STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING **02** B. WING _____	**06/26/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND WELLNESS	**1210 CANYON HILLS RD** **THERMOPOLIS, WY 82443**

(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 06/26/2024. 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 06/26/2024. 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 of Type V(000) construction with a basement built in 1954, and additions of the same construction type built in 1985 and 1990. The building was equipped with a supervised, automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 31 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	K 200		7/31/24

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

Electronically Signed | 07/19/2024

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 applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain means of egress could result in a slow or inability to egress in the event of an emergency. The deficiency affected one (1) exterior exit, and has the potential to affect residents, staff, and visitors in the observation area. The findings were: Observation on 06/26/2024 at 12:38 PM revealed that the facility failed to maintain the means of egress from the exit discharge to a public way. Observation of the east exterior exit from the secure wing of the building revealed a large accumulation of dead leaves in front of the door. The dead leaves made it difficult to open the exit door and to walk on the exterior pathway to the public way. The means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Interview with the regional maintenance director at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement.	K 200	K200 Corrective Action: The dead leaves in front of the east exterior exit door and walk path on the secure wing were removed by maintenance on 6/26/2024. Identification: All exit doors are at risk of slowing and or inhibiting means of egress in the event of an emergency Systemic Changes: Maintenance staff and housekeeping staff were educated by the ED/Designee on or before the date of compliance. All exit doors were checked to ensure the means of egress is maintained in accordance with the 2012 NFPA 101, Life Safety Code. Monitoring: Maintenance Director/Designee will monitor all exit doors weekly for one month until compliance is achieved and then two times monthly thereafter. Any non-compliance identified will be corrected by the Maintenace Director/Designee and brought to QAPI for review.	

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K 200	Continued From page 2 Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 101 19.2.1, 7.1.10.1	K 200		
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 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 could 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	K 353	K353 Corrective Action: The large amount of wiring that was resting on the sprinkler piping in the facility attic was rerouted by the Regional Maintenance Director on 6/26/2024. The clothing hangers hung on the sprinkler piping was removed my Regional Maintenance Director on 6/26/2024. The PVC waste pip zip tied to the sprinkler piping in the folding room	7/31/24

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K 353	Continued From page 3 potentially affect all residents, staff, and visitors. The findings were: Observation on 06/26/2024 at 1:19 PM revealed that the facility failed to maintain the sprinkler system as required. Observation of the sprinkler system in the facility's attic space revealed a large amount of wiring that was either resting on or zip-tied to the sprinkler piping. Observation at 12:54 PM in the facility's basement laundry room revealed a large amount of close hangers hung on the sprinkler piping, and a PVC waste pipe zip tied to the sprinkler piping. Sprinkler piping shall not be subject to external loads by materials either resting on the pipe or hung from the pipe. Interview with the regional maintenance director at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2011 NFPA 25 5.2.2.2	K 353	was removed from resting on sprinkler piping by Regional Maintenance Director 6/26/2024. Identification: Residents who reside at Thermopolis Rehabilitation and Wellness are at potential risk. Systemic Changes: Environmental Services and Maintenance department will be education on or before the date of compliance on maintaining automatic sprinkler and standpipe system from hanging objects in accordance with NFPA 25. Monitoring: Maintenance/Designee will monitor the laundry folding room 3 times weekly and 1 time weekly thereafter once compliance is achieved. All data cable installation will need approval by maintenance/designee before installation to ensure wires are not resting on the sprinkler piping. Maintenace/designee will inspect the cabling and wires after installation to validate compliance is maintained. Any noncompliance will be fixed immediately, and the data brought to QAPI for review.	
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 least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of	K 712		7/31/24

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K 712	Continued From page 4 established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 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 residents and staff being unprepared for an emergency evacuation, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 06/26/2024 starting at 1:30 PM revealed that the facility did not conduct all required fire drills. Documentation available at the time of the survey revealed that the facility had conducted at least one (1) fire drill per month in 2024. No documentation was available at the time of the survey to demonstrate that the facility had conducted any fire drills in 2023. Fire drills shall be conducted quarterly on each shift. Interview with the regional maintenance director at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 101 19.7.1.6	K 712	K712: Corrective Action: A fire drill will be completed on or before date of compliance. Identification: Resident who reside at Thermopolis Rehabilitation and Wellness are at potential risk. Systemic Changes: Maintenace Director educated by NHA/Designee on or before the date compliance on holding fire drills at expected and unexpected times under varying conditions, at least quarterly on each shift. Monitoring: NHA/Designee will meet with the maintenance director two times monthly to ensure a fire drill has been performed or is scheduled to be performed. The NHA/Designee will review each scheduled and performed fire drill to ensure the drills are held on each shift. All fire drill reports will be brought to QAPI for review.	
K 914 SS=F	Electrical Systems - Maintenance and Testing	K 914		7/31/24

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K 914	Continued From page 5 CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain non-hospital grade receptacles in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly test and maintain non-hospital grade receptacles could result in a failure or malfunction of the receptacles, resulting in injury or death. The deficiency affected all non-hospital grade receptacles in patient care areas and has the potential to affect all residents, staff, and visitors in those spaces. The findings were:	K 914	K914 Corrective Action: Maintenance and testing of non-hospital grade receptacles in patient care areas in accordance with the 2012 NFPA 99, Health Care Facilities code was performed by the Maintenace Director/Designee on or before the date of compliance. Identification: Residents who currently reside at Thermopolis Rehabilitation and Wellness are at potential risk.	

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K 914	Continued From page 6 Document review on 06/26/2024 starting at 1:30 PM revealed that the facility failed to conduct the annual inspection and testing of non-hospital grade receptacles in patient care areas. No documentation was available at the time of the survey to demonstrate that the annual inspection and testing of the non-hospital grade receptacles in patient care areas had been conducted in the last twelve (12) months. Interview with the maintenance director at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 99 6.3.4.1, 6.3.3.2	K 914	Systemic Changes: Maintenace department was educated by the NHA on or before date of compliance on testing of non-hospital grade receptacles in patient car areas annually. Monitoring: NHA/Designee will randomly audit the annual outlet testing log weekly for three months and quarterly thereafter to ensure compliance. Any non-compliance will be brought to QAPI for review.	
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	K 918		7/31/24

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K 918	Continued From page 7 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 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 could result in a failure of the system, resulting 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 06/26/2024 starting at 1:30 PM revealed that the facility failed to perform all required inspections and tests of the emergency generator. Documentation revealed that the	K 918	K918 Corrective Action: Maintenance/Designee will keep the emergency generator test logs in a designated binder to ensure the required records are available to substantiate compliance. Maintenance/Designee will continue to perform emergency generator tests and maintain the test log with accurate information on or before date of compliance. Identification: Residents who reside at Thermopolis Rehabilitation and Wellness Center are at potential risk. Systemic Changes: Maintenance we educated by NHA/Designee on	

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K 918	Continued From page 8 facility had conducted weekly inspections and monthly load tests and battery conductance tests from April of 2024 through June of 2024. No additional documentation was available at the time of the survey to demonstrate that the facility had conducted the weekly inspections, monthly load test, or monthly battery conductance tests for the previous months. Interview with regional maintenance director at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2010 NFPA 110 8.4, 8.3.7.1, 8.4.2	K 918	performing weekly inspections, monthly load test, or monthly batter conductance test in accordance with the 2012 NFPA 99, Health Care Facilities, and 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Monitoring: NHA/Designee will audit the Emergency Generator Test Log weekly for one month and one time monthly thereafter to validate the required tests were performed and the completed test logs are appropriately stored with permanent records. All non-compliance will be corrected and brought to QAPI for review.	