STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535017	A. BUILDING **01** B. WING _____	**02/21/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE COUNTY HEALTH	**333 N BRIDGER AVE** **PINEDALE, WY 82941**

(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 02/21/2024. Based on the findings of the survey team, the facility was in compliance with the requirements of 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 02/21/2024. 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. The facility was a fully sprinklered, single story building of Type V (111) construction with plan approval in 1976 and 1983. The building was equipped with an automatic wet sprinkler system with an anti-freeze loop, and a zoned fire alarm system. The facility had a capacity of 50 certified Medicare and Medicaid beds with a census of 38 residents.	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 separated from other spaces by smoke resisting partitions and doors in accordance with 8.4.	K 321		3/8/24

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

Electronically Signed | 03/14/2024

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	535017	A. BUILDING **01** B. WING _____	**02/21/2024**

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K 321	Continued From page 1 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 maintain hazardous areas as required could result in injury or death due to fire spread. The deficiency affected two hazardous areas in the facility. The findings were: 1. Observation on 02/21/2024 at 9:00 AM revealed that when dropped with no initial motion, the linen closet door failed to latch and close. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the	K 321	K322: The facility failed to maintain hazardous areas in accordance with 2012 NFPA 101, Life Safety Code as required to prevent fire spread in the following two ways: 1. Observation on 02/21/2024 revealed that when dropped with no initial motion, the linen closet door failed to latch and close. 2. Observation on 02/21/2024 revealed that when dropped with no initial motion, the west storage closet door failed to latch and close. To promote facility compliance, the linen	

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	535017	A. BUILDING **01** B. WING _____	**02/21/2024**

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K 321	Continued From page 2 requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. 2. Observation on 02/21/2024 at 10:04 AM revealed that when dropped with no initial motion, the west storage closet door failed to latch and close. Interview with the facility 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 101, Sections 19.3.2.1 and 19.3.2.1.3.	K 321	closet door latch by adjusting both the door hinges and closure mechanism. The facility also corrected the west storage closet door by adjusting both the door hinges and closure mechanism. In order to ensure complete facility safety, all other doors were inspected for latch complications with no further issues noted by maintenance. To prevent future non-compliance, the maintenance director has added door latches and hinges to the monthly door audit and document in the door safety log. Staff were educated on the deficiency and inspection methods to ensure prompt communication with the maintenance department. The maintenance director will report on door hinges and latches as part of the facilities QAPI regular meetings.	