

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

PRINTED: 06/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535032		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2024	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CHEYENNE				STREET ADDRESS, CITY, STATE, ZIP CODE 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 06/05/2024. Based upon the findings of the survey, it was determined the facility was in compliance with the requirements of 42 CFR 483.73.			E 000			
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 06/05/2024. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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, one story building of Type V (III) construction with plan approval in 1987 and 2009. 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 160 certified Medicare and Medicaid beds with a census of 111 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.			K 000			
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system			K 345			8/5/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/27/2024

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 345	Continued From page 1 acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain fire alarm systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2010 NFPA 72, National Fire Alarm Code. Failure to maintain fire detection systems as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous requirements for the fire alarm system. The findings were: Document review on 06/05/2024 starting at 3:00 PM revealed that the facility was able to produce documentation demonstrating the fire alarm system had been tested within the last 12 months. However, the documentation did not provide a location and pass/fail test for the alarm notification devices as required. Interview with the regional director, executive director, and maintenance manager at the time of observation acknowledged the deficiency, and indicated that they were not aware of the requirement. Interview with the regional director, executive director, and maintenance manager at the time of exit acknowledged the deficiency. Ref: NFPA 101, Sec. 19. 3.4.1, 9.6.1.3; NFPA 72, Table 14.4.5	K 345	On 6/27/2024 Contractor was on site and performed a location and pass/fail test for the alarm notification devices as required and all systems passed. Fire panel batteries were replaced. Facility will ensure this will be performed annually.		
K 900 SS=E	Health Care Facilities Code - Other CFR(s): NFPA 101	K 900			8/5/24

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K 900	Continued From page 2 Health Care Facilities Code - Other List in the REMARKS section any NFPA 99 requirements (excluding Chapter 7, 8, 12, and 13) that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Health Care Facilities Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain main and feeder circuit breakers in accordance with 2012 NFPA 99, Health Care Facilities Code. Failure to maintain main and feeder circuit breakers as required could result in faulty or inoperable equipment. The deficiency affected the facilities main and backup electric system. The findings were: Document review on 06/05/2024 starting at 3:00 PM revealed the facility was not able to provide documentation demonstrating that the main and feeder circuit breakers had been tested. Interview with the regional director, executive director, and maintenance manager at the time of observation acknowledged the deficiency, and indicated that they were not aware of the requirement. Interview with the regional director, executive director, and maintenance manager at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 99 Ch.10 Sec. 4.4.1.2			K 900	On 6/27/2024 Maintenance Director contacted contractor and will ensure that the main feeder circuit breakers have been tested. Facility will develop a plan to ensure the main and feeder circuit breakers have been tested annually.		