STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING **01** B. WING _____	**05/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEGACY LIVING AND REHABILITATION CENTER	**1000 S DOUGLAS HWY** **GILLETTE, WY 82716**

(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 05/22/2024. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 05/22/2024. 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 two story building with a basement of Type II (111) construction built in 2016. The building was equipped with a supervised wet and dry sprinkler system, and an addressable fire alarm system. The facility had a capacity of 160 certified Medicare and Medicaid beds with a census of 116 residents. The findings that follow demonstrate noncompliance with 42 CFR 48.90.	K 000		
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	K 353		8/20/24

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

Electronically Signed | 06/17/2024

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K 353	Continued From page 1 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 by: Based on observation and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler system may result in a malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire sprinkler system in two of numerous storage closets, and could potentially affect all residents, staff, and visitors. 1. Observation on 05/22/2024 at 9:16 AM at storage closet 177F revealed combustible materials stacked within the 18" height clearance to the sprinkler head, which could result in an obstruction to the dispersion pattern of the affected sprinkler. This deficiency was repeated at storage closet 210A. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the executive director at the time of	K 353	Corrective action: As of June 17th. 2024, the storage closet 177F and storage closet 210A the combustible materials were removed below the 18" height clearance. Within 90 days of survey, the full flow test will be conducted on the facility's dry system riser. Systemic Changes: As of June 17, 2024, the EVS and maintenance staff were educated on 18-inch clearances in storage. The maintenance Director or designer will audit the storage 18-inch clearances monthly x 3 months. Monitoring: The audit will be presented to the QAPI committee for their recommendations on compliance.	

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K 353	Continued From page 2 exit acknowledged the deficiency. Ref: 2012 NFPA 101, Sections: 19.3.5.1; 9.7.5 and 2011 NFPA 25, Section 5.2.1.2 2. Document review on 5/22/24 starting at 3:00 PM revealed the testing and maintenance contractor's report cited that no full flow test could be conducted on the facility's dry system riser due to the "floor drain the main drain piping feeds into cannot handle a full flow." This documentation was produced in 2022. Subsequent inspection documentation contained the same verbiage. A full flow test of the dry system shall be conducted every 3 years. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the executive director at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101, Section 19.3.5.1 and 9.7.5; 2011 NFPA 25, Section 13.4.4.2.2.2	K 353		
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 hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		6/17/24

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K 511	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure, resulting in injuries to staff or residents. The deficiency affected the kitchen staff, and all staff working within. The findings were: Observation on 05/22/2024 at 10:46 AM in the kitchen revealed several gas-fired cooking appliances. Further observation revealed that the appliances were on casters, and were provided with the required restraint to protect the flexible gas piping when the appliances are moved for service or cleaning. However, the restraints were not attached to the wall, rendering the devices ineffective. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the executive director at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101 Ch. 18.5.4, 9.1.1; 2012 NFPA 54 Sec. 9.6.1.2; ANSI Z21.69 Sec.1.7.4	K 511	Corrective action: As of June 17th. 2024, the gas-fired appliance restraints are attached to the wall. Systemic Changes: As of June 17, 2024, dietary and Maintenace staff were educated about restraining the gas-fired appliances to ensure the flexible gas piping intact. The maintenance Director or designee will audit the restraints monthly x 3 months. Monitoring: The audit will be presented to the QAPI committee for their recommendations on compliance.	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other	K 911		8/20/24

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K 911	Continued From page 4 List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to perform annual testing and maintenance of main and feeder circuit breakers in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to routinely test and maintain main and feeder circuit breakers could allow mechanical failures to go undetected, leading to power loss within the facility, which could result in injury or death. The deficiency could impact residents, staff, and visitors in areas affected by a system failure. The findings were: Document review on 05/22/2024 starting at 3:00 PM revealed that the facility could not demonstrate annual testing of main and feeder circuit breakers, and no evidence was provided to demonstrate that a program for periodically exercising the components had been established in accordance with manufacturer recommendations. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the executive director at the time of exit acknowledged the deficiency. REF: NFPA 99, Section 6.4.4.1.2	K 911	Corrective action: Within 90-days of survey, the facility will conduct annual testing and maintenance of main and feeder circuit breakers in accordance with the 2012 NFPA 99 Monitoring: The outcome of the testing and Maintenace of the circuit breaker will be presented to the QAPI committee for their recommendations on compliance.	