STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535036	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rawlins SNF Operations LLC	542 16th St , Rawlins, Wyoming, 82301

(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
K0000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 08/12/2025. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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 1965. The building was equipped with a supervised automatic wet sprinkler system, with an anti-freeze branch, and an addressable fire alarm system. The facility had a capacity of 62 certified Medicare and Medicaid beds with a census of 34 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90	K0000		08/29/2025
K0361 SS = D Bldg. 01	Corridors - Areas Open to Corridor CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to maintain corridor separation in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain corridor separation as required could contribute to smoke spread during an emergency, which could impede egress resulting in injury or death. The deficiency affected one (1) of multiple corridors throughout the facility and has the potential to affect any residents, staff or visitors that use the corridor. The findings were:	K0361	Preparation and execution of the response and plan of correction does not constitute and admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegations the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitute the facilities allegations of compliance in accordance with the State Operations Manual. K-361- Corridors - areas open to corridor The Maintenance Director and /or designee replaced the door in the library room. The maintenance director and or designee audited corridor separations in the building, no other areas are noted.	08/29/2025

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535036	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rawlins SNF Operations LLC	542 16th St , Rawlins, Wyoming, 82301

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K0361 SS = D Bldg. 01	Continued from page 1 Observation on 08/12/2025 at 9:26 AM at the library revealed that the door separating the space from the corridor had been removed. Further observation revealed that the library was not provided with a supervised smoke detection system in accordance with Life Safety Code, Section 19.3.6.1(c). Additionally, the library space was not arranged in a manner that allowed direct supervision by facility staff. Interview with the facility administrator and facility administrator at the time of the observation acknowledged the deficiency. Interview with the facility administrator and facility maintenance manager at the time of exit confirmed the deficiency. REF: 2012 NFPA 101, Section 19.3.6.1	K0361	Continued from page 1 The Executive Director and Maintenace director reviewed the regulations for corridors separation. The maintenance director/ designee will audit corridor separation for 1 month to validate compliance. Results of initial and ongoing audit will be reviewed via the QAPIU process monthly time one month for further recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING B. WING	**08/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rawlins SNF Operations LLC	**542 16th St , Rawlins, Wyoming, 82301**

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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 08/12/2025. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.73.	E0000		08/29/2025

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