Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0016	A. BUILDING: _____ B. WING _____	10/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

(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 October 05, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinkled single story building of Type V (111) construction built in 1967 and 2010. 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 60 certified Medicare and Medicaid beds with a census of 54 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.	S 000		
S7035	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure continuous mechanical exhaust ventilation is provided in bath and tub rooms. The findings were: Observation of the A Wing shower room on 10/05/15 at 3:55 PM could not establish that continuous mechanical exhaust ventilation was provided within the space. Interview with the Facility Maintenance Manager at the time of the observation acknowledged that exhaust airflow could not be established. Ref:	S7035	S7035 1. The facility will ensure that there is continuous mechanical exhaust ventilation provided in bath and tub rooms. 2. There is a window in the A wing shower room. 3. DCC maintenance or designee will do monthly audits of all mechanical exhaust ventilation to ensure that they are all operating correctly. Results will be brought to monthly QAPI until resolved.	10/16/15

LABORATORY DIRECTOR S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 11/24/15

STATE FORM 6899 RVFF11 If continuation sheet 1 of 2

RECEIVED
WY Dept of Health
OCT 29 2015
Healthcare Licensing and Surveys

POC Accepted via Phone Call with Administrator Kelli Rosse on 11/12/15 at 11:25AM 34354

Healthcare Licensing and Surveys

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S7035	Continued From page 1 WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)	S7035		