DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535058	A. BUILDING 01, 02, 03 B. WING _____	10/25/2023

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 10/25/2023. Based on the findings of the survey team, 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 from 10/24/2023 thru 10/25/2023. 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, 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 2022. 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 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys from 10/24/2023 thru 10/25/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.90 except as otherwise	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Christine K. Szymanski
TITLE: Nursing Home Administrator
(X6) DATE: 12/8/23

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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K 000	Continued From page 1 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 2022. 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 0 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys from 10/24/2023 thru 10/25/2023. 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, New Assembly, of the National Fire Protection Association. The facility was a fully sprinklered, one-story building of Type II (000) construction renovated in 2023. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General	K 211		

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K 211	Continued From page 2 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 maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain the means of egress could result in a slow or inability to egress, resulting in injury or death in the event of an emergency requiring evacuation. The deficiency affected two (2) exterior exits, and has the potential to affect all residents, staff, and visitors that utilize the facility. The findings were: Observation on 10/24/23 at 3:30 PM revealed two (2) exterior ramps which are part of the means of egress for reaching a public way. Observation of the exterior ramps located at the north and south end of the facility revealed that the ramps had sunk down from the attached landing resulting in approximately 1 inch of abrupt elevation drop from the landing to the ramp. Abrupt change in elevation of walking surface shall not exceed 1/4 inch. Changes in elevation exceed 1/2 inch shall meet the requirements of section 7.1.7 for change sin level in means of egress. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was unaware of the requirement.	K 211	**K-211** **MEANS OF EGRESS - GENERAL** **SS - E** **CFR(s)**: NFPA 101 *The findings were: Observation on 10/24/23 at 3:30 PM revealed two (2) exterior ramps which are part of the means of egress for reaching a public way. Observation of the exterior ramps located at the north and south end of the facility revealed that the ramps had sunk down from the attached landing resulting in approximately 1 inch of abrupt elevation drop from the landing to the ramp. Abrupt change in elevation of walking surface shall not exceed 1/4 inch. Changes in elevation exceed 1/2 inch shall meet the requirements of section 7.1.7 for changes in level in means of egress.* CORRECTIVE ACTION FOR ALL AFFECTED RESIDENTS: The facility maintenance department will add rubber matting on these areas to conform to 2012 NFPA 101; Life Safety Code which will act as a temporary repair until the scope of work gets completed with the redesign of the ADA ramps with Plan One/Architects in 2024. Once correction has been resolved, it will be a permanent installation. Facility Operations Manager will check structures on an annual basis. MONITORING AND TRACKING, RESPONSIBLE PERSON(S): Facility Manager will insure completion of this plan of correction and will provide photographic evidence of the installation.	

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K 211	Continued From page 3 Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 12.2.1, 7.1.6.2, 7.1.7.2	K 211	**K-211** **MEANS OF EGRESS - GENERAL** **SS - E** **CFR(s)**: NFPA 101 **(Continued)**	
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain battery-operated emergency lighting as required could delay egress resulting in injury or death. The deficiency affected emergency egress lighting and could potentially affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM, revealed that the facility failed to perform the monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting appliances. No documentation was available to demonstrate that the testing of the battery-operated emergency lighting had been conducted in the last twelve (12) months. A thirty (30) second test should be conducted monthly, and a ninety (90) minute test should be conducted annually on all battery-operated emergency lighting.	K 291	QUALITY ASSURANCE: The results of the corrections will be reported by the Facility Operations Manager to the SNF – Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events as presented by monthly reporting to improve the detection of events, optimizing cause analysis and build best practice. The committee will review and address any compliance issues. DATE OF CORRECTION:	12/29/2023

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K 291	Continued From page 4 Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 7.9.3.1.1(1), 7.9.3.1.2(5) Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain battery-operated emergency lighting as required could delay egress resulting in injury or death. The deficiency affected emergency egress lighting and could potentially affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM, revealed that the facility failed to perform the monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting appliances. No documentation was available to demonstrate that the testing of the battery-operated emergency lighting had been conducted in the last twelve (12) months. A thirty	K 291	**K-291** **EMERGENCY LIGHTING** **SS - F** **CFR(s)**: NFPA 101 *The findings were: Document review on 10/25/2023 starting at 8:30AM, revealed that the facility failed to perform the monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting appliances. No documentation was available to demonstrate that the testing of the battery-operated emergency lighting had been conducted in the last twelve (12) months. A thirty (30) second test should be conducted monthly, and a ninety (90) minute test should be conducted annually on all battery-operated emergency lighting.* CORRECTIVE ACTION FOR ALL AFFECTED RESIDENTS: Facility Operations Manager or delegate will conduct monthly thirty (30) second and 90-day ninety (90) minute testing on the emergency lighting appliances. All testing will be documented for record keeping purposes. MONITORING AND TRACKING, RESPONSIBLE PERSON(S): Facility Manager will insure completion of this plan of correction and will provide documentation evidence of correction. QUALITY ASSURANCE: The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance	

