| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535026 | A. BUILDING **01**<br>B. WING _____ | **09/12/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BIG HORN REHABILITATION AND CARE CENTER** | **1851 BIG HORN AVE**<br>**SHERIDAN, WY 82801** |

| (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<br><br>An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 09/12/2024. 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<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 09/12/2024.<br><br>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.<br><br>The facility was a fully sprinklered, single story building of Type V(111), with a basement, built in 1962 and 1988. The building was equipped with a supervised automatic dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 128 certified Medicare and Medicaid beds with a census of 78 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90. | K 000 | | |
| K 324 SS=E | Cooking Facilities<br>CFR(s): NFPA 101<br><br>Cooking Facilities<br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, | K 324 | | 10/4/24 |

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

Electronically Signed | 10/05/2024

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 324 | Continued From page 1<br>toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2<br>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.<br>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to test and maintain the kitchen hood extinguishing system in accordance with the 2012 NFPA 101, Life Safety Code, and 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly test and maintain the kitchen hood extinguishing system could resulting in injury or death in the event of a fire. The deficiency affected the one (1) kitchen hood extinguishing system, and has the potential to affect all staff and visitors in the kitchen.<br><br>The findings were:<br><br>Document review on 09/12/2024 starting at 1:10 PM revealed that the facility failed to conduct all required inspection and testing of the kitchen | K 324 | 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 IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW. FOR THE PURPOSES OF ANY ALLEGATION THAT THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH FEDERALREQUIREMENTS OF PARTICIPATION, THIS RESPONSE AND PLAN OF CORRECTION CONSTITUTES | |

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| | 535026 | A. BUILDING **01**<br>B. WING _____ | **09/12/2024** |

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|---|---|---|---|---|
| K 324 | Continued From page 2<br>hood extinguishing system. Documentation was available at the time of the survey to demonstrate that the semi-annual inspection and testing of the kitchen hood extinguishing system had been conducted in August of 2024. No additional documentation was available to demonstrate that inspection and testing of the system had taken place six (6) months prior. Kitchen hood extinguishing system shall be inspected and tested at least every 6 months, and fusible links associated with the system shall be replaced semiannually.<br><br>Interview with maintenance personnel at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement.<br><br>Interview with the administrator at the time of the exit confirmed the deficiency.<br><br>Ref: 2012 NFPA 101 19.3.2.5.1, 9.2.3 2011 NFPA 96 11.2.1, 11.2.4 | K 324 | THE FACILITY'S ALLEGATION OF COMPLIANCE IN ACCORDANCE WITH SECTION 42 C.F.R. 488.18 AND SECTION 7317A OF THE STATE OPERATIONS MANUAL.<br><br>I. CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:<br>Testing of the kitchen hood extinguishing system was conducted on 8/30/2024.<br><br>II. HOW THE FACILITY IDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:<br><br>audit done on 09/13/2024 by Maintenance Director on all paperwork and documentation in required inspection binder to ensure inspections and testing of systems are tested every 6 months and that fusible links associated with the system are replaced semiannually. Everything is current at time of audit on 9/13/2024. no other issues identified<br><br>III.MEASURES OR SYSTEMIC CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN:<br>Education provided to Dietary Manager/designee and Maintenance Director and Maintenance crew by NHA on 10/04/2024 to expectations and mandated code requirements in affiliation with Life safety code, 2011 NFPA 96 standard for ventilation control and fire | |

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|---|---|---|---|---|
| K 324 | Continued From page 3 | K 324 | protection of commercial Cooking Operations<br><br>IV. HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED<br>audit of process will be done monthly x 6 month using maintenance audit form Results of these audits will be brought to monthly QAPI meetings to determine patterns, trends of concern, and/or if further education is needed. Frequency and continuation of audits will be determined/adjusted at that time. | |
| K 331 SS=E | Interior Wall and Ceiling Finish<br>CFR(s): NFPA 101<br><br>Interior Wall and Ceiling Finish<br>2012 EXISTING<br>Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted.<br>10.2, 19.3.3.1, 19.3.3.2<br>Indicate flame spread rating(s).<br>_____<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, document review, and staff interview, the facility failed to provide acceptable interior finishes in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide acceptable interior finishes could result in the spread of fire and smoke in the event of a fire. | K 331 | 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 | 10/4/24 |

