STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 US HWY 20 SOUTH BASIN, WY 82410

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K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on May 17, 2017. Requirements for Long Term Nursing Homes Section 42 CFR 483.70(a) 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 II (000) construction with a basement built in 1981. The facility was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds with a census of 73 residents.	K 000	*Preparation and/or execution of this Plan of Correction do not constitute admission or agreement of the truth of the facts alleged or set forth on this Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by various provisions of the Code of Federal Regulations.*	
K 222 SS=D	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.	K 222	CORRECTIVE ACTION FOR THOSE RESIDENTS AFFECTED: No residents were identified as being affected. Maintenance department will removed the dead bolt lock from the Chapel Door on 7/14/17. RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED: Residents who have the potential to be adversely affected if the facility does not maintain means of egress in accordance with 2012 NFPA 101, Life Safety Code requirements.	7/14/17 7-26-2017

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

William Hardin | Administrator/Fac Mgr | 7/17/17

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 222	Continued From page 1 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire	K 222	MEASURES PUT INTO PLACE TO ENSURE DEFICIENCY DOES NOT RECUR: The Maintenance Supervisor or designee will conduct an inspection to ensure that no other doors have a locking mechanisms that will prevent egress. The maintenance department will ensure compliance by inspecting doors monthly. Maintenance staff will be educated on 7/19/17. MEASURES TO ENSURE CORRECTIVE ACTION IS ACHIEVED AND SUSTAINED: The Maintenance Supervisor will submit monthly reports to the facility Administrator and QAPI committee at its monthly meeting for 3 months, and then quarterly as needed.	7/31/17 ~~7/19/17~~ AD 7-26-17

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K 222	Continued From page 2 detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 5/17/2017 at 4:51 PM in the chapel revealed that the exit door could not be opened without a key and residents and staff could be locked inside. Failure to maintain egress doors as required could result in injury or loss of life during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Sections 19.2.2.2.4	K 222		
K 227 SS=D	NFPA 101 Ramps and Other Exits Ramps and Other Exits Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide ramps in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: 1. Observation on 5/17/2017 at 3:36 PM between	K 227	CORRECTIVE ACTION FOR THOSE RESIDENTS AFFECTED: No residents were identified as having been affected. This will be considered a major maintenance project and will be coordinated with the Wyoming Department of Health's major maintenance liaison. RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED: Residents have the potential to be negatively affected if the facility does not provide ramps in accordance with 2012 NFPA 101, Life Safety Code requirements	

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K 227	Continued From page 3 the loading dock stairs and the perpendicular ramp revealed a ramp with a rise greater than 6 inches that was not provided with a handrail. Further observation past the perpendicular ramp revealed the ramp continued with the required hand rail. Failure to install handrails as required could result in injury from a fall. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Sections 19.2.2.6; 3.3.219; 7.2.5.2(2)(c) 2. Observation on 5/17/2017 at 3:38 PM revealed an exit sign posted in the building leading out to the employee parking lot. A ramp was utilized as a method of egress to the public way. Further observation revealed that the ramp had a slope of 7 degrees which was greater than the 2.86 degree slope to be considered a walkway. Further observation showed a rise greater than 6 inches, and that handrails were not provided on both sides of the ramp. Failure to install handrails as required could result in injury from a fall. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Sections 19.2.2.6; 3.3.219; 7.2.5.2(2)(c)	K 227	MEASURES PUT INTO PLACE TO ENSURE DEFICIENCY DOES NOT RECUR: Maintenance will contact contractors to bid out installing one handrail at the bottom of stairs to sidewalk intersection and installing two handrails going up the intersection on the steep ramp until the sidewalk levels off. Plans will be submitted to OHLS L&S section when drawn up by contractor. Staff will be informed of the hazard area and instructed to use the area with caution until the project can be completed. The facility will also be submitting a Time Limited Waiver for this project at the time of submission of this plan of correction. MEASURES TO ENSURE CORRECTIVE ACTION IS ACHIEVED AND SUSTAINED: The Maintenance Supervisor will submit monthly reports to the facility Administrator and QAPI committee at its monthly meeting on the progress of the major maintenance project until the anticipated completion of the project approximately 11/1/17.	7-26-2017 7-26-2017 WAIVER 7-26-2017
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing	K 321	CORRECTIVE ACTION FOR THOSE RESIDENTS AFFECTED: No residents were identified as having been affected. All stored items were removed from Activities Room on 5/24/17.	5/24/17

