| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - COTTAGE 1-... B. WING | (X3) DATE SURVEY COMPLETED 04/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Wyoming Veterans' Skilled Nursing Facility | 700 Veteran's Lane , Buffalo, Wyoming, 82834 |

| (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<br><br>A Life Safety Code revisit survey was conducted on 04/22/2026 for all previous deficiencies cited on 01/26/2026.<br><br>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.<br><br>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 findings that follow demonstrate noncompliance with 42 CFR 483.90. | K0000 | | |
| K0345 SS = F Bldg. 01 | Fire Alarm System - Testing and Maintenance<br><br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br><br>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.<br><br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br><br>This STANDARD is NOT MET as evidenced by:<br><br>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 affect the fire alarm system and could potentially affect all residents, staff, and | K0345 | **Immediate Corrective Actions for Identified Deficiencies**<br>The facility acknowledges and affirms failure to produce proof of testing of all the fire alarm devices, specifically all thirty-two (32) notification devices present within the fire alarm system. It should be noted that the facility received the documentation of proper testing of all devices on 4/27/26, after we were notified that this documentation was missing. The Facility contacted Western States Fire Protection Co. and they were able to produce all of the documentation that was previously missing from their report | 4/27/2026 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | Interim Administrator | 5/22/2026 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - COTTAGE 1-... B. WING | (X3) DATE SURVEY COMPLETED 04/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **Wyoming Veterans' Skilled Nursing Facility** | **700 Veteran's Lane , Buffalo, Wyoming, 82834** |

| (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 |
|---|---|---|---|---|
| K0345 SS = F Bldg. 01 | Continued from page 1<br>visitors.<br><br>Document review on 04/22/2026 starting at 11:45 AM revealed that the facility failed to properly document the testing of all fire alarm devices. Document review of the fire alarm testing conducted by a fire alarm contract on 04/08/26 revealed that the report stated only one (1) of one (1) 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 are multiple notification devices throughout the facility. The fire alarm system testing report shall include a list with location and test results for all notification devices.<br><br>Interview with facility maintenance personnel at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement.<br><br>Interview with an administrator at the time of the exit confirmed the deficiency.<br><br>Ref: 2010 NFPA 72 Table 14.4.2.5(20), Figure 14.6.2.4 | K0345 | **Identification of Other Residents at Risk**<br>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 the fire alarm system testing documentation.<br><br>**Systemic Measures to Prevent Recurrence**<br>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 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.<br><br>**Monitoring and Quality Assurance Processes**<br>Follow-up calls and emails are to be made from the 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 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 throughout the facility's quality assurance and improvement process. It should be noted that the Skilled Nursing Facility's next quality assurance meeting is set for July 29, 2026.<br><br>**Date of Substantial Compliance**<br>The facility designates April 27, 2026, as the date of substantial compliance, coinciding with the receipt of and verification of all system testing documentation. | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - COTTAGE 2-... B. WING | (X3) DATE SURVEY COMPLETED 04/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Wyoming Veterans' Skilled Nursing Facility | 700 Veteran's Lane , Buffalo, Wyoming, 82834 |

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|---|---|---|---|---|
| K0000 Bldg. 02 | INITIAL COMMENTS<br><br>A Life Safety Code revisit survey was conducted on 04/22/2026 for all previous deficiencies cited on 01/26/2026.<br><br>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.<br><br>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 findings that follow demonstrate noncompliance with 42 CFR 483.90. | K0000 | | |
| K0345 SS = F Bldg. 02 | Fire Alarm System - Testing and Maintenance<br><br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br><br>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.<br><br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br><br>This STANDARD is NOT MET as evidenced by:<br><br>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 affect the fire alarm system and could potentially affect all residents, staff, and | K0345 | **Immediate Corrective Actions for Identified Deficiencies**<br>The facility acknowledges and affirms failure to produce proof of testing of all the fire alarm devices, specifically all thirty-two (32) notification devices present within the fire alarm system. It should be noted that the facility received the documentation of proper testing of all devices on 4/27/26, after we were notified that this documentation was missing. The Facility contacted Western States Fire Protection Co. and they were able to produce all of the documentation that was previously missing from their report. | 4/27/2026 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | Interim Administrator | 5/22/2026 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - COTTAGE 2-... B. WING | (X3) DATE SURVEY COMPLETED 04/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **Wyoming Veterans' Skilled Nursing Facility** | **700 Veteran's Lane , Buffalo, Wyoming, 82834** |

