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 _____	06/12/2019

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

(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
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on June 12, 2019. Requirements for Long Term Nursing Homes Section 42 CFR 483.700(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 and a dry system branch and addressable fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds with a census of 72 residents. .	K 000		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 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 system in accordance with 8.7.1 or 19.3.5.9. 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	K 321		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7-15-19

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 321	Continued From page 1 hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous areas in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain hazardous areas could result in injury or death in the event of a fire. The deficiency affected one (1) of nine (9) smoke compartments. The findings were: Observation on 06/12/19 at 1:18 PM revealed that the kitchen commissary room was being used for storage of combustible materials. The door from the kitchen commissary to the corridor did not have a door closer attached. Hazardous areas shall be protected with doors that are self or automatic closing. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement.	K 321	1. No residents were identified as being affected. 2. All residents have the potential to be affected. The door closure was installed on the kitchen commissary door. 3. Maintenance staff were inserviced on the requirement of having door closures on doors in hazardous areas and for rooms where combustible materials are stored. 4. The Maintenance Director and/or designee will conduct monthly audits of doors for the next 60 days and then quarterly thereafter to ensure closures are present and working. 5. The Maintenance Director and/or designee will report results of audits to QAPI monthly for the next 60 days. QAPI committee will review audit results to determine if current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.	7/1/19

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K 321	Continued From page 2 Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.2.1.3 .	K 321		
K 324 SS=D	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 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 REQUIREMENT is not met as evidenced by: Based on document review and staff interview,	K 324		

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K 324	Continued From page 3 the facility failed to maintain cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain cooking facilities could result in injury or death in the event of a fire. The deficiency affected one (1) of nine (9) smoke compartments. The findings were: Document review on 06/12/19 at 4:00 PM revealed that the facility had the kitchen hood extinguishing system inspected once in the last 12 months. Inspection of the kitchen hood extinguishing system shall be performed by a qualified and certified person at least every 6 months. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.2.5.5, 9.2.3; 2011 NFPA 96 11.2.1 .	K 324	1. No residents were identified as being affected. 2. All residents have the potential to be affected. The kitchen hood extinguishing system had been inspected every 6 months during the past 12 months and the documentation for the second inspection was located. 3. The Maintenance Director will file all documentation for life safety code inspections once the inspection is completed. 4. To verify all documentation is filed timely and available, the Maintenance Supervisor and/or designee will perform monthly audits for the next 90 days and then quarterly thereafter. 5. The Maintenance Director and/or designee will report results of the audits to the QAPI committee monthly for the next 60 days. QAPI committee will review results to determine if current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.	7/1/19
K 372 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct	K 372		

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K 372	Continued From page 4 penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoke compartment barriers in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain smoke compartment barriers could result in injury or death in the event of a fire. The deficiency affected four (4) of nine (9) smoke compartments. The findings were: Observation on 06/12/19 at 1:55 PM revealed that the smoke compartment barrier doors for South A Pod and the North Hallway had significant gaps between the smoke compartment barrier doors when fully closed. The doors were observed to have up to a half inch gap between them and rubber gaskets, that had been used to seal between the doors, had been removed. Doors in smoke barrier shall limit the transfer of smoke and shall only have the minimum clearance necessary for proper operation. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency.	K 372	1. No residents were identified as being affected. 2. All residents have the potential to be affected. The gaps in the smoke compartment barrier doors for South A Pod and North Hallway were repaired with silicone seal tested and classified for fire and smoke. All other smoke compartment barrier doors were checked to ensure compliance. 3. Maintenance staff were inserviced on smoke barrier requirements regarding ensuring there are no gaps on the barrier doors. 4. Maintenance Director and/or designee will conduct monthly audits of smoke compartment barrier doors for the next 60 days and quarterly thereafter to ensure ongoing compliance. 5. Maintenance Director and/or designee will report results of audits to QAPI committee monthly for the next 60 days. The QAPI committee will review results to determine if current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.	7/1/19

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K 372	Continued From page 5 Reference: 2012 NFPA 101 19.3.7.8, 8.5.4.1 .	K 372		
K 531 SS=E	Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the elevator in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly test and maintain the elevator could result in injury or death in the event of an emergency. The deficiency affected one (1) of one (1) elevators. The findings were:	K 531		

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K 531	Continued From page 6 Document review on 06/12/19 at 4:00 PM revealed that the facility was conducting quarterly tests of the elevator's fire fighter emergency operations. All elevators equipped with fire fighter emergency operations shall be tested at least monthly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.5.3, 9.4.6.2	K 531	1. No residents were identified as being affected. 2. All residents have the potential to be affected. The fire fighter emergency operations of the elevator were tested. 3. The Maintenance staff were inserviced on the requirements of testing the elevator fire fighter emergency operations monthly. 4. The Maintenance Director and/or designee will conduct monthly audits for the next 60 days and quarterly thereafter to verify testing is completed monthly as required. 5. The Maintenance Director and/or designee will report results of the audits to QAPI. The QAPI committee will review results to determine if current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.	7/1/19

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 06/12/2019. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements.	E 000		

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

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