STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING **01** B. WING _____	**05/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	**542 16TH STREET** **RAWLINS, WY 82301**

(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 05/01/2024. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 05/01/2024. 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 with a basement of Type V (111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system, with an anti-freeze branch, and an addressable fire alarm system. The facility had a capacity of 62 certified Medicare and Medicaid beds with a census of 34 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90	K 000		
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke	K 223		5/26/24

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

Electronically Signed | 05/24/2024

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 223	Continued From page 1 compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could delay egress resulting in injury or death during an emergency. The deficiency affected one (1) door with self-closing devices in the facility. The findings were: Observation on 05/01/2024 at 11:07 AM at storage room 48 revealed that the self-closing door failed to operate as designed. When drop tested with no initial motion, the door failed to close and latch. Interview with the facility maintenance manager at the time of the 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 223	K-223 Doors with self-closing devices Completed on 5/2/24 Maintenance director or designee to adjust self-closure devise on door of room #48 to ensure door closes and latches properly. Maintenance Director/designee performed an audit of all doors with self-closing door device close and latch properly. Executive director and Maintenance Director reviewed regulations related to self-closing devices. The maintenance director and or designee will audit doors with self-closing device 2 times per month for 3 months to validate self-closing device doors close and latch properly. Results of initial and ongoing audits will be reviewed via the QAPI process monthly times at least 3 months for further recommendations.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		5/26/24

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K 353	Continued From page 2 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 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 in the observation area. Observation on 05/01/2024 at 11:05 AM at the activities storage closet revealed combustible materials stacked within the 18" height clearance to the sprinkler head, which could result in an	K 353	Maintenance director and or design on 5/2/24 removed materials that are noted to be stacked above the 18” height clearance to the sprinkler head in the activity supply closet and medical records storage room. Initial audit of all supply closets is completed by maintenance director/ designee to ensure there is 18” clearance in all storage closets. Maintenance director and ED review regulation for the 18’ height clearance of the sprinkler. Maintenance director and or designee will audit storage closets 2 times per month for 3 months to validate that all storage closets have 18” clearance to sprinkler	

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K 353	Continued From page 3 obstruction to the dispersion pattern of the affected sprinkler. This deficiency was repeated at the activities storage closet and medical records room in the basement. 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 101, Sections: 19.3.5.1; 9.7.5 and 2011 NFPA 25, Section 5.2.1.2	K 353	head in place. Results of initial audit and ongoing audits will be reviewed via the QAPI process monthly for at least 3 months to ensure substantial compliance is achieved.	