STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0014	A. BUILDING: _____ B. WING _____	01/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

(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
S 000	General Comments A Life Safety Code survey was conducted at your facility on January 05, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (111) construction separated by five, 2 hour rated fire barriers with plan approval in 1987 and 2008. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 160 certified Medicare and Medicaid beds with a census of 123 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Sections 7 Construction/Remodeling and 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.	S 000		
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Observation of the hand washing stations located in the 2010 remodel area on 01/05/15 from 11:13 AM to 12:00 PM revealed the existing faucets had been replaced after the effective date (04/03/08) of the Chapter 3 Construction Rules and Regulations for Healthcare Facilities requiring the faucet to meet the current rules. All faucets did not include a water temperature limiting device ASSE 1070. Ref: 2006 International Plumbing Code, Section 416.5	S7036	S7036 IPC Life Safety – Int'l Plumbing Code A) Hand washing stations located in the 2010 addition area will have a temperature limiting device installed on or before 02/20/15 B) The Director of Maintenance will audit all sinks in the 2010 addition area to ensure all	02/20/15

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 2/11/15

STATE FORM 6899 Y10511 If continuation sheet 1 of 2

WY Dept. of Health
FEB 02 2015
Healthcare Licensing and Surveys

POC Accepted Via Phone Call with Administrator Bryan Merrell on 2/13/15 at 2:48pm. 34354

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0014	A. BUILDING: _____ B. WING _____	01/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

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			sinks have a temperature limiting device installed. C) The Director of Maintenance will report the results of his audit at the monthly Performance Improvement Meeting. This report will be made annually or until ongoing compliance has been achieved.	