PRINTED: 03/09/2015
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0009	A. BUILDING: _____ B. WING _____	02/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK CO MEDICAL SERVICE DISTRICT LON	713 OAK STREET SUNDANCE, WY 82729

(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 February 23, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type II (111) construction built in 1985. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 32 certified Medicare and Medicaid beds with a census of 29 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: Based on observation and staff interview, the facility failed to maintain existing plumbing per the requirements of the International Plumbing Code. The findings were: Observation of the Water Softener System on 02/23/15 at 1:56 PM revealed the existing over flow drain line was corroded and plugged up, preventing drainage to flow to the floor drain. At the time of the observation, the Facility Director of Nursing acknowledged the corroded and plugged drain line from the water softener. Ref:	S7036	The Water Softener System was removed 03/10/2015 because the system was not functional. The Crook County Medical Services facility management team removed it. They cleaned the drain and removed any debris that could cause a future problem. All the plumbing and floor drain are now up to International Plumbing Code.	4/10/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

CEO — 4/15/2015

STATE FORM 6899 7UU411 If continuation sheet 1 of 2

RECEIVED
WY Dept of Health
APR 15 2015
Healthcare Licensing and Surveys

POC Accepted ViA Phone Call with Administrator JEFF Mengenhausen on 4/17/15 at 9:00am

34354

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S7036	Continued From page 1 2006 IPC, Section 102.3	S7036		