| (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 |
|---|---|---|---|---|
| K0345 SS = F Bldg. 02 | Continued from page 1<br>visitors.<br><br>Document review on 04/22/2026 starting at 11:45 AM revealed that the facility failed to properly document the testing of all fire alarm devices. Document review of the fire alarm testing conducted by a fire alarm contract on 04/08/26 revealed that the report stated only one (1) of one (1) 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 are multiple notification devices throughout the facility. The fire alarm system testing report shall include a list with location and test results for all notification devices.<br><br>Interview with facility maintenance personnel at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement.<br><br>Interview with an administrator at the time of the exit confirmed the deficiency.<br><br>Ref: 2010 NFPA 72 Table 14.4.2.5(20), Figure 14.6.2.4 | K0345 | **Identification of Other Residents at Risk**<br>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 the fire alarm system testing documentation.<br><br>**Systemic Measures to Prevent Recurrence**<br>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 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.<br><br>**Monitoring and Quality Assurance Processes**<br>Follow-up calls and emails are to be made from the 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 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 throughout the facility's quality assurance and improvement process. It should be noted that the Skilled Nursing Facility's next quality assurance meeting is set for July 29, 2026.<br><br>**Date of Substantial Compliance**<br>The facility designates April 27, 2026, as the date of substantial compliance, coinciding with the receipt of and verification of all system testing documentation. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - COTTAGE 3-... B. WING | (X3) DATE SURVEY COMPLETED 04/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Wyoming Veterans' Skilled Nursing Facility | 700 Veteran's Lane , Buffalo, Wyoming, 82834 |

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|---|---|---|---|---|
| K0000 Bldg. 03 | INITIAL COMMENTS<br><br>A Life Safety Code revisit survey was conducted on 04/22/2026 for all previous deficiencies cited on 01/26/2026.<br><br>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.<br><br>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 findings that follow demonstrate noncompliance with 42 CFR 483.90. | K0000 | | |
| K0345 SS = F Bldg. 03 | Fire Alarm System - Testing and Maintenance<br><br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br><br>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.<br><br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br><br>This STANDARD is NOT MET as evidenced by:<br><br>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 affect the fire alarm system and could potentially affect all residents, staff, and | K0345 | **Immediate Corrective Actions for Identified Deficiencies**<br>The facility acknowledges and affirms failure to produce proof of testing of all the fire alarm devices, specifically all thirty-two (32) notification devices present within the fire alarm system. It should be noted that the facility received the documentation of proper testing of all devices on 4/27/26, after we were notified that this documentation was missing. The Facility contacted Western States Fire Protection Co. and they were able to produce all of the documentation that was previously missing from their report. | 4/27/2026 |

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|---|---|---|
| [signature] | Interim Administrator | 5/22/2026 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535061 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - COTTAGE 3-... B. WING | (X3) DATE SURVEY COMPLETED 04/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Wyoming Veterans' Skilled Nursing Facility | 700 Veteran's Lane , Buffalo, Wyoming, 82834 |

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| K0345 SS = F Bldg. 03 | Continued from page 1<br>visitors.<br><br>Document review on 04/22/2026 starting at 11:45 AM revealed that the facility failed to properly document the testing of all fire alarm devices. Document review of the fire alarm testing conducted by a fire alarm contract on 04/08/26 revealed that the report stated only one (1) of one (1) 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 are multiple notification devices throughout the facility. The fire alarm system testing report shall include a list with location and test results for all notification devices.<br><br>Interview with facility maintenance personnel at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement.<br><br>Interview with an administrator at the time of the exit confirmed the deficiency.<br><br>Ref: 2010 NFPA 72 Table 14.4.2.5(20), Figure 14.6.2.4 | K0345 | **Identification of Other Residents at Risk**<br>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 the fire alarm system testing documentation.<br><br>**Systemic Measures to Prevent Recurrence**<br>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 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.<br><br>**Monitoring and Quality Assurance Processes**<br>Follow-up calls and emails are to be made from the 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 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 throughout the facility's quality assurance and improvement process. It should be noted that the Skilled Nursing Facility's next quality assurance meeting is set for July 29, 2026.<br><br>**Date of Substantial Compliance**<br>The facility designates April 27, 2026, as the date of substantial compliance, coinciding with the receipt of and verification of all system testing documentation. | |