STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535051	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thermopolis Rehabilitation and Wellness	1210 Canyon Hills Rd , Thermopolis, Wyoming, 82443

(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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 11/18/2025. 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 V(111) construction with a basement built in 1954 and additions of the same construction type built in 1985 and 1990. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 36 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K0000		12/05/2025
K0324 SS = E	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	K0324	Corrective Action: The kitchen hood extinguishing system was inspected by a certified fire safety contractor on 12/12/2025. Identification: Residents who reside in Thermopolis Rehabilitation and Wellness are at potential risk. Systemic Measures: The maintenance director was re-educated by the ED on properly testing and maintain the kitchen hood extinguishing system. The maintenance director created a Fire Safety Inspection log that induces due dates for hood system inspections, fire alarm tests, fire extinguisher checks, and sprinklers system maintenance. Monitoring: The ED/designee will conduct monthly audits to verify all fire safety inspection dates are current.	12/15/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535051	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

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K0324 SS = E	Continued from page 1 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 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 11/18/2025 starting at 11:30 AM revealed that the facility failed to conduct all required inspection and testing of the kitchen hood extinguishing system. Documentation was available at the time of the survey to demonstrate that the semi-annual inspection and testing of the kitchen hood extinguishing system had been conducted in June of 2025. No additional documentation was available to demonstrate that inspection and testing of the system had taken place six (6) months prior. Documentation was available at the time to demonstrate that the contractor was on-site in December of 2024 but the report showed that no testing was conducted. Kitchen hood extinguishing system shall be inspected and tested at least every 6 months and fusible links associated with the system shall be replaced semiannually. Interview with maintenance personnel 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: 2012 NFPA 101 19.3.2.5.1, 9.2.3 2011 NFPA 96 11.2.1, 11.2.4	K0324	Continued from page 1 Results of these audits will be submitted to the QAPI fore review monthly for 6 months, or until substantial compliance is maintained. Any deviation from required timelines will result in immediate corrective action and retraining.	
K0345 SS = E	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	K0345	Corrective Action: The maintenance director schedule AHU testing and inspection 12/17/2025. Identification: Residents that reside at Thermopolis Rehabilitation and Wellness are at potential risk.	12/15/2025

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K0345 SS = E	Continued from page 2 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 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 affected the fire alarm system and could potentially affect all residents, staff, and visitors. Document review on 11/18/25 starting at 11:30 AM revealed that the facility failed to test and maintain all required equipment. Documentation was available to demonstrate that the fire alarm system was tested in October of 2025. The testing report noted that the monitor module for the AHU was not tested due to snow. Review of the previous year's testing report noted the same monitor module was not tested due to snow. The report said the monitor module had not been tested since 2023. Interview with maintenance personnel 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: 2010 NFPA 72 Table 14.4.2.2(22), Table 14.4.5(18)	K0345	Continued from page 2 Systemic Changes: The maintenance director was education by the ED on the requirement of including AHU testing. Monitoring: The ED/ Designee will review preventative maintained logs monthly for 6 months to validate AHU testing is complete as schedule and properly documented. Any missed or delayed testing will immediately be addressed, and corrective action taken. The monitoring results will be submitted to QAPI for review for 6 months, or until substantial compliance is maintained.	
K0352 SS = E	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72	K0352	Corrective Action: A licensed fire alarm contractor is scheduled to evaluate the fire alarm system to program the panel to accurately display supervisory switch signals. Identification: Residents at Thermopolis Rehabilitation and Wellness are at potential risk. Systemic Changes: The Maintenance Director was educated by the ED on the importance of ensuring accurate panel annunciation in accordance with fire safety standards.	12/15/2025

