STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING 01 B. WING _____	07/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 US HWY 20 SOUTH BASIN, WY 82410

(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 07/12/2022. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 07/12/2022. Requirements for Long Term Care Facilities Section 42 CFR 483.90(a) except as otherwise provided in this 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, single story building of Type II (000), with a basement, built in 1981. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds with a census of 74 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90(a).	K 000		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates,	K 324		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE T-B TITLE Administrator (X6) DATE 11/30/22

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 324	Continued From page 1 toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly protect cooking facilities could result in the spread of smoke and fire which could result in injury or death. The deficiency affected the kitchen and could impact all staff within the kitchen. The findings were: Observation on 07/12/22 at 10:50 AM revealed a gas-fire cook-top under a commercial exhaust hood located in the facility's kitchen. Observation of the cook-top revealed that no means was provided to ensure it is returned to the approved location after being moved. Cooking appliances requiring fire-extinguishing protection shall be	K 324		

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K 324	Continued From page 2 provided with a means of return to the approved location after being moved for cleaning or maintenance purposes. Interview with the facility maintenance manager at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the facility administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.2.5.5, 9.2.3; 2011 NFPA 96 12.1.2.3	K 324		
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:	K 351		

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K 351	Continued From page 3 Based on observation and staff interview, the facility failed to install the fire sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code, and 2010 NFPA 13, Standard for the Installation of Sprinkler Systems. Failure to properly install the fire sprinkler system could result in the system working improperly which could result in injury or death in the event of a fire. The deficiency could impact all residents, visitors, and staff. The findings were: Observation on 07/12/22 starting at 11:15 AM, and throughout the survey, revealed that the facility had recently installed new lighting throughout the building. Observation of multiple storage closets located in the resident wings revealed that the new lighting fixtures were located close enough to the sprinkler heads that they would obstruct the spray patterns and thus not provide full coverage of the space. A majority of the new light fixtures were located within a foot of the sprinkler head and the light fixtures were approximately 6 inches in height. A sprinkler head must be located at least 2'-6" away from an obstruction that is 6 inches below the sprinkler discharge location. Interview with facility maintenance manager at the time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 8.6.5.1.2	K 351		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K324

The kitchen equipment under the sprinklers exhaust hood has been anchored to the wall with a cable to ensure that the gas lines attached to the equipment cannot be damaged in the event that someone was to move the equipment out of its current space without 1st properly shutting off all gas and disconnecting the line. The maintenance supervisor will in-service the dietary and maintenance departments regarding this requirement and how to safely move this equipment. The maintenance supervisor will also inform the QAPI team of the deficiency and the corrective actions. An audit will be conducted monthly and then quarterly to ensure compliance with the regulation. The QAPI team will discuss this monthly to ensure that the audits are completed and the facility is in compliance.

Corrective Action Completion Date 7-13-22

The floor in the kitchen has been marked for proper placement of kitchen equipment under the sprinklers exhaust hood. This is to ensure that in the event that equipment must be moved, it will return to its designated place located back under the sprinkler head. The maintenance supervisor will in-service the dietary and maintenance departments regarding this requirement and demonstrate the proper location of where the equipment is to be placed. The maintenance supervisor will also inform the QAPI team of the deficiency and the corrective actions. An audit will be conducted monthly and then quarterly to ensure compliance with this regulation. The QAPI team will discuss this monthly to ensure that the audits are completed and the facility is in compliance.

Corrective Action Completion Date 7-13-22

K 351

On April 8th the maintenance supervisor informed the Engineer and Electrical contractor of project for the LED lighting upgrade that many fixtures were installed incorrectly thus causing the deficiency. On 5-26-22, they were informed that the lights can be moved with some modification to the conduit. As of 7-13-22, the facility is still under construction for the project and both the engineer and the electrical contractor are working on a solution to correct the deficiency. The solution will require moving the fixtures to comply with the regulation. The maintenance supervisor has a list of all the fixtures that do not meet the required clearance. He will compile a daily construction report at the end of each day while the contractors are working in the building to track which fixtures are compliant. Once the work is completed, this list will be used to ensure that all deficiencies have been corrected. The maintenance supervisor will continue to use the daily construction report as he has for all construction projects to record, track and ensure compliance during construction projects. He will present this information to the QAPI team and review monthly for 3 months and then quarterly to ensure compliance of all projects during construction.

Corrective Action completion date: 8-22-22