STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535049	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **08/17/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Casper	**4041 South Poplar St , Casper, Wyoming, 82601**

(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 revisit survey was conducted on 8/17/2026 for all previous deficiencies cited on 7/14/2026 and 7/15/2026.	K0000		08/25/2026
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 provide evidence of maintenance for the fire alarm system in accordance with 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain fire alarm systems could result in injury or death in the event of a fire. The deficiency could affect all residents, staff, and visitors at the facility. The findings were: Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the 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 V (111) construction built in 1992. 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 120 certified Medicare and Medicaid beds with a census of 68 residents. The findings that follow demonstrate noncompliance with	K0345	K0345- Problem Statement-Facility failed to provide evidence of maintenance for the fire alarm system in accordance with 2012 NFPA 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain fire alarm system evidenced by facility failed to provide documentation of testing and maintenance of the fire alarm system as evidenced by no documentation of smoke detector sensitivity test. Corrective action-education to Maintenance Director and assistant related to failure to provide documentation of testing and maintenance of the fire alarm system in accordance with 2010 NFPA 72, and 2012 NFPA 101, Life Safety Code. Test completed 7/21/2026. Identification of others-Failure to test and maintain fire alarm, and failure to provide documentation of the smoke detector sensitivity test, in accordance of the 2012 NFPA 101, Life Safety Code and 2010 NFPA 72 National Fire Alarm and Signaling Code. Failure to test and maintain Fire Alarm systems could result in injury or death in the event of a fire to staff, residents, and visitors at the facility. Systemic changes-Maintenance Director/Designee will have Smoke Detector Sensitivity test completed and placed into TELS with a copy sent to ED after every inspection of the Fire Alarm System. On-going monitoring-Maintenance Director/designee will complete Smoke Sensitivity Test as directed by 2012 NFPA 101, Life Safety Code and 2010 NFPA 72, National Fire Alarm and Signaling Code and to	09/28/2026

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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K0345 SS = F Bldg. 01	Continued from page 1 CFR 483.90. Document review on 08/17/2026 starting at 1:10 PM revealed the facility failed to provide documentation of testing and maintenance of the fire alarm system in accordance with 2010 NFPA 72. The facility failed to provide documentation of the following tests: a) Smoke Detector sensitivity test - Table 14.4.5(15)(i) Interview with the facility staff at time of observation indicated that a bid was received for work, however work was not completed at the time of the revisit survey. Facility maintenance staff acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section 9.6.3.1, 9.6.1.5 2010 NFPA 72, Table 14.4.5	K0345	Continued from page 1 Discuss in QAPI monthly or until substantial compliance is achieved.	09/28/2026
K0271 SS = D Bldg. 01	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to provide an exit discharge that provides a level walking surface meeting the provisions of 2012 NFPA 101, Life Safety Code with respect to abrupt changes in walking surfaces in the means of egress. Failure to provide a level walking surface at the means of egress could delay or impede egress, which could result in injury or death during an emergency. The deficiency affected one (1) of multiple exits. The deficiency could affect all residents, staff, and visitors. The findings were: Observation on 08/17/2026 at 1:05 PM revealed the	K0271	K0271- Facility failed to provide an exit discharge that provides a level walking surface meeting the 2012 NFPA 101, Life Safety Code with respect to abrupt changes in walking surfaces in the means of egress. Corrective action-education to Maintenance Director and assistant to monitor all means of egress with correction of 1ft x 3ft on side of the building by medical records exit will be tapered, and broom finished and with water based sealer by contractor. Identification of others-Failure to provide a level of means of egress as required by 2012 NFPA 101, Life Safety Code could delay egress resulting in injury or death during an emergency. Systemic changes-Maintenance Director/designee will complete monthly audits on all means of egress monthly x 3 months and then quarterly. On-going monitoring- Maintenance Director/designee will complete audits to monitor means of egress, audits will be brought to QAPI	09/28/2026

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K0271 SS = D Bldg. 01	Continued from page 2 exit path from the med records exit to the public way included a concrete walking surface with an abrupt change in elevation of walking surface. 2012 NFPA 101, Life Safety Code, specifies that abrupt changes in elevation of walking surfaces shall not exceed one-quarter inch (1/4”). Review of paperwork indicated a bid was received for work, however it had not been completed at the time of the revisit survey. Interview with the facility maintenance staff at time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.2.1, 7.1.6	K0271	Continued from page 2 meeting reviewed x 3 months or until substantial compliance is achieved.	09/28/2026