

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Cody Regional Health Long Term Care Center			STREET ADDRESS, CITY, STATE, ZIP CODE 707 Sheridan Ave , Cody, Wyoming, 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
K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing Surveys on 04/09/2026. 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 52 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90	K0000		
K0222 SS = E Bldg. 01	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS	K0222	Two signs stating "Push until alarm sounds - Door can be opened in 15 seconds" were installed on the identified cross corridor, magnetically locked doors. Residents residing in the Long-Term Care center have the potential to be affected A facility wide audit of all egress routes to ensure every non-exit door is labeled with "Not an exit" or "Push until alarm sounds Door can be opened in 15 seconds" sign will be completed. Any identified non-compliant door(s) will be immediately fixed, and results will be reported to the QAPI committee for review and any further action needed. Plant ops director and/or designee will monitor for ongoing compliance.	05/04/2026

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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<p>K0222 SS = E Bldg. 01</p>	<p>Continued from page 1</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to properly lock doors in the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly lock doors in the means of egress could result in delayed or the inability to egress from the facility, resulting in injury or death</p>	<p>K0222</p>		<p>05/04/2026</p>

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K0222 SS = E Bldg. 01	Continued from page 2 in the event of an emergency. The deficiency affected two (2) egress doors and could potentially affect residents, staff, and visitors in the area. Observation on 04/09/2026 at 9:32 AM revealed two cross corridor doors that were locked with magnetic locks. Observation and testing revealed that the doors were equipped with delayed egress equipment so the doors would unlock fifteen (15) seconds after activation. The doors were not labeled as delayed-egress doors. Delayed-egress doors shall have readily visible signs on the door leaf that read "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS". Interview with facilities director at the time of the observation confirmed the deficiency and indicated that they were aware of the requirement. Interview with the facilities director at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 101 19.2.2.2.4, 7.2.1.6.1	K0222		05/04/2026

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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 04/09/2026. 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.	E0000		

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