STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535027	A. BUILDING **01** B. WING _____	R **10/26/2021**

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 revisit survey was conducted by Healthcare Licensing and Surveys on 10/26/2021 for all deficiencies identified on 08/26/2021. .	{K 000}		
{K 372} SS=D	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 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 barriers in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain smoke barriers could result in injury or death in the event of a fire. The deficiencies affected one (1) smoke barrier of two (2) on the main floor. The findings were: Observation on 10/26/21 at 3:00 PM revealed the smoke barrier that separates the main entrance area from the dining area and activities area had	{K 372}	This Plan of Correction (PoC) is in regard to the findings of the survey of Cody Regional Health (CRH) Long Term Care Center on 10/26/21, specific to ID Prefix Tag K372. K372 identified that there are two sets of glass double doors that are not labeled for a minimum of 20 minutes. Corrective Action: Cody Regional Health intends to replace the two sets of double doors with 20 minute rated doors.	11/22/21

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

Electronically Signed | 11/02/2021

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 372}	Continued From page 1 two sets of glass double doors. No labeling was observed on the doors so it could not be established whether the doors were of a construction type that would resist fire for a minimum of 20 minutes, nor could it be established whether the doors contained fire-rated glazing. Doors in smoke barriers shall be constructed to resist fire for a minimum of 20 minutes, and be provided with fire-rated or wired glass as applicable. Interview with facilities staff at the time of the observation revealed that the facility is working with a door manufacturer to get the correct doors ordered and installed. Interview with facilities staff at the time of the observation acknowledged the deficiency. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 19.3.7.3, 19.3.7.6, 8.5.6	{K 372}	Effect on residents: These doors are stationary and the replacement will enhance the fire/life safety of all residents in the facility. Measures put in place to prevent reoccurrence: These doors are stationary and once replaced with appropriate 20-minute rated doors, the rated doors will remain in place permanently. How will corrective action be monitored: These doors are stationary and once replaced with appropriate 20-minute rated doors, they will remain in place permanently. There is no need for monitoring since the doors will remain stationary. Corrective Action completion date: These doors will be replaced by 2/26/22. Typically, the timeframe for door replacement should be much shorter. However, the factors of difficulty that exist are: " Limited vendors in the area that distribute these rated doors. CRH is currently waiting on a vendor from Billings to assess and provide options. " Material shortage or long lead time. CRH projects in the past year have experienced very unusual wait times for construction related products. A recent project requiring replacement of 3 standard non-rated doors experienced a 3-month lead time. We will be requesting a limited time	

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{K 372}	Continued From page 2	{K 372}	waiver for this door replacement.	