STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING _____ B. WING _____	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNESS	1002 FOREST DRIVE RIVERTON, WY 82501

(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
S2910	Ch 11 Sec 5 (b)(iv) Organization and Administration (b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices. (iv) Written policies shall ensure a safe and sanitary environment for residents and personnel. (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. (B) Employees having known positive skin test shall provide a certificate of noninfectiousness for a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. (C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time. (D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up by a physician at this time.	S2910	This Plan of Correction is the facility's credible allegation of compliance. 12-14-15 Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws. S2910 C NA #5 and LPN #2 will have a TB test completed and results documented in their personnel files. Dietary Staff #1 is no longer employed at the facility. Identification of Others: A review of all staff personnel files will be completed to ensure all staff have documentation of completed TB testing prior to resident contact. Systemic Changes: All new hire personnel will have documentation of TB testing in their file. Staff Development Coordinator will complete these tests. Monitoring: Business Office Manager and/or designee will audit all new personnel files for inclusion of documentation of TB testing. Audits will be taken to the Quality	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: ED (X6) DATE: 11-30-15

POC accepted - Call to Deana Aldrich, ED on 12/15/15 @ 3:50pm. Jennee Call, LPN/L

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING: _____ B. WING _____	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNES	1002 FOREST DRIVE RIVERTON, WY 82501

(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
S2910	Continued From page 1 (ii) A positive reaction (10mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required from the physician. This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview, the facility failed to verify that tuberculin tests (TB) were conducted and results were read prior to resident contact for 3 of 7 employee files reviewed. Employee file review showed the following employees files had no evidence of tuberculin test results: certified nurse aide (CNA) #5, dietary staff #1, and licensed practical nurse (LPN) #2. Interview with the Director of Nursing on 11/5/15 at 2:35 PM verified that the TB test results for these employees were not in the employee files provided by the facility.	S2910	S2910 Cont'd: Assurance Committee at least monthly until the Committee deems it appropriate for less frequent reports. S2924 Water temperatures for the observed resident areas -room #39, #36, #30, North unit shower room, room # 16, and room #9 have been corrected to no higher than 110 degrees. Identification of Others: Water temperatures in all Resident areas will be tested by the Maintenance Director and/or designee to ensure temperatures are no higher than 110 degrees. Systemic Changes: Maintenance Director and/or designee will educate all staff on the requirement for water temperatures in resident areas to be no higher than 110 degrees.	
S2924	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by:	S2924	Monitoring: Maintenance Director and/or designee will randomly audit water temperatures in resident areas. Any temperature higher than 110 degrees will be corrected at that time. Audits will be taken to the Quality Assurance Committee at least monthly until the Committee deems is appropriate for less frequency.	12-14-15

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING: _____ B. WING _____	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNES!	1002 FOREST DRIVE RIVERTON, WY 82501

(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
S2924	Continued From page 2 Based on observation, water temperature log review, and staff interview, the facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit (F) in 2 of 3 resident areas (north unit, south unit). The findings were: 1. Observation on 11/2/15 between 3:22 PM and 5 PM showed water in resident rooms felt hot to the touch, and the following temperatures taken by the survey team exceeded 110 degrees F: a. The sink in room #39 registered 120 degrees F. Observation on 11/3/15 at 9 AM showed the temperature remained 120 degrees. b. The sink in room #36 registered 120 degrees F. Observation on 11/3/15 at 9 AM showed the temperature was 116 degrees. c. The sink in room #30 registered 116 degrees F. Observation on 11/3/15 at 9 AM showed the temperature remained 116 degrees. d. The north unit shower room registered 116 degrees F in the sink. Observation on 11/3/15 at 9 AM showed the temperature was 114 degrees. e. The sink in room #16 registered 114 degrees F. Observation on 11/3/15 at 9 AM showed the temperature remained 114 degrees. f. The sink in room #9 registered 113 degrees F. 2. Review of the facility water temperature logs on 11/3/15 at 9:25 AM showed water temperatures in resident areas were routinely logged, and the temperatures were normally between 110 degrees F and 120 degrees F. Interview with the maintenance director at that time revealed he was unaware of the state requirement of 110 degrees F for the water temperatures.	S2924		