Healthcare Licensing and Surveys



| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0028 | A. BUILDING _____ B. WING _____ | 04/10/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHERIDAN MANOR | 1851 BIG HORN AVE SHERIDAN, WY 82801 |

| (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) COMPLETE DATE |
|---|---|---|---|---|
| SNH | LIC REGS FOR NURSING HOMES<br><br>Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association.<br><br>The facility was a fully sprinkled single story building of Type V (111) construction built in 1962 and 1988. The building was equipped with a supervised automatic dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 128 certified Medicare and Medicaid beds with a census of 90.<br><br>Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19<br>Section 7. Construction/Remodeling. Department of Health Chapter III, Construction Rules for Health Facilities apply.<br><br>All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 2000 Edition, unless otherwise noted.<br><br>This regulation was NOT MET as evidence by:<br><br>---<br><br>A. Based on record review and staff interview, the facility failed to ensure construction projects had plan approval by the Wyoming Department of Health. The findings were:<br><br>Review of the fire alarm system testing records showed the addition of a new fire alarm system | SNH | Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction serves as the facility's allegation of compliance.<br><br>SNH<br><br>Corrective Action:<br>The fire alarm system project plan was reviewed by the City of Sheridan, Building Department – local jurisdiction, Shaner Life Safety – Fire Protection Engineer.<br><br>Identification of Others:<br>This issue has been identified and only affects this fire alarm system.<br><br>Systems/Measures:<br>Future healthcare construction plans will be submitted for review. | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: David Conaway — TITLE: administrator — (X6) DATE: 04/26/12

STATE FORM 6899 PLEE11 If continuation sheet 1 of 2

PoC Modified & Accepted w/ David Conaway, NHA on 5/21/12.

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5/2/12

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|---|---|---|---|---|
| SNH | Continued From page 1<br>was completed in February 2012. Review of the Wyoming Department of Health construction plan review data based showed a fire alarm system project had not been submitted for review. On 4/18/12 at 4 PM the administrator reported the project had been review by the city of Sheridan. He could not explain why the plans had not been submitted to the Wyoming Department of Health for review. | SNH | Monitoring:<br>Administrator and/or designee will monitor any future healthcare project to ensure compliance with state standard.<br><br>04/30/12<br><br>PLANS FOR THE FIRE ALARM SYSTEM WILL BE SUBMITTED TO THE WYOMING DEPT. OF HOUSING ENGINEERS. | |