STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535027	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/19/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CODY REGIONAL HEALTH LONG TERM CARE CENTER	**707 SHERIDAN AVENUE** **CODY, WY 82414**

(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 July 19, 2019. Requirements for Long Term Care Facilities 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, two-story building with a basement of Type II (111) construction built in 1982 and renovated in 1992 with an addition in 2010. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 94 certified Medicare and Medicaid beds with a census of 77. .	K 000		
K 200 SS=D	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress 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. 18.2, 19.2 This REQUIREMENT is not met as evidenced by:	K 200		8/28/19

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

Electronically Signed | 08/09/2019

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535027	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/19/2019**

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K 200	Continued From page 1 Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly maintain means of egress could result in injury or death in the event of an emergency. The deficiency affected the basement. The finding was: Observation on 07/19/19 at 11:30 AM revealed a set of cross corridor doors in the basement that are part of a 2-hour fire barrier that separates the nursing home from the hospital. Observation revealed that the doors were labeled as 90 minute fire rated, and one of the doors was equipped with panic hardware. Only approved fire exit hardware shall be used on fire-rated door assemblies. Interview with the maintenance representative at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.2.2.2.1, 7.2.1.7.2 .	K 200	1. Fire rated door hardware that meets 2012 NFPA 101 19.2.2.2.1, 7.2.1.7.2 has been ordered and will be installed in the location listed in this citation as soon as it is delivered. 2.All other doors within the listed 2 hour fire barrier area were inspected and found to be in compliance. 3.Existing doors will be monitored with any change in NFPA to insure continued compliance. 4.Once installed, this hardware correction will be complete and will remain sustained. It will be monitored for continued proper operation by regular Plant Operation audits. These audits will be reviewed at the QAPI meeting for review of continued compliance. Plant Operations Supervisor and/or Administrator will monitor for compliance.	
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system.	K 293		8/28/19

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	535027	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/19/2019**

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K 293	Continued From page 2 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to mark means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly mark means of egress could result in injury or death in the event of an emergency. The deficiency affected one (1) of three (3) smoke compartments on the first floor. The finding was: Observation on 07/19/19 at 10:30 AM revealed that the smoke compartment on the first floor containing the dementia unit only had one marked means of egress. Not less than two exits shall be accessible from each smoke compartment and those exits shall have exit signs. Interview with the maintenance representative at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.2.10.1; 19.2.4.4 .	K 293	1.An additional exit sign will be installed according to the NFPA guidelines within the smoke compartment by the West doors of the Special Care Unit so as to be seen for proper exit. 2.All other exits were reviewed for compliance with K-293 and found to be in compliance. 3.Exit Signage will be monitored with any change in NFPA to insure continued compliance. 4.Once installed, the exit sign will be sustained as an element of the Plant Ops inspection process. Exit signage is monitored by Plant Ops regular audits for continuing operation and regulatory compliance. These audits will be submitted to the QAPI committee for review.Plant Operations Supervisor and/or Administrator will monitor for compliance.	
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation	K 351		8/28/19

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K 351	Continued From page 3 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the fire sprinkler system in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinklers. Failure to properly maintain the fire sprinkler system could result in injury or death in the event of a fire. The deficiency affected numerous sprinkler heads in all smoke compartments on the first and second floor. The findings were: Observation on 07/19/19 at 9:45 AM and throughout the survey revealed fire sprinkler heads with eschutchens that were not flush to the ceiling. Eschutchens shall be used to cover the annular space around the sprinkler head. Interview with the maintenance representative at	K 351	1.The sprinkler pipe hangars will be adjusted to bring the eschutchens flush with the ceiling. 2.Eschutchen ring in the remainder of the building were reviewed and found to be in compliance. 3.Continued compliance will be monitored by Plant Ops regular audits 4.Audit results will be presented to the monthly QAPI committee meeting for review. Plant Operations Supervisor and/or Administrator will monitor for compliance.	

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K 351	Continued From page 4 the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 13 6.2.7.1	K 351		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on July 19, 2019. Based upon the findings of the survey team, it was determined that the facility was in compliance with all requirements.	E 000		

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Electronically Signed | 08/08/2019

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