STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATION AND WELLNESS	**1002 FOREST DRIVE 4601 NE 77TH AVE, SUITE 300 VANCOUVER WA 98662, RIVERTON, Wyoming, 82501**

(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
E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 06/25/2025. 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.	E0000		
K0000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 06/25/2025. 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 with a partial basement of Type V(III) construction built in 1965. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 81 certified Medicare and Medicaid beds with a census of 54 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K0000		
K0291 SS = F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the emergency lighting in accordance with the 2012 NFPA 101, Life	K0291		

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 reverse for further 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.

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

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K0291 SS = F	Continued from page 1 Safety Code. Failure to properly test and maintain the emergency lighting could result in a slow or inability to egress, resulting in injury or death in the event of an emergency requiring evacuation. The deficiency affected all battery-powered emergency lighting including exit signs, and could potentially affect all staff, patients, and visitors. The findings were: Document review on 06/25/2025 starting at 12:55 PM revealed that the facility failed to conduct all required testing of the battery-powered emergency lighting. Documentation was available at the time of the survey to confirm the monthly thirty (30) second test of battery powered emergency lighting was conducted as required. No additional documentation was available to confirm that the annual ninety (90) minute test had been conducted. Interview with the director of maintenance at the time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 101 19.2.9.1, 7.9.3.1.2(5)	K0291		
K0324 SS = E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * 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 * cooking facilities in smoke compartments with 30 or	K0324		

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K0324 SS = E	Continued from page 2 fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. 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. 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 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the kitchen exhaust hood system in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly test and maintain the kitchen exhaust hood system could result in the spread of smoke and fire, resulting in injury or death. The deficiency affected the kitchen, and could potential affect all staff and visitors in the area. The findings were: Document review on 06/25/2025 starting at 12:55 PM revealed that the facility failed to conduct all required tests of the kitchen exhaust hood fire extinguishing system. Documentation was available at the time of the survey to confirm the kitchen exhaust hood fire extinguishing system had been tested in January of 2025. No additional documentation was available to confirm testing of the system had been conducted six (6) months prior. The kitchen exhaust hood fire extinguishing system shall be tested once every six (6) months. Interview with the director of maintenance at the time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 101 9.2.3; 2011 NFPA 96 11.5 Document review on 06/25/2025 starting at 12:55 PM	K0324		

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K0324 SS = E	Continued from page 3 revealed that the facility failed to conduct all required inspection and cleaning of the kitchen exhaust hood system. Documentation was available at the time of the survey to confirm the inspection and cleaning of the kitchen exhaust hood system had been conducted in January of 2025. No additional documentation was available to confirm inspection and cleaning of the system had been conducted six (6) months prior. The kitchen hood exhaust system shall be inspected once every six (6) months and cleaned as necessary. Interview with the director of maintenance at the time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 101 9.2.3; 2011 NFPA 96 11.4, 11.6	K0324		
K0345 SS = F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm 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 alarm system, and could potentially affect all residents, staff, and visitors. The findings were:	K0345		

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K0345 SS = F	Continued from page 4 Document review on 06/25/2025 starting at 12:55 PM revealed that the facility failed to perform all required semi-annual testing of the fire alarm system. Documentation was available to demonstrate that the fire alarm system batteries were inspected and tested in July of 2024. No additional documentation was available to demonstrate the fire alarm system batteries had been tested six (6) months since then. Fire alarm system batteries shall be inspected and tested once every six (6) months. Interview with director of maintenance at the time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2010 NFPA 72 Table 14.3.1(3)(d), Table 14.4.5(6)(3)	K0345		
K0353 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 STANDARD is NOT MET as evidenced by:	K0353		

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K0353 SS = F	Continued from page 5 Based on document review 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 potentially affect all residents, staff, and visitors. The findings were: Document review on 06/25/2025 at 12:55 PM revealed that the facility failed to conduct all tests and inspections as required of the fire sprinkler system. No documentation was available at the time of the survey to confirm that the annual backflow preventer test had been conducted in the last twelve (12) months. No documentation was available to confirm that the internal inspection of the fire sprinkler system piping had been conducted in the last five (5) years. A test of the backflow preventer shall be conducted every twelve (12) months, and an inspection of piping and branch line conditions shall be conducted every five (5) years for the purpose of inspecting for the presence of foreign organic and inorganic material. Interview with director of maintenance at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2011 NFPA 25 14.2.1	K0353		
K0918 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	K0918		

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K0918 SS = F	Continued from page 6 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 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 STANDARD 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 Code, 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 deficiencies affected the EES, and could potentially affect all residents, staff, and visitors. The findings were: Document review on 06/25/25 starting at 12:55 PM revealed that the facility failed to test the emergency electrical generator lead-acid batteries as required. Documentation was available at the time of the survey stating that the conductance test was being conducted on the emergency electrical generator batteries, however, the documentation simply stated the listed cold cranking amps listed on the battery. Interview with director of maintenance revealed the conductance testing was not being conducted. Lead-acid batteries	K0918		

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K0918 SS = F	Continued from page 7 associated with the emergency electrical generator shall be tested monthly for conductance. Interview with director of maintenance at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 99 6.4.1.1.6.1; 2010 NFPA 110 8.3.7.1	K0918		
K0921 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 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 STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the Patient Care Related Electrical Equipment (PCREE) in accordance with	K0921		

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K0921 SS = F	Continued from page 8 the 2012 NFPA 99, Health Care Facilities Code. Failure to properly test and maintain PCREE could result in a failure in the equipment, resulting in injury or death. The deficiency affected PCREE in the facility, and could potentially affect any patients that utilize the equipment. Document review on 06/25/25 starting at 12:55 PM revealed that the facility failed to test all PCREE for electrical safety. No documentation was available at the time of the survey to confirm that the facility was conducting the required electrical safety testing on all PCREE in the facility. Interview with the director of maintenance revealed a contracted biomed company maintained some PCREE equipment such as concentrators, but no documentation was available from the biomed contractor to confirm they were conducting the testing for electrical safety. The physical integrity, resistance, leakage current, and touch current tests shall be conducted annually for all PCREE including patient lifts, concentrators, cpap machines, and patient beds. Interview with the director of maintenance at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 99 10.3	K0921		