

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535023	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Weston County Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1124 Washington Blvd , Newcastle, Wyoming, 82701		
(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	<p>INITIAL COMMENTS</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 12/10/2025.</p> <p>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.</p> <p>The facility was a fully sprinklered single story building with a basement of Type II (111) construction built in 1968, 2006, and 2015. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 58 certified Medicare and Medicaid beds with a census of 53 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.</p>	K0000		12/29/2025
K0100 SS = D	<p>General Requirements - Other</p> <p>CFR(s): NFPA 101</p> <p>General Requirements - Other</p> <p>List in the REMARKS section any LSC Section 18.1 and 19.1 General 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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to maintain a 2-hour rated fire barrier in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain fire barriers could allow for the spread of smoke or fire leading to injury or death in the event of a fire. The deficiency affected one (1) of multiple fire barriers. The deficiency could affect all residents, staff, and visitors at the facility. The findings were:</p>	K0100	<p>The preparation and execution of this plan of correction is being done to comply with the requirements of federal and state laws and does not constitute an admission by the facility that any of the statements contained in this survey report or the conclusions drawn from these statements are accurate or true.</p> <p>How the Corrective Action Was Accomplished for Those Residents Found to Have Been Affected:</p> <p>Immediately upon identification of the deficiency, the unprotected electrical penetration above the ceiling at the 2-hour rated building separation fire barrier between the Critical Access Hospital and the Long-Term Care facility was sealed using an approved, listed firestop system appropriate for a 2-hour fire-resistance rating. This action restored the integrity of the fire barrier and reduced the risk of smoke and fire spread, thereby protecting all residents, staff, and visitors.</p>	01/05/2026

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.

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K0100 SS = D	<p>Continued from page 1</p> <p>Observation on 12/10/2025 at 10:30 AM revealed a 2-hour rated building separation fire barrier between the CAH and the Long-Term Care facility. Further observations revealed an electrical penetration through the fire barrier above the ceiling at the communicating fire doors. The penetration was not protected with a firestop system or device to limit the spread of fire or restrict the movement of smoke in accordance with the 2012 NFPA 101, sections 8.3.4 and 8.3.5.</p> <p>Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator, the director of nursing, and the maintenance manager at the time of exit confirmed the deficiency.</p> <p>REF: 2012 NFPA 101, Sections 19.1.1.4.1, 4.5.8, 8.3, 8.3.4, and 8.3.5.1</p>	K0100	<p>Continued from page 1</p> <p>How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>The Maintenance Manager conducted a comprehensive inspection of all 2-hour and 1-hour fire-rated barriers throughout the facility, including above-ceiling spaces and building separation walls, to identify any additional penetrations or compromised fire barriers. Any identified deficiencies were corrected immediately or scheduled for repair using approved firestop materials.</p> <p>What Measures Will Be Put Into Place or System Changes Made to Ensure the Deficient Practice Will Not Recur:</p> <p>The facility has implemented a Fire Barrier Integrity Process that includes:</p> <p>Routine inspection of all fire-rated barriers, including building separations and communicating fire door assemblies.</p> <p>Verification that all penetrations are sealed with approved firestop systems consistent with the required fire-resistance rating.</p> <p>All future construction, electrical, or maintenance work affecting fire-rated barriers will require:</p> <p>Prior approval by the Maintenance Manager.</p> <p>Post-work inspection to ensure fire barrier integrity before the area is returned to service.</p> <p>Contractors and maintenance staff will be educated on firestop requirements and Life Safety Code compliance.</p> <p>How the Facility Will Monitor Its Corrective Actions to Ensure the Deficient Practice Will Not Recur:</p> <p>The Maintenance Manager will conduct quarterly Life Safety inspections, including inspection of fire-rated barrier penetrations.</p> <p>Inspection findings will be documented and reviewed by the Administrator.</p>	

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K0100 SS = D	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure</p> <p>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p>	K0100	<p>Continued from page 2</p> <p>Any non-compliance identified will be corrected immediately and documented.</p> <p>Date of Compliance: 1/5/2026</p> <p>The preparation and execution of this plan of correction is being done to comply with the requirements of federal and state laws and does not constitute an admission by the facility that any of the statements contained in this survey report or the conclusions drawn from these statements are accurate or true.</p> <p>How the Corrective Action Was Accomplished for Those Residents Found to Have Been Affected:</p> <p>Immediately following identification of the deficiency, the unprotected electrical penetrations at the ceiling within the storage room classified as a hazardous area were sealed using an approved, listed firestop system consistent with the required 1-hour fire-resistance rating. This corrective action restored the integrity of the fire barrier and reduced the risk of smoke and fire spread, ensuring the safety of all residents and staff who may be affected by use of the hazardous area.</p> <p>How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>The Maintenance Manager conducted a facility-wide inspection of all hazardous areas, including but not limited to storage rooms, soiled utility rooms, laundry areas, trash collection rooms, and boiler/mechanical rooms, to identify any additional unprotected penetrations or compromised fire barriers. Any deficiencies identified were corrected immediately or scheduled for repair using approved firestop materials.</p> <p>What Measures Will Be Put Into Place or System Changes Made to Ensure the Deficient Practice Will Not Recur:</p> <p>The facility has implemented a Hazardous Area Fire Barrier Integrity Process requiring:</p> <p>Routine inspection of hazardous area fire barriers, including above-ceiling spaces.</p>	01/05/2026

