Hand delivered 10/8/15

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FORM APPROVED

Healthcare Licensing and Surveys

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Wyo. Dept. of Health
OCT 08 2015
Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0005	A. BUILDING 01 - MAIN BUILDING 01 B. WING	C 09/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

(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 survey was conducted by Healthcare Licensing and Surveys on 09/08/2015. The survey was prompted by complaint intake WY00002107. Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, single story building of Type V (000) construction built in 1961. The building was equipped with a supervised, automatic wet sprinkler system with anti-freeze loops and an addressable fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 99.	S 000	S7015 Corrective Action: Maintenance Assistant removed all boxes stored in boiler room. Identification of Others: There is only 1 boiler room in the building. Systemic Change: NHA/Designee will conduct weekly environmental rounds x 3 months to ensure boiler room is not used for storage. Monitoring: NHA/designee will track and trend the results of audits completed and report findings to the QAPI committee The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance monthly for three months and then reassess the need for continued monitoring based on compliance.	9/8/15
S7015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the boiler room within the requirements of the International Fire Code. The findings were: Observation on 09/08/15 at 9:50 AM of the facility boiler room revealed the area was utilized for storage of cardboard boxes containing light fixtures. At the time of the observation the Facility Maintenance Manager acknowledged the boxes being stored within the boiler room. Ref:	S7015		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
Kristen Montoya	NHA	10/8/15

POC Accepted VIA Phone Call with Administrator Kristen Montoya on 10/9/15 @ 9:22AM

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S7015	Continued From page 1 2006 IFC Section, 315.2.3	S7015	S7035 Corrective Action: Maintenance Assistant/Designee will replace mounting brackets on swamp cooler and secure it to the roof on or before date of compliance.	
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 maintain existing mechanical systems, and parts thereof in proper operating condition in accordance with the original design and in a safe and sanitary condition. The findings were: Observation on 09/08/15 from 11:15 AM to 11:30 AM of the roof-mounted swamp coolers revealed the unit located above the south shower room was not secured to the roof, and missing the mounting brackets. At the time of the observation the Facility Maintenance Manager acknowledge the unit was not secured to the roof. Ref: 2006 IMC Section, 102.3	S7035	10/19/15 Identification of Others: Maintenance Assistant/Designee checked all other swamp coolers to ensure they were secured to roof. 9/8/15 Systemic Change: Maintenance Assistant/Designee will conduct monthly audits of swamp coolers to ensure secured x 3 months. Monitoring: NHA/designee will track and trend the results of audits completed and report findings to the QAPI committee The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance monthly for three months and then reassess the need for continued monitoring based on compliance.	