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 _____	**06/11/2025**

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 06/11/2025. 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 06/11/2025. 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 35 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 921 SS=F	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms	K 921		7/11/25

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

Electronically Signed | 07/05/2025

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K 921	Continued From page 1 is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to perform testing and maintenance of Patient Care Related Electrical Equipment (PCREE) in accordance with the 2012 Edition of NFPA 99, Health Care Facilities Code. Failure to test and maintain PCREE as required could result in injury or death in the event of equipment failure. The deficiency could impact all residents within the facility. Document review on 06/11/2025 starting 10:45 AM revealed that the facility failed to test all PCREE for electrical safety. Documentation was unavailable at the time of the survey to demonstrate that the facility was conducting the	K 921	The facility failed to meet NFPA requirements Electrical Equipment - Testing and Maintenance Requirements which advise' "The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols." To correct the deficient practice, the facility will purchase an electrical safety analyzer and established a policy and procedure for the initial use and regular	

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	535017	A. BUILDING **01** B. WING _____	**06/11/2025**

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SUBLETTE COUNTY HEALTH	**333 N BRIDGER AVE** **PINEDALE, WY 82941**

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K 921	Continued From page 2 required electrical safety testing on most PCREE in the facility including patient beds, lifts, and monitors. The physical integrity, resistance, leakage current, and touch current shall be conducted for all PCREE equipment. Interview with the facility maintenance staff at the time of the observation acknowledged the deficiency, and indicated that they were aware of the requirement. Interview with the facility administrator at the time of exit confirmed the deficiency. REF: 2012 NFPA 99, Section 10.3	K 921	testing of both fixed and portable patient-care equipment. To address potential continued non-compliance, an audit log was created to encompass regulatory requirements. The audit log will be monitored on a quarterly basis by the maintenance director. Further, the maintenance department will provide facility wide education regarding the requirement on 07/09/2025. Maintenance staff will report on the inspection and testing of fixed and portable patient-care as a function of regularly scheduled QAPI.	