STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535022	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **09/02/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Legacy Living and Rehabilitation Center	**1000 S Douglas Way , Gillette, Wyoming, 82716**

(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 09/01/2026 and 09/02/2026. 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 two story building with a basement of Type II (111) construction built in 2016. The building was equipped with a supervised wet and dry sprinkler system, and an addressable fire alarm system. The facility had a capacity of 160 certified Medicare and Medicaid beds with a census of 76 residents. The findings that follow demonstrate noncompliance with 42 CFR 48.90.	K0000		09/23/2026
K0223 SS = D Bldg. 01	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8	K0223	Corrective Action for Affected Area(s): Kiln room #216 had table relocateed to remove the propped door. Door stop was removed and disgarded by Facility Maintenance Director. Door was varified to self-close and latch per regulatory guidance. Corrective Action for Others: The Maintenance Director, Director of Support Services, and NHA evaluated all self-closing devices throughout the facility were kept in the closed position. No additional findings occured Systemic Changes to Prevent Recurrence: Immediately educated activity staff on self-closing doors are to be kept in a closed position and cannot be propped open. All staff education completed using regulatory guidance. Monitoring to Ensure Ongoing Compliance: Plant operations supervisor/designee will audit 5 self-closing doors throughout the facility. Audits will be completed weekly x4 weeks, then monthly x2 months with findings reviewe/reported to QAPI	09/25/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535022	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **09/02/2026**

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The Legacy Living and Rehabilitation Center	**1000 S Douglas Way , Gillette, Wyoming, 82716**

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K0223 SS = D Bldg. 01	Continued from page 1 This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could result in injury or death during an emergency. The deficiency affected one (1) door with self-closing devices. The findings were: Observation on 09/01/2026 at 1:45 PM at the kiln room #216, revealed that the door was propped open with a work table. A wood door stop was observed as well next to the open door. Facility maintenance confiscated the door stop and immediately corrected the deficiency. Interview with the facility administrator and maintenance at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101: Section 7.2.1.8.1	K0223	Continued from page 1 committee.	09/25/2026

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E0000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 09/01/2026 and 09/02/2026. Based on the findings of the survey, the facility is in compliance with 42 CFR 483.73.	E0000		09/23/2026

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