STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING **01 - MAIN BUILD...** B. WING	**06/30/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wyoming Retirement Center	**890 US HWY 20 SOUTH , Basin, Wyoming, 82410**

(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 and Surveys on 06/30/2026. 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, single story building of Type II (000) construction, with a basement, built in 1981. 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 90 certified Medicare and Medicaid beds with a census of 63 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K0000	The facility was previously unaware of the requirement to conduct smoke detector sensitivity testing every two (2) years and had incorrectly scheduled the testing to occur every three (3) years. The facility acknowledges the potential for untested smoke detectors to fail and possibly put all residents, staff, and visitors at risk. To correct this deficiency, the facility has scheduled Pye Barker - Rapid Fire services to perform the required smoke detector sensitivity testing and provide a report for documentation.	8/11/26
K0345 SS = F Bldg. 01	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system, and has the potential to affect all	K0345	Plan has been reviewed and approved by Ad-hoc meeting QAPI 7/21/26	

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 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
[signature]	Administrator	7/21/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING **01 - MAIN BUILD...** B. WING	**06/30/2026**

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K0345 SS = F Bldg. 01	Continued from page 1 residents, staff, and visitors. Document review on 06/30/2026 starting at 11:35 AM revealed that the facility failed to conduct all required testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that the facility had conducted the smoke detector sensitivity testing in the last two (2) years. Interview with the maintenance staff at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2010 NFPA 72 Table 14.4.5(15)(i)	K0345		
K0324 SS = E Bldg. 01	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities 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 document review and staff interview, the facility failed to test and maintain the kitchen hood extinguishing system in accordance with the 2012	K0324	The facility confirms that annual testing of the kitchen hood was completed; however, the required monthly owner's inspections of the extinguishing system had not been performed. The facility acknowledges the potential for this to put all people within the facility at risk. To correct this deficiency, the inspection for July was completed on 7/15/2026. Additionally, the kitchen hood extinguishing system inspection has been formally added to the facility's master schedule to ensure it is completed monthly moving forward, alongside all other routine fire extinguisher inspections. This plan was reviewed and approved by ad-hoc QAPI meeting 7/21/26	7/15/26

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K0324 SS = E Bldg. 01	Continued from page 2 NFPA 101, Life Safety Code, and 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly test and maintain the kitchen hood extinguishing system could resulting in injury or death in the event of a fire. The deficiency affected the one (1) kitchen hood extinguishing system, and has the potential to affect all staff and visitors in the kitchen. Document review on 06/30/2026 starting at 11:35 AM revealed that the facility failed to conduct the monthly owner's inspection of the kitchen hood extinguishing system as required. No documentation was available at the time of the survey to confirm the kitchen hood extinguishing system had been inspected as required. Kitchen hood extinguishing systems shall be inspected monthly to verify the extinguishing system is in its proper location, the manual actuators are unobstructed, the tamper indicators and seals are intact, the maintenance tag is in place, no obvious damage, the pressure gauges are in the operable range, the nozzle blowoff caps, are intact and undamaged, the equipment has not been replaced, modified, or relocated. Interview with the maintenance staff at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 101 19.3.2.5.1, 9.2.3; 2011 NFPA 96 10.2.6; 2009 NFPA 17A 7.2	K0324	The facility unintentionally allowed cable wiring to lay across the sprinkler system piping and plumbing piping to be supported by the sprinkler system with twine in the basement boiler room. The facility acknowledges the potential of this practice to affect the sprinkler system and thereby all people in this facility. To correct this deficiency, all non-essential wiring has been removed from the area, the twine supporting the plumbing has been removed, and all remaining essential wiring has been moved to a proper retaining system completely off of the sprinkler system pipes. Photos of proper management of wires presented to and acknowledged by ad-hoc QAPI 7/21/26	7/15/26
K0353 SS = E Bldg. 01	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____	K0353		

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K0353 SS = E Bldg. 01	Continued from page 3 c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance with the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler 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 sprinkler system, and could potentially affect all residents, staff, and visitors. Observation on 06/30/2026 at 11:31 AM revealed that the facility failed to maintain the sprinkler system as required. Observation of the sprinkler system in the facility's basement boiler room revealed cable wiring resting on the sprinkler piping. It was also observed in the same space that plumbing piping was being supported by the sprinkler piping with twine. Sprinkler piping shall not be subject to external loads by materials either resting on the pipe or hung from the pipe. Interview with maintenance staff at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2011 NFPA 25 5.2.2.2	K0353		

