Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIL SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTIO,	(X3) DATE SURVEY COMPLETED
	WY0004	A. BUILDING: _____ B. WING _____	11/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION	1445 UINTA DRIVE GREEN RIVER, WY 82935

(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
S3059	Ch 19 Sec 7 Construction/Remodeling Department of Health Chapter III, Construction Rules for Health Facilities apply. This State Rule and Regulation is not met as evidenced by: The Facility is not in compliance with WDH Chapter 3 rules and guidelines. Please refer to the following tag: 7035	S3059	**Reference tag S3059 IMC Life Safety-Int'l Mechanical Code.** **WHD Chapter 3 Guidelines, Section 5 (b)(iii)(B)** **1. The facility will ensure that ventilation fan in bathing room #2 is working properly and that written documentation supports an audit review.**	
S7035	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Observation of bathing room #2 on 11/19/14 at 8:42 AM revealed that mechanical exhaust ventilation was not provided in the space. Interview with the Facility Maintenance Manager at the time of the observation acknowledged that exhaust airflow could not be established. Ref: WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)	S7035	The maintenance supervisor replaced the fan belt to the auxiliary fan in bathing room #2. A monthly activity log has been generated to include self closing door inspections. The maintenance supervisor will ensure the monthly activity log is completed to include door inspections and will report these findings to the Administrator monthly in the routinely scheduled morning meeting. All inspections and correlating maintenance log work orders pertaining to Life Safety will be monitored at 100% completion. A follow-up report will be submitted quarterly to the Safety committee. The facility will monitor its performance through the QA committee. The maintenance supervisor is responsible for compliance of the above stated standard.	11/19/14

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bobbi Jo Drozd — TITLE: Administrator — (X6) DATE: 12/12/14

STATE FORM 6899 — 1U8911 — If continuation sheet 1 of 1

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POC Accepted VIA Phone Call with Administrator Bobbi Jo Drozd on 12/15/14 @ 1:18pm 12-15-14 34354