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K0321 SS = D	<p>Continued from page 3</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to ensure hazardous areas are protected by a fire barrier having a 1-hour fire resistance rating in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain fire barriers protecting hazardous areas could allow for the spread of smoke and fire leading to injury or death in the event of a fire. The deficiency affected one (1) of multiple hazardous areas. The deficiency affected all residents and staff using the hazardous area. The findings were:</p> <p>Observation on 12/10/2025 at 12:08 PM revealed electrical penetrations in the storage room. Further observations revealed the electrical penetrations at the ceiling that were not protected with a firestop system or device to restrict the movement of smoke in accordance with the 2012 NFPA 101, sections 8.3.4 and 8.3.5.</p> <p>Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator, the director of nursing, and the maintenance manager at the time of exit confirmed the deficiency.</p> <p>REF: 2012 NFPA 101, Sections 19.3.2.1, 8.7, 8.3, 8.3.4, and 8.3.5.1</p>	K0321	<p>Continued from page 3</p> <p>Verification that all wall and ceiling penetrations are properly sealed with approved firestop systems matching the required fire-resistance rating.</p> <p>All future electrical, mechanical, or maintenance work within hazardous areas will require:</p> <p>Pre-approval by the Maintenance Manager.</p> <p>Post-work inspection to verify fire barrier integrity prior to job completion.</p> <p>Contractors will be educated on maintaining required fire and smoke barrier ratings during all work performed in hazardous areas.</p> <p>How the Facility Will Monitor Its Corrective Actions to Ensure the Deficient Practice Will Not Recur:</p> <p>The Maintenance Manager will conduct quarterly Life Safety and hazardous area inspections.</p> <p>Inspection results will be documented and reviewed by the Administrator.</p> <p>Any identified non-compliance will be corrected immediately and documented.</p> <p>Date of Completion:</p> <p>1/5/2026</p>	
K0372 SS = D	<p>Subdivision of Building Spaces - Smoke Barrie</p> <p>CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction</p> <p>2012 EXISTING</p> <p>Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is</p>	K0372	<p>The preparation and execution of this plan of correction is being done to comply with the requirements of federal and state laws and does not constitute an admission by the facility that any of the statements contained in this survey report or the conclusions drawn from these statements are accurate or true.</p> <p>How the Corrective Action Was Accomplished for Those Residents Found to Have Been Affected:</p> <p>Immediately following identification of the deficiency, the unprotected electrical penetration above the ceiling at the 1-hour rated smoke barrier between the</p>	01/05/2026

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K0372 SS = D	<p>Continued from page 4 installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to maintain a 1-hour fire rated smoke barrier in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain smoke barrier construction could allow for the spread of smoke or fire leading to injury or death in a fire emergency. The deficiency affected one (1) of multiple smoke barriers. The deficiency could affect all residents, staff, and visitors at the facility. The findings were:</p> <p>Observation on 12/10/2025 at 10:35 AM revealed a 1-hour rated smoke barrier for smoke compartment H between the dining area and the corridor. Further observations revealed an electrical penetration through the smoke barrier above the ceiling at the 1-hour rated doors to the dining area. The penetration was not protected with a firestop system or device to limit the spread of fire or restrict the movement of smoke in accordance with the 2012 NFPA 101, sections 8.3.4 and 8.3.5.</p> <p>Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator, the director of nursing, and the maintenance manager at the time of exit confirmed the deficiency.</p> <p>REF: 2012 NFPA 101, Sections 19.3.7.3, 4.5.8, 8.3, 8.3.4, and 8.3.5.1</p>	K0372	<p>Continued from page 4 dining area and corridor (Smoke Compartment H) was sealed using an approved, listed firestop system consistent with the barrier's fire-resistance rating. This corrective action restored the integrity of the smoke barrier and reduced the risk of smoke or fire spread, thereby protecting all residents, staff, and visitors.</p> <p>How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>The Maintenance Manager conducted a facility-wide inspection of all smoke barriers, including above-ceiling spaces, to identify any additional penetrations or openings that could compromise smoke or fire resistance. Any deficiencies identified were corrected immediately or scheduled for repair using approved firestop materials.</p> <p>What Measures Will Be Put Into Place or System Changes Made to Ensure the Deficient Practice Will Not Recur:</p> <p>The facility has implemented a Smoke Barrier Integrity Monitoring Process requiring:</p> <p>Inspection of smoke barriers during routine life safety rounds, including above-ceiling penetrations.</p> <p>Verification that all penetrations are properly sealed with approved firestop systems matching the barrier rating.</p> <p>All future construction, maintenance, or electrical work that involves smoke barriers will require:</p> <p>Pre-approval by the Maintenance Manager.</p> <p>Post-work inspection to verify smoke barrier integrity prior to project completion.</p> <p>Contractors will be informed of the requirement to maintain smoke and fire barrier ratings during all work.</p> <p>How the Facility Will Monitor Its Corrective Actions to Ensure the Deficient Practice Will Not Recur:</p>	

