STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0006	A. BUILDING: _____ B. WING _____	04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

(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) COMPLETE DATE
S 000	General Comments A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on April 22, 2021. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and Regulations for Healthcare Facilities apply. The facility was a fully sprinklered, two-story building with a basement of Type V (111) construction built in 1920, 1972, and 1993. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop, and a zoned fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 54 residents.	S 000		
S7016	NFPA Life Safety - Nfpa Medical Gases NFPA 101 Medical Gases This State Rule and Regulation is not met as evidenced by: Based on Observation and staff interview, the facility failed to maintain areas for storage of positive pressure gases in accordance with the 2006 International Fire Code (IFC). Failure to maintain areas for storage of positive pressure gases could result in injury or death in an emergency. The deficiency affected one (1) of one (1) pressurized gas storage locations. The findings were::	S7016	S7016 Corrective Changes: Oxygen over the allowable amount will be removed from the oxygen room on or before the date of compliance by Maintenance/Designee. A professional Maintenance company or Designee will install the required ventilation for areas string or transfilling medical gasses in accordance with NFPA 99, Healthcare facilities code, on or before	6/7/21

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S7016	Continued From page 1 Observation on 04/22/21 at 9:54 AM in the medical gas storage and transfilling room revealed that the space contained (5) 41L liquid O2 dewars, (6) 24 cu. ft. cylinders, (2) 6 cu. ft. cylinders, and (6) 15 cu. ft. cylinders. Additional observation revealed that the room exceeded the permit amount for compressed gases located within the building, requiring compliance with IFC Section 3006.2.1 for one-hour exterior rooms. It was observed that the space was provided with a mechanical exhaust fan located at the ceiling, and that the room's widow had bee left open for ventilation. IFC 3006.2.1 requires that the exterior wall be provided with upper and lower vents, each of an area not less than 36 square inches. These vents must be located within six inches of the ceiling and floor, respectively. Additionally, IFC 3006.2.1 requires that the space be constructed of 1-hr rated construction. It was observed that the room was provided with a 90 minute fire-rated door, but it could not be established that the wall construction was appropriate to satisfy the requirements of a 1-hr fire barrier. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 International Mehanical Code, Sections 3006.1, 3006.2, 3006.2.1, Table 105.6.8, and Table 105.6.10	S7016	alleged date of compliance. Identification: Residents who reside at Laramie Care Center are at potential risk. Systemic Changes: NHA will re-educate the Maintenance Department of the allowable storage amount and the required ventilation per NFPA 99, Health Care 2012 Facilities Code. Monitoring: The Maintenance Director/Designee will monitor weekly the amount of oxygen stored and ensure oxygen rooms comply with the required ventilation for 4 weeks or until facility sustains compliance. Any non-compliance will be corrected at that time and reported to QAPI and Safety Committee. Compliance date: 6/7/2021	
S7035	IMC Life Safety - Int'l Mechanical Code	S7035		6/7/21

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S7035	Continued From page 2 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide continuous mechanical exhaust ventilation in accordance with the Wyoming Department of Health Chapter 3 Rules, and the International Mechanical Code. The failure to provide continuous mechanical exhaust ventilation could lead to building degradation, or growth of mold. The deficiency affected one (1) of numerous soiled or wet locations. The findings were: Observation on 04/22/21 at 9:48 AM in the housekeeping room located across the corridor from the Aspen nursing station revealed that the exhaust fan was not operational. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3, Section 5(b)(iv)(B) 2006 International Mechanical Code, Sections 401.2, 402, 403	S7035	S7035 Corrective Action: The housekeeping room located across the corridor from the Aspen nursing station exhaust fan was repaired by Maintenance at time of survey. Identification: The building could be at potential risk for degradation, or growth of mold. Systemic Changes: NHA/Designee will re-educate the Maintenance Department on the requirement to provide continuous mechanical exhaust ventilation in accordance with the Wyoming Department of Health Chapter 3 Rules, and the International Mechanical Code. Monitoring: Maintenance Director/Designee will monitor soiled and wet locations to ensure the facility is providing continuous mechanical exhaust ventilation. Any non-compliance will be identified and corrected by Maintenance/Designee and reported to QAPI and Safety Committee.	