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K0352 SS = E	Continued from page 3 This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire sprinkler system supervisory signals in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire sprinkler system supervisory signals 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 fire alarm system, and could potentially affect all residents, staff, and visitors. Document review on 11/18/2025 starting at 11:30 AM revealed that the facility failed to correct all malfunctions determined during inspection and testing. Documentation was available at the time of the survey to confirm the required testing of the fire sprinkler system supervisor signal devices were conducted as required. All test reports for the last twelve months have noted that the supervisory signal is displaying on the fire alarm control panel as a waterflow trouble signal rather than a supervisory switch signal. System defects and malfunctions shall be corrected. Interview with maintenance personnel 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: 2010 NFPA 72 14.2.1.1.2.2, Table 14.4.5(15)(l)	K0352	Continued from page 3 Monitoring: The Maintenance Director will review all fire alarm inspection and testing reports upon receipt to ensure proper signal identification and documentation. The ED/designee or designee will conduct a quarterly audit of the fire alarm reports for 3 consecutive quarter to validate compliance. Any non-compliance will be corrected and brought to QAPI for review.	
K0918 SS = F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous	K0918	Corrective Action: The facility completed a full inspection of the emergency electrical generator and conducted the required battery conductance testing. Identification: Residents that reside in Thermopolis Rehabilitation and Wellness are at risk. Systemic Changes: The maintenance Director was educated by the ED/designee on emergency generator inspection and testing requirements, documentation expectations, and the importance of maintaining compliance. Monitoring: The ED/Designee will review generator inspection and testing logs monthly to validate inspections and testing are completed as required and properly documented. Monitoring will be conducted	12/15/2025

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K0918 SS = F	Continued from page 4 hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is NOT MET as evidenced by: Based on document review and staff interview, the facility failed to inspect, test, and maintain the essential electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities, and 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to properly inspect, test, and maintain the EES could result in a failure of the system, resulting in injury or death in the event of an emergency. The deficiencies affected the EES, and could potentially affect all residents, staff, and visitors. Document review on 11/18/2025 starting at 11:30 AM revealed that the facility failed to inspect and test the emergency electrical generator as required. Documentation was available at the time of the survey to demonstrate that the facility was conducting weekly inspections and monthly conductance tests of the emergency electrical generator batteries for portions of the last twelve (12) months. No documentation was available to demonstrate the inspections and testing were conducted between June of 2025 through September of 2025, or in October of 2025. Lead-acid batteries associated with the emergency electrical generator shall be tested monthly for conductance, and weekly inspections shall be conducted of EES. Interview with maintenance personnel 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.	K0918	Continued from page 4 monthly for 3 months and then quarterly thereafter to validate sustained compliance. Any non-compliance will be corrected and brought to QAPI for review.	

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K0918 SS = F	Continued from page 5 Ref: 2012 NFPA 99 6.4.1.1.6.1; 2010 NFPA 110 8.3.7.1, 8.4.1	K0918		
K0920 SS = F Bldg. 02	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to utilize power strips in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly utilize power strips could result in Patient Care Related Electrical Equipment (PCREE) working improperly, resulting in injury or death in the event of a malfunction. The deficiency affected three (3) of multiple resident rooms, and could potentially affect the residents of those rooms. Observation on 11/18/2025 starting at 9:41 AM revealed power strips located in patient care areas while PCREE was present. Observation of resident rooms 9, 8, and 16 revealed an oxygen concentrator, cpap machine, and nebulizer that were plugged directly into power strips. PCREE shall not be plugged into power strips, and power strips shall not be located in the patient care area when PCREE is present. Interview with maintenance personnel at the time of the observation acknowledge the deficiency, but indicated that they were unaware of the requirement.	K0920	Corrective Action: Upon identification of the deficiency, the oxygen concentrator, cpap machine and nebulizer were plugged directly into the permanent wall-mounted electrical outlets in room 9, 8 and 16. Identification: All resident rooms were re-inspected to validate all medical equipment is directly plugged into the permanent wall-mounted electrical outlets. All non-compliance was corrected at that time. Systemic Changes: Maintenance Director and nurse leadership were re-educated on the requirement of directly plugging medical equipment into the wall-mounted outlets. Monitoring: The Maintenance Director/Designee will conduct weekly audits of resident's rooms for 4 weeks to validate that medical equipment is plugged directly into the wall-mounted outlets. Thereafter, audits will be conducted monthly for 3 months. Findings will be documented, and noncompliance will be corrected immediately. Audit findings will be brought to QAPI for review.	12/15/2025

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K0920 SS = F Bldg. 02	Continued from page 6 Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 99 10.2.3.6, CMS S&C: 14-46-LSC	K0920		

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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 11/18/2025. 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		12/05/2025

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