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K 291	Continued From page 5 (30) second test should be conducted monthly, and a ninety (90) minute test should be conducted annually on all battery-operated emergency lighting. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 7.9.3.1.1(1), 7.9.3.1.2(5) K 291 Emergency Lighting SS=F CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain battery operated emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain battery-operated emergency lighting as required could delay egress resulting in injury or death. The deficiency affected emergency egress lighting and could potentially affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM, revealed that the facility failed to perform the monthly thirty (30) second and annual ninety (90) minute testing on the emergency lighting	K 291	**K-291** **EMERGENCY LIGHTING** **SS - F** **CFR(s)**: NFPA 101 **(Continued)** Improvement Committee (SNF-QAPI) as corrections are resolved The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events as presented by monthly reporting to improve the detection of events, optimizing cause analysis and build best practice. The committee will review and address any compliance issues. DATE OF CORRECTION: 12/29/2023	
		K 291		

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K 291	Continued From page 6 appliances. No documentation was available to demonstrate that the testing of the battery-operated emergency lighting had been conducted in the last twelve (12) months. A thirty (30) second test should be conducted monthly, and a ninety (90) minute test should be conducted annually on all battery-operated emergency lighting. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 7.9.3.1.1(1), 7.9.3.1.2(5)	K 291	**K-345** **Fire Alarm System - Maintenance and Testing** **SS - F** **CFR(s):** NFPA 101 The findings were: *Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to conduct monthly, quarterly, and semi-annual testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that monthly activations are being conducted. Additionally, no documentation was available to demonstrate the inspection and load voltage testing of the fire alarm system batteries was conducted twice in the last twelve (12) months. Finally, no documentation was available to demonstrate that quarterly water flow alarm or supervisory signal devices had been conducted. Fire alarm systems must be activated monthly, batteries shall be inspected and tested semi-annually, and water flow and supervisory signal devices should be tested quarterly.* CORRECTIVE ACTION FOR ALL AFFECTED RESIDENTS: The Facility Operations Manager or delegate will conduct monthly fire alarm activations, semi-annual fire alarm battery inspection and load voltage testing, and quarterly water flow and supervisory signal device testing. All inspections and testing will be documented for record keeping purposes.	
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		

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K 345	Continued From page 7 resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system and has the potential to affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to conduct monthly, quarterly, and semi-annual testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that monthly activations are being conducted. Additionally, no documentation was available to demonstrate the inspection and load voltage testing of the fire alarm system batteries was conducted twice in the last twelve (12) months. Finally, no documentation was available to demonstrate that quarterly water flow alarm or supervisory signal devices had been conducted. Fire alarm systems must be activated monthly, batteries shall be inspected and tested semi-annually, and water flow and supervisory signal devices should be tested quarterly. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2010 NFPA 72, table 14.4.5(24), 14.3.1(3)(d), 14.4.5(6)(3), 13.2.6.1; 2011 NFPA 25, Table 5.1.1.2, 5.3.2	K 345	**K-345** **Fire Alarm System - Maintenance and Testing** **SS - F** **CFR(s):** NFPA 101 **(Continued)** MONITORING AND TRACKING, RESPONSIBLE PERSON(S): Facility Manager will insure completion of this plan of correction and will provide documentation evidence of correction. QUALITY ASSURANCE: The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events as presented by monthly reporting to improve the detection of events, optimizing cause analysis and build best practice. The committee will review and address any compliance issues. DATE OF CORRECTION: 12/29/2023	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345		

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K 345	Continued From page 8 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, resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system and has the potential to affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to conduct monthly, quarterly, and semi-annual testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that monthly activations are being conducted. Additionally, no documentation was available to demonstrate the inspection and load voltage testing of the fire alarm system batteries was conducted twice in the last twelve (12) months. Finally, no documentation was available to demonstrate that quarterly water flow alarm or supervisory signal devices had been conducted. Fire alarm systems must be activated monthly,	K 345		

