STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	531315	A. BUILDING 01 - MAIN BUILDING B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN MEDICAL CENTER - CAH	711 ONYX STREET KEMMERER, WY 83101

(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
K 000	**INITIAL COMMENTS** A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on May 20, **2026.** Requirements for Critical Access Hospitals Section 42 CFR 485.623, except as otherwise provided in the sections, the facility must meet the applicable provisions of the 2012 Edition of the NFPA 101, Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, two-story building of Type II (222) construction built in 1978. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 16 certified Medicare and Medicaid beds with a census of 4 patients. The following demonstrates noncompliance with **the 42 CFR 485.623.**	K000		
K 211	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain door leaf encroachment within a means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to	K 211	PoC accepted via Phone call w/ David Ryerse on 7/2/26 @ 8:50 AM. DoC = 8/20/26. PD 33647.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: David Ryerse | TITLE: CEO | (X6) DATE: 6/19/26

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 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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K 211	Continued From page 1 maintain a means of egress free of obstructions could impede or obstruct egress during an emergency, which may result in injury or death. The deficiency impacted one (1) of multiple means of egress, and could affect all patients, staff, and visitors within the area. The findings were: Observation on 05/20/2026 at 9:52 AM at the imaging server closet revealed double doors that opened into the corridor. It was observed that the doors were provided with a self-closing device, but that the self-closing device prevented the doors from opening completely. Measurement of each doors projection into the corridor was approximately eighteen (18) inches. Doors may not project more than seven (7) inches into the corridor. Interview with the director of plant operations at the time of the observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the director of plant operations at the time of exit confirmed the deficiency. REF: 2012 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.4.3.1	K 211		8/20/26
K241	Number of Exits - Story and Compartment CFR(s): NFPA 101 Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require	K 241		

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K 241	Continued From page 2 the entry into the same adjacent smoke compartment. **18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4** This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that two (2) exits are accessible from every part of every story of the facility in accordance with the 2012 NFPA 101, Life Safety Code. Failure to ensure that two (2) exits are available may impede egress during an emergency, which may result in injury or death. The deficiency affect one of multiple corridors within the facility, and could impact all patients, staff, and visitors within the area. The findings were: Observation on 05/20/2026 at 9:56 AM in the surgery corridor revealed that the cross-corridor doors passing from x-ray to surgery were the only identified exit path from the radiology waiting area. A second cross-corridor door was available leading to the surgery area, but this door was provided with badge access only, and was not available for access to an exit. Interview with the director of plant operations at the time of the observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the director of plant operations at the time of exit confirmed the deficiency. REF: 2012 NFPA 101, Section 19.2.4.3	K241		5/20/26
K 324	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities	K324		

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K324	Continued From page 3 Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain Type 1 kitchen hoods in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for the Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to maintain commercial cooking equipment as required could result in a failure of fire safety systems during an emergency, which could lead to the injury or death. The deficiency could impact all staff or visitors that occupy the kitchen area. The findings were:	K324		

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K 324	Continued From page 4 Observation on 05/20/2026 at 10:27 AM in the kitchen revealed that the deep fryer was located per the permanently installed floor blocks utilized for identifying the proper location of the equipment below the hood. Further observation revealed that the blocks had been incorrectly installed, which resulted in the deep fryer being location outside of the hoods coverage area for capture and containment of grease-laden vapors, as well as the fire suppression system. Additionally, a convection oven located at the opposite side of the hood had been moved for cleaning, and was reinstalled improperly with the appliance vent located outside of the hoods containment area. All equipment must be located appropriately to ensure that products of combustion and grease-laden vapors are properly captured and contained by the hood, as well as proper coverage of the fire suppression system. Interview with the director of plant operations at the time of the observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the director of plant operations at the time of exit confirmed the deficiency. REF: 2010 NFPA 101, Section 19.3.2.5, and 2011 NFPA 96, Sections 12.1.2.2 and 12.1.2.3.1	K324		8/20/26
K 915	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms	K 915		

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K 915	Continued From page 5 where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure essential electrical systems are installed and maintained in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to install and maintain essential electrical systems as required could result in failure of the emergency power system, resulting in injury or death. The deficiency affected the essential electrical system, and could impact all patients, staff, and visitors within the facility. The findings were: Observation on 05/20/2026 at 10:10 AM in the essential electrical system room of the emergency equipment branch panel (panel EMC) revealed that modifications had been made to the circuiting. It was observed that two breakers had been identified by hand written notes on the enclosure to serve fire alarm circuiting related to the air handling system. Interview with the director of plant operations at the time of observation could not identify what these circuits could be as related to the air handling system, and it was stated that these circuits likely feed the	K 915		

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K 915	Continued From page 6 fire alarm control panel. Fire alarm-related equipment must be served by the life safety branch of the essential electrical system rather than the equipment branch. Interview with the director of plant operations at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of plant operations at the time of exit confirmed the deficiency. REF: 2012 NFPA 99 Section 6.4.2.2.3	K 915		

8/20/26

5/20/2026

South Lincoln Hospital District Life Safety Survey Plan of Corrections.

