STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535032	A. BUILDING **01** B. WING _____	**01/27/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	**1330 PRAIRIE AVENUE** **CHEYENNE, WY 82009**

(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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on January 27, 2022. Based on the findings it was determined the facility was in compliance with all requirements .	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on January 27, 2022. Requirements for Long Term Care Facilities Section 42 CFR 483.70(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 one story building of Type V (111) construction with plan approval in 1987 and 2009. The building was equipped with a supervised wet sprinkler system with a dry sprinkler branch, and an addressable fire alarm system. The facility had 160 certified Medicare and Medicaid beds with a census of 100 residents. .	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:	K 222		1/28/22

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

Electronically Signed | 02/18/2022

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K 222	Continued From page 1 CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS	K 222		

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K 222	Continued From page 2 Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain egress doors as required could delay egress from the building during an emergency resulting in injury or death. The deficiency affected one (1) of numerous exits throughout the facility. The findings were: Observation on 1/27/2022 at 8:37 AM at the south main exit door revealed that the delayed-egress was not provided with signage as required by the Life Safety Code. No signage was provided to indicate that the delayed-egress would release after 15 seconds. Interview with the safety director at the time of observation acknowledged the missing signage, and indicated awareness of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.2.2.2.4;	K 222	1. On 1/27/2022 @ 12:50 pm, a "Push until alarm sounds door will open in 15 seconds" sticker/sign was placed above the crash bar on #100 south/ice cream parlor exit door. This will be monitored weekly and logged in on T.E.L's under operation of doors and locks by the maintenance department. 2. On 1/28/2022 @ 3:30 pm, maintenance tightened the weather strip and adjusted the door #200 south exit so as to not require 35 pounds of pressure or more to open. This door will be monitored and tested weekly and logged on T.E.L's by maintenance under operation of doors and locks.	

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K 222	Continued From page 3 7.2.1.6.1.1 (4) 2. Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain egress doors as required could delay egress from the building during an emergency resulting in injury or death. The deficiency affected one (1) of numerous exits throughout the facility. The findings were: Observation on 1/27/2022 at 9:22 AM at the south exit door by room 214 revealed that the doors required a force in excess of 35 lbs to open. Interview with the safety director at the time of observation acknowledged the excessive force, and indicated awareness of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.2.2.2.1; 7.2.1.4.5.1 .	K 222		
K 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and	K 223		1/28/22

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K 223	Continued From page 4 * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide doors with closures in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain doors with closures as required could delay egress from the building during an emergency resulting in injury or death. The deficiency affected four (4) of numerous doors with closers throughout the facility. The findings were: Observation on 1/27/2022 at 8:52 AM at the fire doors by room 101 revealed that when dropped with no initial movement, the doors failed to latch. Additional observation of the doors at the long term nurses office, the MDS room, and the oxygen storage room revealed that the doors would not latch in the closed position when released. Interview with the safety director at the time of observation acknowledged the doors inability to latch, and indicated awareness of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.2.2.2.4; 7.2.1.6.1.1 (4) .	K 223	On 1/27/2022 @ 10:30 am, the maintenance department adjusted fire doors on #100 hall by room #101 so that the fire door latches. Fire Doors will be monitored weekly by maintenance and logged into T.E.L's under room inspection and doors. 1. Door latch on long term nursing manager office adjustments and tested on 1/28/2022 @ 10 am by maintenance personnel and will be monitored weekly by maintenance and logged onto T.E.L's under room inspection and doors. 2. Door latch on MDS office adjusted and tested by maintenance on 1/28/2022 @ 11 am and will be monitored weekly and logged onto T.E.L's room inspection and doors. 3. Oxygen storage room door latch adjusted and tested by maintenance on 1/28/2022 @ 10:30 am and will be monitored weekly and logged onto T.E.L's room inspection and doors.	

