STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING **01** B. WING _____	**12/20/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATION CENTER	**1901 HOWELL AVENUE** **WORLAND, WY 82401**

(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 12/20/2023. 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 on 12/20/2023. 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, one story building of Type II (000) construction built in 1970 and 1990. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 87 certified Medicare and Medicaid beds with a census of 71 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 200 SS=E	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress 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.	K 200		1/16/24

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

Electronically Signed | 01/15/2024

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 200	Continued From page 1 18.2, 19.2 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 which could result in injury or death in the event of an emergency requiring evacuation. The deficiency affected two (2) exterior exits used by staff, patients, and visitors. The findings were: Observation on 12/20/23 at 10:36 AM revealed exterior exits with snow or ice built up which would impede egress to a public way. Observation of the exterior means of egress from the dining area to the public way showed that ice had not been removed to allow for the safe evacuation of the facility if needed. Additional observation of the means of egress from the secured unit revealed that snow and ice had not been removed to allow access to the public way. Interview with maintenance personnel at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.2.1, 7.1.10.1	K 200	Preparation and execution of this 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 the provisions of federal and state law require it. For the purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. K200 The facility will maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. This will be accomplished by: On 12/21/2023 the exterior means of egress from the dining area to the public way was cleared of ice to allow for safe evacuation of the facility if needed. On 12/21/2023 the means of egress from the secured unit was cleared of snow and ice to allow access to the public way. Monitoring:	

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K 200	Continued From page 2	K 200	The Maintenance Director and/or designee will monitor daily throughout the winter months. In non-winter months monitoring will occur weekly for clear access to the public way. Quality Assurance: The Maintenance Supervisor/Designee will report results of monitoring to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation, document review, and staff interview, the facility failed to inspect and maintain portable fire extinguishers in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly inspect and maintain portable fire extinguishers could result in a failure of extinguishers which could allow for the spread of fire and smoke, resulting in injury or death. The deficiencies affected multiple portable extinguishers and has the potential to affect all residents, staff, and visitors. The findings were:	K 355	K355 The facility will inspect and maintain portable fire extinguishers in accordance with the 2012 NFPA 101, Life Safety Code. This will be accomplished by: On 12/21/2023 the 3 portable fire extinguishers were inspected and dated. Monitoring: The Maintenance Director and/or designee will number all portable fire extinguishers to ensure that all are being	1/16/24

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K 355	Continued From page 3 Observation on 12/20/23 starting at 11:00 AM and throughout the survey revealed multiple portable fire extinguishers which were not being inspected monthly. Observation of portable fire extinguishers in the facility revealed they had not been inspected since September of 2023. No documentation was available at the time of the observation to demonstrate that all portable fire extinguishers were being inspected monthly. Interview with the maintenance personnel at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.5.12, 9.7.4.1; 2010 NFPA 10 7.2	K 355	inspected monthly. Two designees will inspect monthly to ensure compliance. Quality Assurance: The Maintenance Supervisor/Designee will report results of monitoring monthly to the Quality Assurance Performance Improvement to ensure plan has been implemented, sustained, and evaluated for its effectiveness.	