WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING _____ B. WING _____	03/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER HEALTHCARE & REHABILITATIO	1002 FOREST DRIVE RIVERTON, WY 82501

(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 This State Rules and Regulations is not met as evidenced by: Rules and Regulations for Program Administration of Nursing Care Facilities. Chapter 11. Section 6. Physical Environment. (b)(v) Animals, birds, and other pets shall be allowed in the Nursing Care Facility with the approval of the resident council and: (C) The pet is not allowed in the residents' dining room during dining hours or in any food preparation area; and, This standard is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a pet dog was not allowed into the secured unit dining room during one of two meal observations. The findings were: Observation on 3/9/10 at 9 AM in the secured unit dining room showed residents were seated having their breakfast when the director of nursing services (DNS), the staff development coordinator, and the facility's pet dog entered the area. The three were there for a short period of time (less than 10 minutes); however, the dog sniffed around the floor under the tables by the residents' feet at two of the four tables in the area. Interview with the DNS on 3/11/10 at 8:50 AM revealed she was unaware the dog should not be in the dining room.	SNH	*This Plan of Correction is the Center's credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of 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.* Section 6 Physical Environment This standard will be met as evidenced by: a. Pets present in facility during meal times will either be outside or contained in an enclosed area (office, etc). b. Staff and volunteers bringing pets into the building will be educated on state requirement regarding meal times. c. Random checks will be made by charge nurse/designees present at meal times to assure no pets are in dining rooms during meal service. d. Any concerns will be addressed for resolution through the Performance Improvement Committee.	4/16/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Exec. Director — (X6) DATE: 04-03-10

Accepted w/ Bonnie Dyo NHA on 4/13/10 by

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SNH	Continued From page 1 STATE STANDARD Rules and Regulations for Program Administration of Nursing Care Facilities. Chapter 11. Section 6. Physical Environment. (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This standard is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure water available to residents was a safe temperature for use. The findings were: During observations at various times in the facility, the back hallway resident room sinks had the following hot water temperatures: a. On 3/8/10 at 4 PM, room #44 had a water temperature of 122 degrees Fahrenheit (F). b. On 3/8/10 at 4:15 PM, room #34 had a water temperature of 120 degrees F. c. On 3/9/10 at 8:45 PM, room #37 had a water temperature of 118 degrees F. d. On 3/10/10 at 10 AM, room #35 had a water temperature of 120 degrees F. e. On 3/11/10 at 8:20 AM, room #35 had a water temperature of 116 degrees F. Interview with the maintenance director on 3/10/10 at 10 AM revealed he had documentation that weekly random resident sink water	SNH	*This Plan of Correction is the Center's credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of 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.* Section 6 Physical Environment Water temps not to exceed 110 degrees. a. Mixing valve will be readjusted to assure water in resident rooms #44, #34, #37, #35 do not exceed 110 degrees Fahrenheit. b. Mixing valve readjustment will assure the resident rooms are provided with water not to exceed 110 degrees Fahrenheit. c. Maintenance Director/Designee will make weekly and random resident sink water checks to assure that proper water temps are maintained at 110 degrees Fahrenheit or less. d. Maintenance Director will report results of water checks to Safety Committee with any concerns forwarded to the Performance Improvement Committee for further action.	4/16/10

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SNH	Continued From page 2 temperatures that were found to be within a safe range. He also had documentation that showed the facility's water system had recently undergone maintenance by an outside source. He stated, "I'll need to adjust the mixing valve. I'll get right on it." During an interview with the maintenance manager on 3/11/10 at 8:20 AM he stated he would need to further adjust the mixing valve. On 3/11/10 at 9:10 AM, the maintenance manager took resident sink water temperatures on the back hallway. Room #35 was the warmest documented temperature at 106 degrees F.	SNH		