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K 321	Continued From page 5	K 321		
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 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: 1. 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 maintain hazardous areas as required could result in injury or death during an	K 321	K321 Hazardous Area (enclosed) 1. The door knob was replaced on the mechanical room on SRU west and on 1/28/2022 @ 4:00 pm by maintenance	1/28/22

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K 321	Continued From page 6 emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 1/27/2022 at 9:53 AM at the fire-rated mechanical room door in SRU West revealed the door knob was missing, which compromised the fire-rated assembly of the protected space. Interview with the safety director 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: 2012 NFPA 101: Sections 19.3.2; 8.7.1; 8.3.3.1 2. 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 maintain hazardous areas as required could delay egress resulting in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 1/27/2022 at 9:09 AM at the fire-rated mechanical/electrical room in 200 hall south revealed there were unsealed pipe penetrations through the fire barrier. Interview with the safety director 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.	K 321	and will be monitored by maintenance weekly and logged onto T.E.L's. 2. The electrical conduit in the electrical room on #200 south was fire caulked 1/28/2022 on the ceiling tiles (hard lid was fire caulked) this will be checked by maintenance monthly.	

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K 321	Continued From page 7 REF: 2012 NFPA 101: Sections 19.3.2; 8.7.1; 8.3.5.1 .	K 321		
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 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 install sprinkler systems in accordance with the 2010 NFPA 13, Standard for the Installation of Sprinkler Systems. The failure to install sprinkler systems as required could result in injury or death during an emergency. The deficiency affected the cold storage area within the kitchen. The findings were: Observation on 1/27/2022 at 11:20 AM in the walk	K 351	K351 Sprinkler System installation The "red" bulb sprinkler heads in the walk in cooler and freezer will be replaced by our authorized fire protection provider to the required bulbs of intermediate temperature, making the glass bulb color yellow or green. the sprinkler heads have been ordered and should be manufactured and installed by 3/24/2022	3/24/22

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K 351	Continued From page 8 in kitchen freezer and refrigerator revealed the color of the sprinkler bulb fluid to be red, which indicated that the sprinkler heads were not appropriate for the application. Interview with the safety director at the time of observation acknowledged the deficiency, and indicated unawareness of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. REF: 2010 NFPA 13, Section 8.3.2.5, Table 6.2.5.1 .	K 351	or sooner. An update as soon as the sprinkler heads are replaced will be made to the Department of Health and Human Services by the Executive Director or Maintenance Director as soon as the corrections are complete.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced	K 353		1/28/22

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K 353	Continued From page 9 by: Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 25, Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected one of numerous storage areas throughout the facility. The findings were: Observation on 1/27/2022 at 11:29 AM in the kitchen storage area revealed objects stacked close to the ceiling within several inches of the sprinkler head, which resulted in an obstruction to the dispersion pattern of the affected sprinkler. Interview with the safety director at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facilities administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.5.1; 9.7.5 2011 NFPA 25, Section 5.2.1.2 .	K 353	K353 Sprinkler System Maintenance & Testing 1. On 1/28/2022 @ 3:00 pm Maintenance put tape up in kitchen storage 18 inches below the sprinkler head as a guide for storage and educated the kitchen staff. This will be monitored weekly by maintenance staff and the kitchen supervisor to ensure compliance.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no	K 511		1/29/22

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K 511	Continued From page 10 hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 70, National Electrical Code. The failure to maintain electrical systems as required could result in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 1/27/2022 at 9:30 AM in the entryway of room 314 revealed a luminaire outlet box without a cover. Interview with the safety director 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: 2012 NFPA 101, Sections: 19.5.1.1; 9.1.2 2011 NFPA 70, Section: 410.22 2. Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 70, National Electrical Code. The failure to maintain electrical systems as required could result in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were:	K 511	K511 Utilities- Gas and Electric 1. On 1/29/2022 maintenance staff replaced a light cover on #314 and will be monitored weekly and logged into T.E.L's under room check on a weekly basis. 2. A cover was replaced on the MDS office door magnet holder by maintenance and will be monitored periodically by maintenance and logged onto T.E.L's under door check.	

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K 511	Continued From page 11 Observation on 1/27/2022 at 9:48 AM in the MDS office revealed that the magnetic door holder was missing the cover protecting the wiring within. Interview with the safety director 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: 2012 NFPA 101, Sections: 19.5.1.1; 9.1.2 2011 NFPA 70, Section: 314.25	K 511		