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K 345	Continued From page 9 batteries shall be inspected and tested semi-annually, and water flow and supervisory signal devices should be tested quarterly. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2010 NFPA 72, table 14.4.5(24), 14.3.1(3)(d), 14.4.5(6)(3), 13.2.6.1; 2011 NFPA 25, Table 5.1.1.2, 5.3.2	K 345		
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, resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system and has the potential to affect all residents, staff, and	K 345		

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K 345	Continued From page 10 visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to conduct monthly, quarterly, and semi-annual testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that monthly activations are being conducted. Additionally, no documentation was available to demonstrate the inspection and load voltage testing of the fire alarm system batteries was conducted twice in the last twelve (12) months. Finally, no documentation was available to demonstrate that quarterly water flow alarm or supervisory signal devices had been conducted. Fire alarm systems must be activated monthly, batteries shall be inspected and tested semi-annually, and water flow and supervisory signal devices should be tested quarterly. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2010 NFPA 72, table 14.4.5(24), 14.3.1(3)(d), 14.4.5(6)(3), 13.2.6.1; 2011 NFPA 25, Table 5.1.1.2, 5.3.2	K 345		
K 353 SS=F	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	K 353		

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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
K 353	Continued From page 11 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: Based on document review 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 and could potentially affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to perform all required testing of the fire sprinkler system. No documentation was available at the time of the survey to demonstrate that the annual testing of the main drain, back flow preventer, auxiliary drain maintenance, or valve trip test of the dry	K 353	**K-353** **Sprinkler System - Maintenance and Testing** **SS - F** **CFR(s):** NFPA 101 The findings were: *Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to perform all required testing of the fire sprinkler system. No documentation was available at the time of the survey to demonstrate that the annual testing of the main drain, back flow preventer, auxiliary drain maintenance, or valve trip test of the dry system had been conducted in the last twelve (12) months. Additionally, documentation was not available to demonstrate that the quarterly priming water, low air alarm, or quick opening devices testing was conducted. Fire sprinkler system main drain testing, backflow preventer inspection and testing, and auxiliary drain maintenance must be conducted annually. Priming water, low air alarms, and quick opening devices must be inspected and tested quarterly.* CORRECTIVE ACTION FOR ALL AFFECTED RESIDENTS: Facility Operations Manager will schedule with a certified sub-contractor to perform the annual required annual testing of the fire sprinkler system, to include the main drain, back flow preventer, auxiliary drain maintenance, or valve trip test of the dry system. All testing will be documented for record keeping purposes.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 353	Continued From page 12 system had been conducted in the last twelve (12) months. Additionally, documentation was not available to demonstrate that the quarterly priming water, low air alarm, or quick opening devices testing was conducted. Fire sprinkler system main drain testing, backflow preventer inspection and testing, and auxiliary drain maintenance must be conducted annually. Priming water, low air alarms, and quick opening devices must be inspected and tested quarterly. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 9.7.5 and 2011 NFPA 25, 13.2.5, 13.6.2.1, 13.4.4.3.2, 13.4.4.2.4, 13.4.4.2.1, 13.4.4.2.6, 13.4.4.2.4 K 353 Sprinkler System - Maintenance and Testing SS=F 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	K 353	**K-353** **Sprinkler System - Maintenance and Testing** **SS - F** **CFR(s):** NFPA 101 **(Continued)** Facility Operations Manager or delegate will conduct quarterly priming water, low air alarm, or quick opening devices testing. All testing will be documented for record keeping purposes. MONITORING AND TRACKING, RESPONSIBLE PERSON(S): Facility Manager will insure completion of this plan of correction and will provide documentation evidence of correction. QUALITY ASSURANCE: The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events as presented by monthly reporting to improve the detection of events, optimizing cause analysis and build best practice. The committee will review and address any compliance issues. DATE OF CORRECTION: 12/29/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 353	Continued From page 13	K 353		

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 document review 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 and could potentially affect all residents, staff, and visitors.

The findings were:

Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to perform all required testing of the fire sprinkler system. No documentation was available at the time of the survey to demonstrate that the annual testing of the main drain, back flow preventer, auxiliary drain maintenance, or valve trip test of the dry system had been conducted in the last twelve (12) months. Additionally documentation was not available to demonstrate that the quarterly priming water, low air alarm, or quick opening devices testing was conducted. Fire sprinkler system main drain testing, backflow preventer inspection and testing, and auxiliary drain maintenance must be conducted annually. Priming water, low air alarms, and quick opening devices must be inspected and tested quarterly.

