

## Healthcare Licensing and Surveys

|                                                     |                                                                     |                                                                        |                                                 |
|-----------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>WY0013 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>06/10/2021 |
|-----------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE-CARE-CENTER-OF-CASPER

4041 SOUTH POPLAR STREET

CASPER, WY 82601

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| S.000                    | General Comments<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on June 9 and 10th, 2021.<br><br>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 Health Care Facilities apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S.000               |                                                                                                                          |                          |
| S7035                    | IMC Life Safety - Int'l Mechanical Code<br><br>The facility was a fully sprinklered, single story building of Type-V (111) construction with plan approval in 1992. The building was equipped with a supervised automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 120 certified Medicare and Medicaid beds with a census of 75 residents.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to provide a manually-operated remote shutdown switch for the boilers in accordance with the 2006 International Mechanical Code and ASME CSD-1. The failure to provide a manually-operated remote shutdown switch for the boilers could lead to the spread of fire within the facility. The deficiency affected one (1) of one (1) mechanical boiler rooms in the facility. The findings were:<br><br>Observation on 6/9/2021 at 5:00 PM in the mechanical boiler room revealed newly installed | S7035               |                                                                                                                          |                          |

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

7/2/21

STATE FORM

8JKJ11

If continuation sheet 1 of 2

7/16/21 @ 11:25am via call with admin.

## Healthcare Licensing and Surveys

|                                                     |                                                                     |                                                                        |                                                 |
|-----------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>WY0013 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>06/10/2021 |
|-----------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF CASPER

4041 SOUTH POPLAR STREET  
CASPER, WY 82601

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| S7035                    | <p>Continued From page 1</p> <p>boilers, but no manually-operated remote-shutdown for the boilers was observed by the door into the building interior (or outside of the boiler room in the staff corridor) nor was a stop observed by the door leading to the outside.</p> <p>Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement.</p> <p>Interview with the facility administrator at the time of exit acknowledged the deficiency.</p> <p>REF: 2006 International Mechanical Code, Section: 1004.1, ASME CSD-1 Section CE-110</p> | S7035               |                                                                                                                          |                          |

S7035

- 1.) Maintenance Director or designee will ensure installation of manual remote shut-down switch for the boilers. Modern Electric is currently working on a bid for this.
- 2.) This deficiency is not applicable to other areas of the facility.
- 3.) Installation of the switch will ensure deficiency will not recur.
- 4.) Maintenance Director or Designee will report completion of project in August 2021 PI meeting.
- 5.) Compliance will be met on or before August 9, 2021.

T-B-I