STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535056	A. BUILDING **01** B. WING _____	R **01/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE VIEW CARE CENTER	**1325 SAGE STREET** **ROCK SPRINGS, WY 82901**

(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	{E 000}		
{K 000}	INITIAL COMMENTS A Life Safety Code revisit survey was performed by Healthcare Licensing and Surveys on 01/16/2024 for all previous deficiencies identified on 11/13/2023 and 11/14/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (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, single story building with a basement of Type V (111) construction built in 1956. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 82 certified Medicare and Medicaid beds with a census of 39 residents. The findings that follow demonstrate noncompliance with CFR 483.90.	{K 000}		
{K 271} SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by:	{K 271}		2/1/24

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

Electronically Signed | 02/06/2024

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 271}	Continued From page 1 Based on observation and staff interview, the facility failed to provide a level means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide a level means of egress as required could delay egress resulting in injury or death during an emergency. The deficiency affected one (1) of numerous means of egress from the facility. The findings were: Observation on 01/16/2024 at 2:15 PM at the North East corner exit pathway adjacent to the bus parking found that the concrete walkway had uplifted from soil expansion and tree roots causing a portion of the walkway to be at different heights. It was further observed that the height difference between the walkway portions was in excess of the maximum allowable tolerance of 1/2 inch at the joint. Interview with the maintenance manager at time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101, Sections 19.2.1, 7.1.6.2	{K 271}	K271: SS=D Discharge from Exits 1. Concrete was re-poured to provide a level walking space. 2. Facility audit continued to validate compliance for facility 3. Staff were educated on requirements regarding exit pathway compliance. 4. The ED/Designee will audit care plans weekly for 3 months. Results of the audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5. Date of compliance 2/1/2024	