


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - COTTAGE 1-100 V... B. WING	(X3) DATE SURVEY COMPLETED 01/26/2026
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NAME OF PROVIDER OR SUPPLIER Wyoming Veterans' Skilled Nursing Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 700 Veteran's Lane , Buffalo, Wyoming, 82834
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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
0000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 01/26/2026.</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, New Health Care, of the National Fire Protection Association.</p> <p>The facility was a fully sprinklered, one-story building, with a mechanical equipment crawlspace, of Type II (000) construction built in 2023. The building was equipped with a supervised automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 12 certified Medicare and Medicaid beds with a census of 0 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.</p>	K0000		
0345 S = F ldg. 01	<p>Fire Alarm System - Testing and Maintenance</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance</p> <p>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could 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 alarm system and could potentially</p>	K0345	<p>The facility acknowledges and affirms failure to produce proof of testing of all fire alarm devices, specifically all thirty-two (32) notification devices present within the fire alarm system. It should be noted the facility received the documentation of proper testing of all devices the same day after the surveyor departed from the facility on 2/24/2026.</p>	<p>Completion Date 2/24/2026</p>

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 <i>Interim Administrator</i>	(X6) DATE <i>4/8/2026</i>
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0345 S = F ldg. 01	<p>Continued from page 1 affect all residents, staff, and visitors.</p> <p>Document review on 01/26/26 starting at 1:20 PM revealed that the facility failed to properly document the testing of all fire alarm devices. Document review of the annual fire alarm system testing revealed that the report stated only one (1) of one (1) alarm notification devices were tested. Further review of the report revealed that a list with device type, location, and test results was provided for all fire alarm devices except for notification devices. It was observed during the survey that there multiple notification devices throughout the facility, and construction documents indicate thirty-two (32) notification devices present in the facility. The fire alarm system testing report shall include a list with location and test results for all notification devices.</p> <p>Interview with maintenance personnel and administrator at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement.</p> <p>Interview with the administrator at the time of the exit confirmed the deficiency.</p> <p>Ref: 2010 NFPA 72 Table 14.4.2.5(20), Figure 14.6.2.4</p>	K0345	<p>Immediate action The maintenance supervisor immediately contacted the Wyoming State Fire Marshal Office that the facility was in need of the documentation of the previously completed testing of the fire alarm system devices. Upon contacting the Fire Marshal the facility immediately received confirmation and documentation of the aforementioned fire alarm device testing. The facility was also informed that the previous Fire Marshal had resigned from his position and that may have contributed to the miscommunication of the Facility not receiving the testing documentation on time.</p> <p>Identifying Risks The facility has identified that failure to provide the adequate fire alarm system testing documentation could lead to such facility risks as CMS citations, legal liabilities, gaps in resident safety, and potential financial penalties. The maintenance supervisor is aware of the issue and has debriefed concerns to other maintenance staff of the importance of staying current on fire alarm system testing documentation.</p> <p>Systemic Changes The Facility has implemented systemic changes to ensure the Facility receives proper fire alarm testing documentation in a timely manner. The Maintenance Supervisor has set electronically scheduled reminders as to follow-up and request documentation in a timely manner. It should be noted that the Facility fire alarm systems documentation will be assessed and discussed during future quality assurance meetings.</p> <p>Monitoring Follow-up calls and emails are to made from Maintenance Supervisor to request any documentation the Facility may be owed by those providing services regarding fire alarm system testing. Electronically scheduled reminders as well as Fire Safety Binder reminders have been implemented as to ensure the Facility receives due documentation in a timely manner. Furthermore, monitoring of proper and timely documentation of fire alarm system testing will also take place through the facilities quality assurance and improvement process. It should be noted the Skilled Nursing Facilities next Quality Assurance meeting is set for 4/29/2026.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - COTTAGE 2-200 V... B. WING	(X3) DATE SURVEY COMPLETE 01/26/2026
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0712 S = F ldg. 02	<p>Fire Drills</p> <p>CFR(s): NFPA 101</p> <p>Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>18.7.1.4 through 18.7.1.7</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on document review and staff interview, the facility failed to conduct all required fire drills in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly conduct all required fire drills could result in staff being unprepared to conduct an evacuation, resulting in injury or death in the event</p>	K0712	<p>The facility acknowledges and affirms failure to conduct fire drills quarterly on each shift, specifically nighttime fire drills. The facility further acknowledges that the deficient practice could potentially negatively impact all residents residing within the skilled nursing cottages. The facility has since developed a comprehensive plan to ensure that quarterly fire drills are completed quarterly on each shift.</p> <p>Immediate action Facility maintenance Supervisor immediately conducted a nighttime fire drill at the inhabited Skilled Nursing Facility cottages. The fire drills were conducted on 2/25/2026 during nighttime shift change.</p> <p>Identifying Risks The facility has identified that failure to conduct quarterly fire drills on each shift places all skilled nursing residents at risk. Maintenance supervisor is aware of the issue and has debriefed concerns to other maintenance staff. Concerns and projected fire alarm schedules have been shared with Administration and Director of Nursing</p>	Completion Date 2/25/2026

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0000	<p>Initial Comments</p> <p>An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 01/26/2026. 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.</p>	E0000		

A 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 <i>Facility Administrator</i>	(X6) DATE <i>4/8/2026</i>
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