| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535040 | A. BUILDING **01**<br>B. WING _____ | **11/14/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **DOUGLAS CARE CENTER LLC** | **1108 BIRCH STREET**<br>**DOUGLAS, WY 82633** |

| (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 |
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| E 000 | Initial Comments<br><br>An Emergency Preparedness Survey was conducted on 11/14/2024 by Healthcare Licensing and Surveys. Based on the findings of the survey, it was determined the facility was in compliance with all requirements of 42 CFR 483.73. | E 000 | | |
| K 000 | INITIAL COMMENTS<br><br>A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 11/14/2024.<br><br>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.<br><br>The facility was a fully sprinklered, single story building with a basement of Type V (111) construction built in 1987 and 2010. 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 60 certified Medicare and Medicaid beds with a census of 43 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90. | K 000 | | |
| K 223 SS=E | Doors with Self-Closing Devices<br>CFR(s): NFPA 101<br><br>Doors with Self-Closing Devices<br>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 | K 223 | | 12/20/24 |

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

Electronically Signed | 12/05/2024

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| K 223 | Continued From page 1<br>device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:<br>* Required manual fire alarm system; and<br>* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and<br>* Automatic sprinkler system, if installed; and<br>* Loss of power.<br>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required may lead to the propagation of smoke and fire. The deficiency affected two of multiple doors in the facility. The findings were:<br><br>Observation on 11/14/2024 at 1:05 PM at the basement stairwell, revealed a door with a self-closing device that was propped open with a device that was not in compliance with NFPA 101, Sec. 7.2.1.8.2. This deficiency was repeated at the door leading to the physical plant maintenance shop. 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.<br><br>Interview with the facility maintenance manager and facility administrators at the time of observation confirmed the deficiency, and indicated that they were not aware of the requirement. | K 223 | Doors with self closing devices<br>Facility will ensure that doors with self-closing devices are not propped open in accordance with the NFPA 101 Life Safety Code.<br>1. The basement stairwell door will not be propped open.<br>2. The door leading to the physical plant maintenance shop wil not be propped open.<br>3. This deficiency has the potential to affect all residents.<br>4. NHA or designee will educate ALL staff to ensure that all doors that have closures on them can not be propped open.<br>5. Maintenance or designee will audit all doors in facility that have closures that are not propped open. The audit will be done monthly.<br>6. Results of the audit will be brought to QAPI monthly for 90 days or until resolved. | |

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| K 223 | Continued From page 2<br>Interview with the facility administrators at the time of exit confirmed the deficiency.<br><br>Ref: 2012 NFPA 101, Sec. 19.2.2.2.7 and 7.2.1.8.2 | K 223 | | |
| K 351 SS=D | Sprinkler System - Installation<br>CFR(s): NFPA 101<br><br>Spinkler System - Installation<br>2012 EXISTING<br>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.<br>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.<br>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.<br>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to install the fire sprinkler system in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinklers. Failure to properly install the fire sprinkler system could inhibit proper operation of the suppression system during an emergency. The deficiency affected two (2) of multiple sprinkler heads throughout the facility. The findings were: | K 351 | Fire sprinkler systems<br>The facility will ensure all installed fire sprinkler heads with escutcheons are not dislodged.<br>1. The B Hall storage closet with escutcheons will be adjusted so that there is not annular space is exposed.<br>2. This deficiency has the potential to affect all residents. | 12/20/24 |

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| K 351 | Continued From page 3<br><br>Observation on 11/14/2024 at 12:22 PM in the B Hall storage closet, revealed a fire sprinkler head with an escutcheon that was dislodged, exposing the annular space above.<br><br>Interview with the facility maintenance manager and facility administrators at the time of observation confirmed the deficiency, and indicated that they were not aware of the requirement.<br><br>Interview with the facility administrators at the time of exit confirmed the deficiency.<br><br>REF: 2012 NFPA 101, Sec. 19.3.5.1 and 9.7 ;2010 NFPA 13, Sec. 6.2.7.1 | K 351 | 3. NHA or designee will educate maintenance that sprinkler head escutcheons can not be dislodged exposing the annular space above.<br>4. Maintenance or designee will audit sprinkler head escutcheons monthly.<br>5. Results of the audit will be brought to QAPI monthly for 90 days or until resolved. | |
| K 355<br>SS=D | Portable Fire Extinguishers<br>CFR(s): NFPA 101<br><br>Portable Fire Extinguishers<br>Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.<br>18.3.5.12, 19.3.5.12, NFPA 10<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain an unobstructed area around portable fire extinguishers in accordance with the 2012 NFPA 101, Life Safety Code, and the NFPA 10, Standard for Portable Fire Extinguishers. Failure to maintain an unobstructed area around portable fire extinguishers could result in delay of fire extinguishment leading to injury or death. The deficiency impact one (1) of multiple fire | K 355 | Portable Fire Extinguishers<br>The facility will ensure to maintain and unobstructed area around portable fire extinguishers in accordance with the 2012 NFPA 101, Life Safety Code and the NFPA 10, Standard for Portable Fire Extinguishers.<br>1. The fire extinguisher in the kitchen will not be partially blocked or obscured by a trash can and carboard boxes. | 12/20/24 |