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K 321	Continued From page 4 system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous area enclosures in accordance with the 2012 NFPA 101, Life Safety Code. The findings were: Observation on 5/17/2017 at 4:17 PM in the activities room revealed a large amount of combustible material being stored. The storage area was greater than 100 square feet, and it could not be established that the space provided the required 1-hr fire-resistance rating. Failure to store combustible material as required could result in injury or loss of life during a fire.	K 321	RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED: Residents have the potential to be adversely affected if the facility does not maintain hazardous areas in accordance with the 2012 NFPA 101, Life Safety Code. MEASURES PUT INTO PLACE TO ENSURE DEFICIENCY DOES NOT RECUR: Activities Department will be educated on 7/19/17 about the requirements and informed that resident belongings cannot be stored in the Activity Room. If resident belongings need inventoried, those items will be inventoried in a timely fashion and not left in the room. MEASURES TO ENSURE CORRECTIVE ACTION IS ACHIEVED AND SUSTAINED: The Maintenance Supervisor will submit monthly reports to the facility Administrator and QAPI committee at its monthly meeting for 3 months, and then quarterly as needed.	~~7/19/17~~ AA 7-26-2017

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K 321	Continued From page 5 Interview with the Facility Administrator at the time of observation revealed he was unaware of the requirement. REF: 2012 NFPA 101 Sections 19.3.2	K 321		
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING 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. 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. 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. 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) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide sprinkler systems in accordance with the 2012 NFPA 101, Life safety Code and the 2010 NFPA 13, Standard for the Installation of Sprinkler Systems. The findings were: Observation on 5/17/2017 at 3:13 PM in the north B pod soiled utility room at the inspector's test device for the sprinkler system revealed that the discharge did not have the same orifice size as	K 351	CORRECTIVE ACTION FOR THOSE RESIDENTS AFFECTED: No residents were identified. RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED: Residents have the potential to be adversely affected if the facility does not provide sprinkler systems in accordance with 2012 NFPA 101, Life Safety Code. MEASURES PUT INTO PLACE TO ENSURE DEFICIENCY DOES NOT RECUR: Maintenance will install a sprinkler head on the end of each test port piping to ensure the proper orifice size for the flow tests. They will be installed in all 3 testing locations by 7/31/17. Orifices will be left on pipes and used for any further testing done on fire suppression system. Maintenance staff will be educated on 7/19/17 regarding this requirement. MEASURES TO ENSURE CORRECTIVE ACTION IS ACHIEVED AND SUSTAINED: The Maintenance Supervisor will submit monthly reports to the facility Administrator and QAPI committee at its monthly meeting for 3 months, and then quarterly as needed.	7/31/17 7-26-17 7/19/17

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K 351	Continued From page 6 the sprinklers. The system was a wet system and the discharge was much larger than the standard orifice of a sprinkler head. Failure to test sprinkler systems as required could result in injury or loss of life during a fire. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Sections 19.3.5; 9.7.1 2010 NFPA 13 Section 8.17.4.2.1	K 351		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical equipment in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 70, National Electrical Code. The findings were: 1. Observation on 5/17/2017 at 3:18 PM in the north common sitting room adjacent to the juice machine revealed that one of the electrical outlets within 6 feet of the sink was not a GFCI outlet. Failure to provide GFCI outlets as required could result in a shock hazard to residents and staff. Interview with the Facility Maintenance Manager	K 511	CORRECTIVE ACTION FOR THOSE RESIDENTS AFFECTED: No residents were identified. Maintenance installed a GFCI outlet in North Common area adjacent to the juice machine on 7/14/17. RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED: Residents have the potential to be adversely affected if the facility does not provide electrical equipment in accordance with 2012 NFPA 101, Life Safety Code. MEASURES PUT INTO PLACE TO ENSURE DEFICIENCY DOES NOT RECUR: GFCI outlets will also be installed above counter in the Activity Room Kitchen. An inspection will be conducted of sinks to ensure that any outlets within 6 feet are GFCI outlets. Once inspection is completed, the maintenance department will ensure compliance by inspecting the same areas monthly making sure the facility is in compliance. Maintenance staff will be educated on 7/19/17 per the requirement.	~~7/14/17~~ 7-26-2017 7/19/17

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K 511	Continued From page 7 at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Section 9.1.2 2011 NFPA 70 Section 210-8(a)(6) 2. Observation on 5/17/2017 at 4:16 PM in the activities room revealed missing GFCIs along the kitchen counter top. Failure to provide GFCI outlets as required could result in a shock hazard to residents and staff. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2012 NFPA 101 Section 9.1.2 2011 NFPA 70 Section 210-8(a)(6)	K 511	MEASURES TO ENSURE CORRECTIVE ACTION IS ACHIEVED AND SUSTAINED: The Maintenance Supervisor will submit monthly reports to the facility Administrator and QAPI committee at its monthly meeting for 3 months, and then quarterly as needed.	