

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535059	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 02/10/2026
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NAME OF PROVIDER OR SUPPLIER Star Valley Care Center	STREET ADDRESS, CITY, STATE, ZIP CODE 130 Hospital Lane , Afton, Wyoming, 83110
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(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
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K0000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 02/10/2026. Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) 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 of Type II (111) construction with plan approval in 1998 and 2010. The building was equipped with a supervised, automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 24 certified Medicaid beds with a census of 22 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.</p>	K0000		03/03/2026
K0511 SS = D Bldg. 01	<p>Utilities - Gas and Electric</p> <p>CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric</p> <p>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.</p> <p>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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, and all staff working within.</p> <p>The findings were:</p> <p>Observation on 02/10/2026 at 9:21 AM in the kitchen revealed a gas-fired cooktop. Further observation</p>	K0511	<p>K0511- Utilities- Gas and Electric</p> <p>A). Immediate Action Taken: On 2/10/2026, the Maintenance team inspected the stove and secured the safety restraint wire. The gas line was checked for wear and leaks, and none were identified. Dietary staff were instructed not to move the stove without assistance from Maintenance.</p> <p>B). The Potential to Affect Other Residents: The facility has determined that all residents, visitors, and employees have the potential to be affected by this practice.</p> <p>C). Systemic Changes: Education was provided on 2/26/2026 to all Dietary staff regarding the importance of the safety restraint wire. Education was also provided to the Maintenance team on proper inspection procedures and documentation of required audits.</p> <p>D). How Performance will be Monitored: An audit will be conducted monthly for six months, or until substantial compliance is achieved. The audit will be completed by Maintenance and will include verification that the safety wire is properly attached, along with inspection of the gas line and fittings. Results will be documented on the audit form and reviewed by both the Maintenance and Dietary Directors. Audit findings will also be reported to the QAPI team during the monitoring</p>	03/03/2026

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0511 SS = D Bldg. 01	Continued from page 1 revealed that the cooktop was on casters, and was not provided with the required restraint to protect the flexible gas piping when the cooktop is moved for service or cleaning. It was noted that the required restraint was available, but had been disconnected from the cooktop. Interview with the facility maintenance director at the time of the observation confirmed the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 54, Section 9.6.1.2	K0511	Continued from page 1 period.	

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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 02/10/2026. Based on the findings of the survey, the facility was in compliance with 42 CFR 483.73.	E0000		03/03/2026

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