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| K 355 | Continued From page 4<br>extinguishers throughout the facility. The findings were:<br><br>Observation on 11/14/2024 at 12:15 PM in the kitchen revealed a fire extinguisher that was partially blocked and obscured by a trash can and cardboard boxes. Fire extinguishers shall not be obstructed or obscured from view.<br><br>Interview with the facility maintenance manager and facility administrators at the time of observation confirmed the deficiency, and indicated that they were not aware of the requirement.<br><br>Interview with the facility administrators at the time of exit confirmed the deficiency.<br><br>Ref: 2012 NFPA 101, Sec. 19.3.5.12 and 9.7.4.1; 2010 NFPA 10, Sec. 1.6.6 | K 355 | 2. This deficiency has the potential to affect all residents.<br>3. NHA or designee will educate all staff that the fire extinguisher can be obstructed or obscured from view.<br>4. Maintenance or designee will audit that fire extinguishers are not obstructed or obscured from view.<br>5. Results of audit will be brought to QAPI monthly for 90 days or until resolved. | |
| K 521<br>SS=D | HVAC<br>CFR(s): NFPA 101<br><br>HVAC<br>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.<br>18.5.2.1, 19.5.2.1, 9.2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to inspect and test fire/smoke dampers in accordance with NFPA 101, Life | K 521 | K521<br>HVAC<br>The facility will ensure to inspect and test | 12/20/24 |

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| K 521 | Continued From page 5<br>Safety Code, NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, and NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to inspect and test fire/smoke dampers as required may lead to the failure of equipment during a fire, leading to injury or death. The findings were:<br><br>Document review on 11/14/2024 starting at 1:30 PM revealed the facility was not able to provide documentation demonstrating that the fire/smoke dampers in the facility had been tested. A phone call between the facility administrator and fire alarm system testing contractor revealed the contractor is not able to easily access the dampers, causing the contractor to omit testing of dampers from their maintenance schedule.<br><br>Interview with the facility maintenance manager and facility administrators at the time of observation confirmed the deficiency, and indicated that they were not aware of the requirement.<br><br>Interview with the facility administrators at the time of exit confirmed the deficiency.<br><br>Ref: 2012 NFPA 101, Sec. 19.5.2.1 and 9.2; 2012 NFPA 90A, Sec. 5.4.8.1; 2010 NFPA 80, Sec. 19.4 | K 521 | fire/smoke dampers in accordance with NFPA 101, Life Safety Code, NFPA 90A, Standard for the Installation of Air-conditioning and Ventilating Systems, and NFPA 80, Standard for Fire Doors and Other Opening Protectives.<br>1. Maintenance or designee will contact a heating and air conditioning company to inspect fire dampers.<br>2. This deficiency has the potential to affect all residents.<br>3. NHA or designee will educate maintenance staff that inspection and test of fire/smoke dampers are required.<br>4. Maintenance or designee will contact company and ensure that damper inspection in complete and documentation is received of such inspection.<br>5. Results of inspection will be brought to QAPI. | |
| K 918<br>SS=D | Electrical Systems - Essential Electric Syste<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second | K 918 | | 12/20/24 |

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| K 918 | Continued From page 6<br>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.<br>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 separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.<br>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)<br>This REQUIREMENT is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to maintain main and feeder circuit breakers in accordance with 2012 NFPA 99, Heath Care Facilities Code. Failure to maintain main and feeder circuit breakers as required could result in faulty or inoperable equipment. The deficiency affected the facilities main and backup electric system. The findings | K 918 | Electrical System<br>The facility will ensure to maintain main and feeder circuit breakers in accordance with 2012 NFPA 99, Health Care Facilities Code.<br>1. Main and Feeder breaker will be inspected annually in accordance with NFPA 111. | |

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| K 918 | Continued From page 7<br>were:<br><br>Document review on 11/14/2024 starting at 1:30 PM revealed the facility was not able to provide documentation demonstrating an established plan to inspect the facility's main and feeder circuit breakers. Main and feeder circuit breakers shall be inspected annually, and a program for periodically exercising the components shall be established according to manufacturer's recommendations.<br><br>Interview with the facility maintenance manager and facility administrators at the time of observation confirmed the deficiency, and indicated that they were not aware of the requirement.<br><br>Interview with the facility administrators at the time of exit confirmed the deficiency.<br><br>Ref: 2012 NFPA 99 Ch.10 Sec. 4.4.1.2 | K 918 | 2. This deficiency has the potential to affect all residents.<br>3. NHA or designee will educate maintenance staff on ensuring main and feeder circuit breakers in accordance with 2012 NFPA 99, Health Care Facilities Code.<br>4. Maintenance staff will perform annual audits to ensure main and feeder circuit breakers are inspected annually and documentation of such inspection is received.<br>5. Results of this inspection will be brought to QAPI. | |