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K0372 SS = D		K0372	<p>Continued from page 5</p> <p>The Maintenance Manager will conduct quarterly Life Safety inspections that include smoke barrier integrity checks.</p> <p>Findings will be documented and reviewed by the Administrator.</p> <p>Any identified non-compliance will be corrected immediately and documented.</p> <p>Completion Date:</p> <p>1/5/2026</p>	
K0753 SS = E Bldg. 01	<p>Combustible Decorations</p> <p>CFR(s): NFPA 101</p> <p>Combustible Decorations</p> <p>Combustible decorations shall be prohibited unless one of the following is met:</p> <ul style="list-style-type: none"> o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. <p>19.7.5.6</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on document review and staff interview, the facility failed to ensure combustible decorations were flame-retardant or treated with an approved fire-retardant coating in accordance with the 2012 NFPA 101, Life Safety Code. Failure to ensure combustible decorations are fire-retardant could contribute to the</p>	K0753	<p>The preparation and execution of this plan of correction is being done to comply with the requirements of federal and state laws and does not constitute an admission by the facility that any of the statements contained in this survey report or the conclusions drawn from these statements are accurate or true.</p> <p>How the Corrective Action Was Accomplished for Those Residents Found to Have Been Affected:</p> <p>Immediately following the survey observation, all artificial Christmas trees identified in the Dining Room, Special Care Unit, and South Wing Day Room were treated with an approved fire-retardant spray designed for combustible decorations. Documentation of the fire-retardant product used has been obtained and is maintained on file. This corrective action reduced the risk of fire spread and ensured the safety of all residents, staff, and visitors.</p> <p>How the Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:</p> <p>The Maintenance Manager conducted a facility-wide inspection of all seasonal and decorative items to identify any additional combustible decorations. Any decoration found to be combustible without documentation of flame-retardant treatment was either treated with an approved fire-retardant coating or removed immediately.</p> <p>What Measures Will Be Put Into Place or System Changes Made to Ensure the Deficient Practice Will Not Recur:</p>	01/05/2026

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K0753 SS = E Bldg. 01	<p>Continued from page 6</p> <p>spread of fire resulting in injury or death in the event of a fire. The deficiency affected the entire facility. The deficiency could affect all residents, staff and visitors at the facility. The findings were:</p> <p>Observation on 12/10/2025 starting at 10:50 AM revealed an artificial Christmas tree in the Dining Room. Additional observations revealed artificial Christmas trees in multiple locations including the Special Care Unit, and the day room of the south wing. The facility was unable to provide documentation that the decorations were flame-retardant or treated with an approved fire-retardant coating in accordance with the 2012 NFPA 101, section 19.7.5.6.</p> <p>Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator, the director of nursing, and the maintenance manager at the time of exit confirmed the deficiency.</p> <p>REF: 2012 NFPA 101, Section 19.7.5.6</p>	K0753	<p>Continued from page 6</p> <p>The facility has implemented a Decorations and Fire Safety Policy requiring:</p> <p>All combustible decorations to be flame-retardant, treated with an approved fire-retardant coating, or meet NFPA 701 standards.</p> <p>Documentation of flame-retardant treatment to be maintained and readily available.</p> <p>All future seasonal decorations will be reviewed and approved by Maintenance prior to placement.</p> <p>Non-compliant decorations will not be permitted in resident care or common areas.</p> <p>How the Facility Will Monitor Its Corrective Actions to Ensure the Deficient Practice Will Not Recur:</p> <p>The Maintenance Manager will conduct quarterly environmental safety audits, with additional audits prior to seasonal decorating.</p> <p>Audit findings will be documented and reviewed by the Administrator.</p> <p>Any identified non-compliance will be corrected immediately and documented.</p> <p>Who Is Responsible for Ensuring Compliance:</p> <p>Maintenance Manager – environmental rounds, documentation, and treatment/removal of decorations</p> <p>Administrator – oversight and compliance assurance</p> <p>Date of Compliance:</p> <p>1/5/2026</p>	

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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 12/10/2025. Based on the findings of the survey, it was determined the facility was in compliance with all of the requirements of 42 CFR 483.73.	E0000		12/29/2025

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