

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BH001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2011
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOME OF BUFFALO			STREET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH KLONDIKE BUFFALO, WY 82834		
(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	
SBH	LIC REGS FOR BOARDING HOMES A Life Safety Code survey was conducted at your facility on January 26, 2011 by the Office of Healthcare Licensing and Surveys, (OHLS). The facility was a single story fully sprinkled building of Type V (000) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system and a zoned fire alarm system. The facility had a capacity of 15 licensed beds. ----- No deficiencies were observed during this survey.	SBH			

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1