivity test shall be conducted once every 24 months. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.5(15)(i) 2. Document review on 11/14/2023 starting at 8:00 AM revealed that the facility failed to conduct all required fire alarm testing. No documentation was available at the time of survey to demonstrate that the semi-annual battery load voltage testing had been conducted. Battery load voltage testing will be conducted twice in a twelve month period. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement.	K 345	systems. 3. Staff were educated on requirements regarding fire alarm system compliance. 4. The ED/Designee will audit care plans weekly for 3 months. Results of the audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5. Date of compliance 1/15/2024	

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K 345	Continued From page 5 Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4; 9.6 and 2010 NFPA 72 Table 14.4.5 (6) (3) 3. Document review on 11/14/2023 starting at 8:00 AM revealed that the facility failed to conduct all required fire alarm testing. Documentation available at the time of survey demonstrated that only one semi-annual sealed lead acid battery inspection had been conducted in the last twelve (12) months. Sealed lead acid battery inspections shall be conducted twice in a twelve month period. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4; 9.6 and 2010 NFPA 72 Table 14.3.1 (3) (d)	K 345		
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	K 353		1/15/24

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K 353	Continued From page 6 _____ 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: Based on observation and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance with the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler system may result in a malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire sprinkler system in two of numerous storage closets and could potentially affect all residents, staff, and visitors. Observation on 11/13/2023 at 3:14 PM at the linen storage closets between rooms 401 and 403, and 402 and 404, revealed there was linen stacked within the 18" height clearance to the sprinkler head, which could result in an obstruction to the dispersion pattern of the affected sprinkler. Interview with the maintenance manager at the time of 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.	K 353	1. The Sprinkler clarence was immediately corrected to meet compliance. 2. Facility audit completed to validate compliance for facility regarding sprinkler clarence. 3. Staff were educated on requirements regarding sprinkler clarence compliance. 4. The ED/Designee will audit care plans weekly for 3 months. Results of the audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5. Date of compliance 1/15/2024	

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K 353	Continued From page 7 Ref: 2012 NFPA 101, Sections: 19.3.5.1; 9.7.5 and 2011 NFPA 25, Section 5.2.1.2	K 353		
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 inspect and exercise the main and feeder circuit breakers associated with the Essential Electrical System (EES) in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly inspect and exercise the main and feeder circuit breakers associated with the EES could lead to a failure of the electrical system failsafes resulting in injury or death. The deficiency affected the electrical system and has the potential to affect all residents, staff and visitors. The findings were: Document review and staff interview on 11/14/2023 starting at 8:00 AM revealed that no documentation was available to support that the main and feeder circuit breakers associated with the EES has been inspected in the last twelve (12) months. No documentation was available to demonstrate that a program for periodically exercising the components had been established. Main and feeder circuit breakers associated with the EES shall be inspected annually and tested in	K 911	1. An electrician was requested to validate the main and feeder circuit breakers with EES meet compliance. 2. Facility audit completed to validate compliance for facility regarding electrical system compliance. 3. Staff were educated on requirements regarding Electrical system compliance. 4. The ED/Designee will audit care plans weekly for 3 months. Results of the audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5. Date of compliance 1/15/2024	1/15/24

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K 911	Continued From page 8 accordance with manufacturer's recommendations and under simulated overload trip conditions to ensure reliability. Interview with the maintenance manager at the time of 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 99, 6.4.4.1.2	K 911		