| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535027 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING | (X3) DATE SURVEY COMPLETED 01/13/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cody Regional Health Long Term Care Center | 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 | INITIAL COMMENTS<br><br>A Life Safety Code complaint survey was conducted by Healthcare Licensing and Surveys on 01/13/2026. The survey was prompted by complaint intake 2701033. | K0000 | | 01/20/2026 |
| K0321<br>SS = E<br><br>Bldg. 01 | Hazardous Areas - Enclosure<br><br>CFR(s): NFPA 101<br><br>Hazardous Areas - Enclosure<br><br>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.<br><br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.<br><br>19.3.2.1, 19.3.5.9<br><br>Area Automatic Sprinkler Separation N/A<br><br>a. Boiler and Fuel-Fired Heater Rooms<br><br>b. Laundries (larger than 100 square feet)<br><br>c. Repair, Maintenance, and Paint Shops<br><br>d. Soiled Linen Rooms (exceeding 64 gallons)<br><br>e. Trash Collection Rooms<br><br>(exceeding 64 gallons)<br><br>f. Combustible Storage Rooms/Spaces<br><br>(over 50 square feet) | K0321 | No residents were identifed as being affected.<br><br>All residents have the potential to be affected.<br><br>The doors to both referenced locations were immediately closed. Both doors' magnet holders were deactivated to help prevent them from being left open.<br><br>Staff were re-educated on ensuring these doors are closed when the rooms are not in use. Both doors are being audited at random times throughout the week to ensure they are closed when not in use.<br><br>The Director of Nursing and/or designee will report results of audits to the QAPI committee monthly for the next 60 days. Additional re-education and/or audits will be completed as appropriate to ensure ongoing compliance. | 01/30/2026 |

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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| K0321<br>SS = E<br><br>Bldg. 01 | Continued from page 1<br><br>g. Laboratories (if classified as Severe<br><br>Hazard - see K322)<br><br>This STANDARD is NOT MET as evidenced by:<br><br>Based on observation and staff interview, the facility failed to protect hazardous areas in accordance with the 2012 NFPA 101, Life Safety Code. Failure to properly protect hazardous areas could result in the propagation of smoke and fire, resulting in injury or death. The deficiency affected two (2) of several hazardous rooms and could potentially affect residents, staff, or visitors in the area.<br><br>Observation on 01/13/2026 starting at 8:10 PM revealed hazardous rooms with their doors being held open. These rooms were: a storage room on the first floor adjacent to resident room 19, and the laundry room on the second floor. Observation revealed both rooms were equipped with automatic door closers. Observation of the first floor storage room revealed a sign taped to the door that stated "PLEASE KEEP THIS DOOR CLOSED AT ALL TIMES". Hazardous areas shall be protected with doors that are self or automatic closing and shall not be secured in the open position at any time. Hazardous areas include central laundries larger than 100 sq. ft. and storage rooms for combustible supplies larger than 50 sq. ft.<br><br>Interview with the administrator at the time of the observations confirmed the deficiency, and indicated they were aware of the requirement.<br><br>Interview with the administrator at the time of exit confirmed the deficiency.<br><br>Ref: 2012 NFPA 101 19.3.2.1, 19.3.2.1.3, 19.3.2.1.5, 7.2.1.8.1 | K0321 | | |