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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 06/30/2026. 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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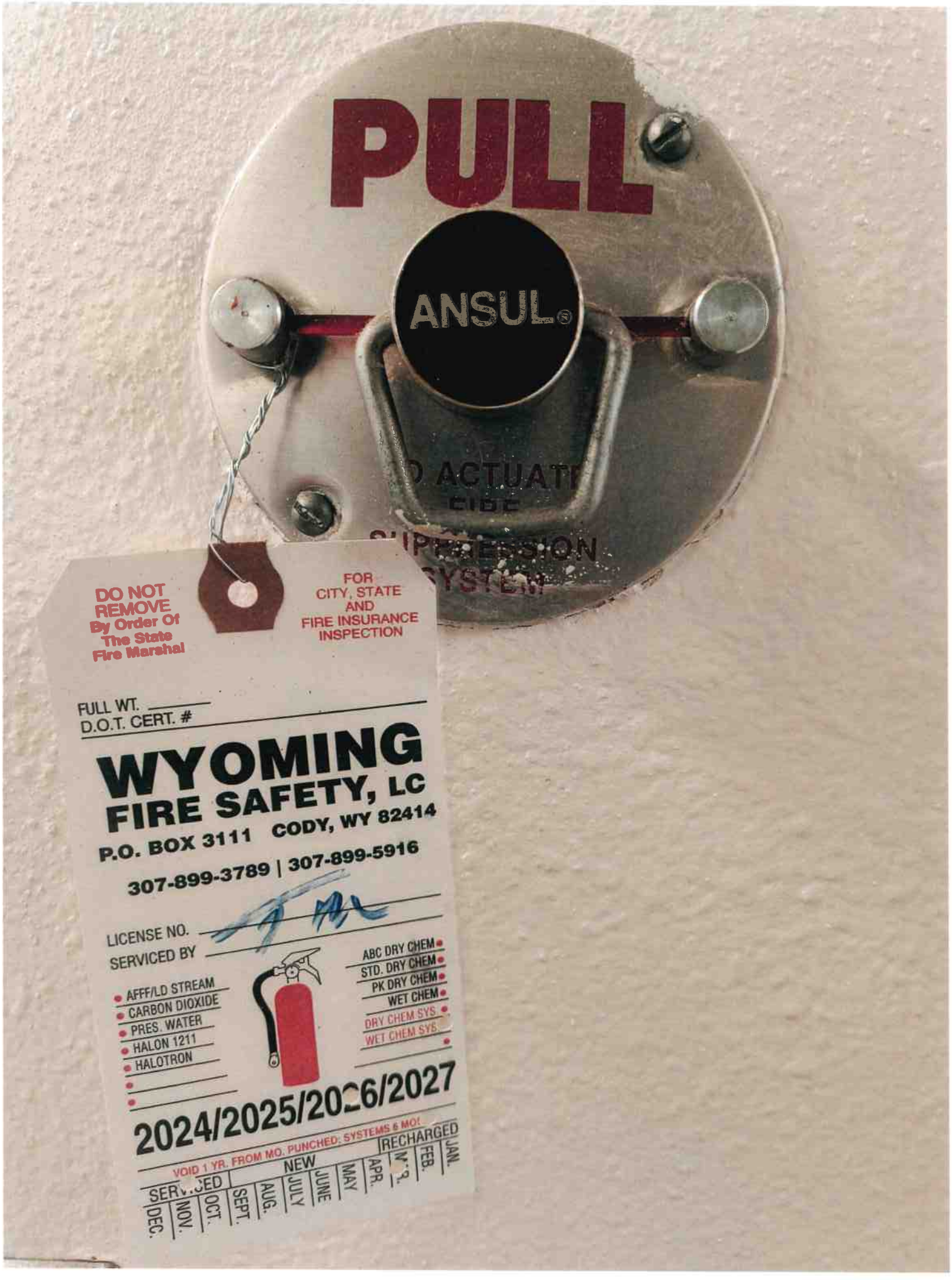
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