05/20/2026

Provider: South Lincoln Medical Center.
Rec'd From: Eric Wilcox.
Date/Time: 6/24/26 @ 1:09 PM
Surveyor: Pat Davis #33647

* Initially omitted from faxed POC response from facility.

K211

Observation at the imaging server closet revealed double doors that opened into the corridor. It was observed that the doors were provided with a self-closing device, but the self-closing device prevented the doors from opening completely. Measurement of each door's projection into the corridor was approximately eighteen (18) inches. Doors may not project more than seven (7) inches into the corridor.

Corrective Action: The maintenance department will remove the door closers to allow the doors to fully open with no more than a seven (7) inch space between the door and wall.

Responsible Person: Plant Operations Director

Completion Date: 08/20/2026

Monitoring: The Plant Operations Director will conduct quarterly door checks to ensure all out swinging doors comply with the 2012 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.4.3.1.

K241

Observation in the surgery corridor revealed that the cross-corridor doors passing from x-ray to surgery were the only identified exit path from the radiology waiting area. A second cross-corridor door was available leading to the surgery area, but this door was provided with badge access only and was not available for access to an exit.

Corrective Action: The maintenance department will install a delayed egress device to the emergency room doors and install emergency exit signs allowing two (2) emergency egress routes from the surgery corridor. Maintenance will also have the emergency exit maps redone outlining the added emergency exit route through the emergency department.

Responsible Person: Plant Operations Director

Completion Date: 08/20/2026

Monitoring: The plant operations director will conduct and document daily facility inspections to ensure all emergency egress routes are free of obstacles and to ensure compliance with the 2012 Life Safety Code NFPA 101, Section 19.2.4.3

K324

Observation in the kitchen revealed that the deep fryer was located per the permanently installed floor blocks utilized for identifying the proper location of the equipment below the hood. Further observation revealed that the blocks had been incorrectly installed, which resulted in the deep fryer being located outside of the hoods coverage area for capture and containment of grease-laden vapors, as well as the fire suppression system. Additionally, a convection oven located at the opposite side of the hood had been moved for cleaning and was reinstalled improperly with the appliance vent located outside of the hood's containment area. All equipment must be located appropriately to ensure that products of combustion and grease-laden vapors are properly captured and contained by the hood, as well as proper coverage of the fire suppression system.

Corrective Action: The maintenance department will remove and reinstall the deep fryer floor positioning blocks correctly to ensure the deep fryer is located directly under the hood to ensure proper vapor capture and fire suppression coverage. The maintenance department will also purchase floor positioning blocks for the convection oven and install them to ensure proper placement under the hood in accordance with the 2010 NFPA 101, Section 19.3.2.5, and 2011 NFPA 96, Sections 12.1.2.2 and 12.1.2.3.1.

Responsible Person: Plant Operations Director

Completion Date: 08/20/2026

Monitoring: The plant operations director will ensure the kitchen is part of the daily facility inspection to ensure all cooking appliances are correctly positioned beneath the hood to ensure proper vapor capture, and fire suppression coverage. The director will document the daily inspections in a daily log.

K915

Observation in the essential electrical system room of the emergency equipment branch panel (panel EMC) revealed that modifications had been made to the circuiting. It was observed that two breakers had been identified by handwritten notes on the enclosure to serve fire alarm circuiting related to the air handling system. Fire alarm related equipment must be served by the life safety branch of the essential electrical system rather than the equipment branch.

Corrective Action:

The plant operations director will retain an electrical contractor to trace out the air handling units fire alarm circuit. If the breakers marked in the equipment branch panel are identified as the AHU's fire alarm circuit, the plant operations director will have the electrical contractor do what is needed to move the circuit to the life safety branch panel.

Responsible Person: Plant Operations Director

Completion Date: 08/20/2026

Monitoring:

The plant operations director will retain an electrical contractor to trace out the AHU fire system circuiting to ensure the fire system circuits are located in the life safety branch panel. The plant director will also have the circuits properly labeled so each circuit is easily identified. The plant operations director will do annual inspections of the life safety branch panel to ensure each circuit is labeled properly and located in the correct panel.

Eric Wilcox.