STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0013	A. BUILDING: _____ B. WING _____	07/26/2022

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 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 07/25/2022 and 07/26/2022. 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. The facility was a fully sprinklered, single story building of Type V (111) construction built 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 86 residents.	S 000		
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to keep the mechanical room free of combustible storage in accordance with the WDH Chapter 3 Construction Riles and Regulations for Healthcare Facilities and the 2006 International Fire Code. Failure to keep mechanical room free of combustible storage as required could lead to a fire resulting in injury or death during an emergency. The deficiencies were found in the mechanical room. The findings were: Observation on 07/25/2022 at 4:45 PM in the mechanical room revealed the facility had stored several combustible folding tables and chairs.	S7999	1. Problem Statement: facility failed to keep the mechanical room free of combustible storage in accordance with the WDH Chapter 3 Construction Riles and Regulations for Healthcare Facilities and the 2006 International Fire Code 2. Corrective Action: • In-service - education provided to the maintenance assistant and maintenance Director on 8/18/2022. • All-staff education regarding deficiency will be completed by 8/31/2022.	9/21/22

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S7999	Continued From page 1 Interview with the maintenance assistant at the time of the observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the Director of Nursing at the time of exit acknowledged the deficiency. REF: 2006 International Fire Code 315.2.3	S7999	3. Identification of others: • Failure to keep mechanical room free of combustible storage as required could lead to a fire. 4. Systemic changes: • Maintenance Director/ Designee will move the combustible folding table and chairs from the mechanical room to ensure compliance with 2006 International Fire Code 315.2.3. 5. Ongoing Monitoring: • Maintenance Director will put monthly task in TELS to monitor storage in the mechanical room. Audits will be brought to monthly QAPI meeting, reviewed, and continued until QAPI team determined sustained compliance.	