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K 353	Continued From page 14 Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 9.7.5 and 2011 NFPA 25, 13.2.5, 13.6.2.1, 13.4.4.3.2, 13.4.4.2.4, 13.4.4.2.1, 13.4.4.2.6, 13.4.4.2.4	K 353		
K 353 SS=F	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: Based on document review 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,	K 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 353	Continued From page 15 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 and could potentially affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to perform all required testing of the fire sprinkler system. No documentation was available at the time of the survey to demonstrate that the annual testing of the main drain and back flow preventer had been conducted in the last twelve (12) months. Fire sprinkler system main drain testing, and backflow preventer inspection and testing must be conducted annually. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101, 9.7.5 and 2011 NFPA 25, 13.2.5, 13.6.2.1	K 353	**K-712** **Fire Drills** **SS - F** **CFR(s):** NFPA 101 The findings were: *Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to conduct fire drills as required. No documentation was available at the time of the survey to demonstrate that fire drills were being conducted once a quarter during every shift. Document review revealed that the first and second shift only conducted fire drills in the second and third quarters of 2023, and that the third shift only conducted a fire drill in the first quarter of 2023.* CORRECTIVE ACTION FOR ALL AFFECTED RESIDENTS: The Emergency Preparedness Coordinator will: a. Review, track and evaluate evacuation drills reports. Any problems associated with the drill, including accidents, will be investigated by the Emergency Preparedness Coordinator, who will prescribe the required corrective actions. b. The Emergency Preparedness Coordinator will maintain all original copies of the Fire Drill Report documents for compliance purposes. c. The Emergency Preparedness Coordinator will track and communicate any regulatory requirement changes to the Security department staff.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at	K 712		

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K 712	Continued From page 16 least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to conduct fire drills in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly conduct fire drills could result in an improper response by staff to an emergency, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to conduct fire drills as required. No documentation was available at the time of the survey to demonstrate that fire drills were being conducted once a quarter during every shift. Document review revealed that the first and second shift only conducted fire drills in the second and third quarters of 2023, and that the third shift only conducted a fire drill in the first quarter of 2023. Interview with the facility manager at the time of observation acknowledge the deficiency, and indicated he was were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 101 18.7.1.6	K 712	**K-712** **Fire Drills** **SS - F** **CFR(s):** NFPA 101 **(Continued)** MONITORING AND TRACKING, RESPONSIBLE PERSON(S): The Emergency Preparedness Coordinator is responsible for reviewing, tracking and evaluating all fire drill reports. QUALITY ASSURANCE: The results of any corrections will be reported by the Emergency Preparedness Coordinator to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee, (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events as presented by monthly reporting to improve the detection of events, optimizing cause analysis and build best practice. The committee will review and address any compliance issues. DATE OF CORRECTION:	12/29/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 908 SS=F	Gas and Vacuum Piped Systems - Inspection and CFR(s): NFPA 101	K 908		

Gas and Vacuum Piped Systems - Inspection and Testing Operations
The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required.
5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99)
This REQUIREMENT is not met as evidenced by:
Based on document review and staff interview, the facility failed to conduct inspection and testing of the Piped Medical Gas System (PMGS) in accordance with 2012 NFPA 99, Health Care Facilities Code. Failure to properly inspect and test the PMGS could lead to system contamination or failure leading to injury or death to residents. The deficiency affected the PMGS, and has the potential to affect all residents utilizing the PMGS.

The findings were:

Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to conduct inspection and testing of the PMGS in accordance with their maintenance program. No documentation was available at the time of the survey to demonstrate that the facility was inspecting and testing the PMGS in accordance with their maintenance program, nor was their central supply system for medical oxygen inspected in the last twelve (12) months. The facility shall conduct inspections for the PMGS based on the established maintenance program which is developed through risk assessment and

K-908
Gas and Vacuum Piped Systems - Inspection and Maintenance
SS - F
CFR(s): NFPA 101

The findings were: *Document review on 10/25/2023 starting at 8:30AM revealed that the facility failed to conduct inspection and testing of the PMGS in accordance with their maintenance program. No documentation was available at the time of the survey to demonstrate that the facility was inspecting and testing the PMGS in accordance with their maintenance program, nor was their central supply system for medical oxygen inspected in the last twelve (12) months. The facility shall conduct inspections for the PMGS based on the established maintenance program which is developed through risk assessment and consideration of the equipment manufacturer's recommendations. As well, central supply systems shall be inspected annually.*

CORRECTIVE ACTION FOR ALL AFFECTED RESIDENTS: Facility Operations Manager will schedule with a certified sub-contractor to perform the annual required inspections and testing of the PMGS in accordance with the facility's maintenance program. All testing will be documented for record keeping purposes.

