

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

PRINTED: 09/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER CODY REGIONAL HEALTH LONG TERM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 SHERIDAN AVENUE CODY, WY 82414		
(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 08/20/2024. Based on the findings of the survey team, 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 08/20/2024. 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 of Type II (III) construction built in 1982 and renovated in 1992 with an addition in 2010. The building was equipped with a supervised, automatic wet sprinkler system and a dry branch, with an addressable fire alarm system. The facility had a capacity of 94 certified Medicare and Medicaid beds with a census of 58 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000			
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a	K 918			9/10/24

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

TITLE

(X6) DATE

Electronically Signed

09/11/2024

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 918	Continued From page 1 process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the essential electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities. Failure to properly test and maintain the EES could result in a failure of the system, resulting in injury or death in the event of an emergency. The deficiency affected the EES and could potentially affect all residents, staff, and visitors.	K 918	K 918 Annual Inspection per 6.4.4.1.2.1 was completed on 9/5/24 and will be completed annually within same month as previous year going forward. Thermal scanning of facility breakers will be conducted at same interval as a visual inspection. Documentation will be		

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K 918	Continued From page 2 The findings were: Document review on 08/20/2024 starting at 11:40 AM revealed that the facility failed to perform the inspection and testing of main and feeder circuit breakers. No documentation was available at the time of the survey to demonstrate that the facility had conducted the annual inspection of the main and feeder circuit breakers associated with the EES in the last twelve (12) months. No maintenance program was available for periodically exercising the components in accordance with manufacturer's recommendation. Interview with facilities director at the time of the observation acknowledge the deficiency, but indicated that they were unaware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2010 NFPA 99 6.4.4.1.2.1	K 918	provided by inspecting vendor or qualified CRH employee of any deficiencies found. Testing per 6.4.4.1.2.1 and A.6.4.4.1.2.1 will be exercised and tested per manufacturers recommendations. Testing will also be included in the quarterly and annual review once recommendations are received from manufacturer. If testing isn't recommended by manufacturer, then CRH will submit documentation to WDH and revise monitoring process. Cody Regional Health has reached out to contracted vendors of the equipment on September 4th and September 9th for manufacturer recommendations. Currently both are working to receive letters on or before 10-1-24. Cody Regional Health will follow the manufacturer's recommendations regarding testing once received. Plant Ops staff who conduct the inspection activities were re-inserviced on annual inspection and testing requirements. Cody Regional Health will include in the quarterly and annual Life Safety documentation review for Inspections. Director of Plant Ops will monitor to ensure above corrections are completed.		