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|---|---|---|---|---|
| K 331 | Continued From page 4<br>The deficiency affected two (2) nurses' stations, and could potentially affect all residents, staff, and visitors.<br><br>The findings were:<br><br>Observation on 09/12/2024 at 12:05 PM revealed that the facility failed to provide interior wall finishes that meet interior finish classification requirements. Observation of the secured unit nurses' station revealed wall paneling installed on the wall from floor to ceiling. Interview with facility maintenance staff revealed that the wall paneling had been installed recently. Document review of the wall paneling technical data provided by the facility revealed that no flammability testing had been conducted so a classification could not be determined. Interior wall finishes shall be Class A or B and tested in accordance with ASTM E 84. It was observed that the same wall paneling was also installed at the nurses' station near the main entrance.<br><br>Interview with maintenance personnel at the time of the observation confirmed the deficiency, but indicated that they were unaware of the requirement.<br><br>Interview with the administrator at the time of the exit confirmed the deficiency.<br><br>Ref: 2012 NFPA 101 19.3.3.2, 10.2.3 | K 331 | OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW. FOR THE PURPOSES OF ANY ALLEGATION THAT THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH FEDERALREQUIREMENTS OF PARTICIPATION, THIS RESPONSE AND PLAN OF CORRECTION CONSTITUTES THE FACILITY'S ALLEGATION OF COMPLIANCE IN ACCORDANCE WITH SECTION 42 C.F.R. 488.18 AND SECTION 7317A OF THE STATE OPERATIONS MANUAL.<br><br>I. CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:<br>The interior finishes to both of the nurse□s stations now meet interior finish classification requirements this was done on 09/15/2024.<br><br>II. HOW THE FACILITY IDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:<br><br>inspection done to all the community on 10/4/2024 by the Maintenance Director to ensure compliance with requirements for 2012 NFPA. Everything is current at time of audit on 10/4/2024.<br><br>III.MEASURES OR SYSTEMIC | |

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|---|---|---|---|---|
| K 331 | Continued From page 5 | K 331 | CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN:<br><br>Education provided to Maintenance Director and Maintenance crew by NHA on 10/04/2024 to expectations and mandated code requirements in affiliation with Life safety code, 2012 NFPA 101 Interior wall ad ceiling finish<br><br>IV. HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED<br>audit of process will be done monthly x 6 month using maintenance audit form. Results of these audits will be brought to monthly QAPI meetings to determine patterns, trends of concern, and/or if further education is needed. Frequency and continuation of audits will be determined/adjusted at that time. | |
| K 911 SS=F | Electrical Systems - Other<br>CFR(s): NFPA 101<br><br>Electrical Systems - Other<br>List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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.<br>Chapter 6 (NFPA 99)<br>This REQUIREMENT is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to test and maintain the essential | K 911 | PREPARATION AND EXECUTION OF THIS RESPONSE AND PLAN OF | 10/7/24 |

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| K 911 | Continued From page 6<br>electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities Code. 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.<br><br>The findings were:<br><br>Document review on 09/12/2024 starting at 1:10 PM revealed that the facility failed to provide a maintenance plan for the testing of main and feeder circuit breakers. No documentation was available at the time of the survey to demonstrate that the facility had developed and implemented a maintenance program for periodically exercising the components in accordance with manufacturer's recommendation.<br><br>Interview with maintenance personnel at the time of the observation confirmed the deficiency, but indicated that they were unaware of the requirement.<br><br>Interview with the administrator at the time of the exit confirmed the deficiency.<br><br>Ref: 2010 NFPA 99 6.4.4.1.2.1 | K 911 | 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 IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW. FOR THE PURPOSES OF ANY ALLEGATION THAT THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH FEDERALREQUIREMENTS OF PARTICIPATION, THIS RESPONSE AND PLAN OF CORRECTION CONSTITUTES THE FACILITY'S ALLEGATION OF COMPLIANCE IN ACCORDANCE WITH SECTION 42 C.F.R. 488.18 AND SECTION 7317A OF THE STATE OPERATIONS MANUAL.<br><br>I. CORRECTIVE ACTION FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:<br>There is now a maintenance plan for the testing of main and feeder circuit breakers the maintenance director on 10/04/2024. The work was also flammable tested on 10/04/2024.<br>II. HOW THE FACILITY IDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:<br><br>Maintenance plan was developed by the maintenance director 10/04/2024 and reviewed by NHA for compliance on | |

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| K 911 | Continued From page 7 | K 911 | 10/07/2024.<br><br>III.MEASURES OR SYSTEMIC CHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL NOT OCCUR AGAIN:<br>Education provided to Maintenance Director and Maintenance crew by the NHA on 10/04/2024 to expectations to the importance of a maintenance plan and its usage as well as the 2012 NFPA 99 Health care facilities code 99<br><br>IV. HOW THE FACILITY PLANS TO MONITOR PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED<br>audit of process will be done monthly x 6 month using maintenance audit form Results of these audits will be brought to monthly QAPI meetings to determine patterns, trends of concern, and/or if further education is needed. Frequency and continuation of audits will be determined/adjusted at that time. | |