MONITORING AND TRACKING, RESPONSIBLE PERSON(S): Facility Manager will insure completion of this

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K 908	Continued From page 18 consideration of the equipment manufacturer's recommendations. As well, central supply systems shall be inspected annually. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 99, 5.1.14.2.2.2, 5.1.14.4.4	K 908	**K-908** **Gas and Vacuum Piped Systems - Inspection and Maintenance** **SS - F** **CFR(s):** NFPA 101 **(Continued)** plan of correction and will provide documentation evidence of correction. QUALITY ASSURANCE: The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved. The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events as presented by monthly reporting to improve the detection of events, optimizing cause analysis and build best practice. The committee will review and address any compliance issues. DATE OF CORRECTION:	12/29/2023
K 918 SS=F	Electrical Systems - Essential Electric Syste 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	K 918		

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K 918	Continued From page 19 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, the facility failed to test and maintain the essential electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities, and 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to properly test and maintain the EES may result in a failure of the system, which could result in injury or death in the event of an emergency. The deficiency affected the EES, and could potentially affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to perform the annual load bank test. No documentation was available at the time of the survey to show that the annual load bank test had been conducted on the EES in the last 12 months. An annual load bank test must be conducted once every twelve (12) months. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was not aware of the	K 918	**K-918** **Electrical Systems - Essential Electrical Systems Maintenance and Testing** **SS - F** **CFR(s):** NFPA 101 The findings were: *Document review on 10/25/2023 starting at 8:30 AM revealed that the facility failed to perform the annual load bank test. No documentation was available at the time of the survey to show that the annual load bank test had been conducted on the EES in the last 12 months. An annual load bank test must be conducted once every twelve (12) months.* CORRECTIVE ACTION FOR ALL AFFECTED RESIDENTS: Facility Operations Manager will schedule with a certified sub-contractor to perform the annual required load bank testing on the EES. The facility's Purchase Order has already been issued for this work. All testing will be documented for record keeping purposes. MONITORING AND TRACKING, RESPONSIBLE PERSON(S): Facility Manager will insure completion of this plan of correction and will provide documentation evidence of correction. QUALITY ASSURANCE: The results of the corrections will be reported by the Facility Operations Manager to the SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) as corrections are resolved.	

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K 918	Continued From page 20 requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 2012 NFPA 99 6.4.1.1.6.1; 2010 NFPA 110 8.4.2.3	K 918	**K-918** **Electrical Systems - Essential Electrical Systems Maintenance and Testing** **SS - F** **CFR(s):** NFPA 101 **(Continued)** The SNF - Quality Assurance Performance Improvement Committee (SNF-QAPI) members will focus on measurement systems and metrics related to resident safety and health events as presented by monthly reporting to improve the detection of events, optimizing cause analysis and build best practice. The committee will review and address any compliance issues. DATE OF CORRECTION: 12/29/2023	
K 918 SS=F	Electrical Systems - Essential Electric Syste 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	K 918		

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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
K 918	Continued From page 21 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, the facility failed to test and maintain the essential electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities, and 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to properly test and maintain the EES may result in a failure of the system, which could result in injury or death in the event of an emergency. The deficiency affected the EES, and could potentially affect all residents, staff, and visitors. The findings were: Document review on 10/25/2023 starting at 8:30 AM, revealed that the facility failed to perform the annual load bank test. No documentation was available at the time of the survey to show that the annual load bank test had been conducted on the EES in the last 12 months. An annual load bank test must be conducted once every twelve (12) months. Interview with facility manager at the time of observation acknowledge the deficiency, and indicated that he was not aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency.	K 918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535058	A. BUILDING **01, 02, 03** B. WING _____	**10/25/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 918	Continued From page 22 Ref: 2012 NFPA 99 6.4.1.1.6.1; 2010 NFPA 110 8.4.2.3	K 918		