PRINTED: 02/23/2016
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 _____	02/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROOK COUNTY MEDICAL SERVICES DISTRI	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 17, 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 32 residents.	S 000	**S7035** **The facility will ensure continuous mechanical exhaust ventilation is provided in the bath and tub room** 1. The fan motor has been ordered and will be replaced upon its arrival. 2. The Maintenance Manager or designee will conduct an audit of the fan operation monthly for three months using an audit tool. If the fan is not operational it will be corrected immediately. 3. The results of the audit will be brought to the QAPI committee. Further action or follow up will be determined by QAPI committee. 4. The monthly audit of the fan will be added to the maintenance log.	3/25/16
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 bath suite on 02/17/16 at 10:15 AM 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 flow could not be established. Ref: WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)	S7035		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 3/9/16

STATE FORM 6899 0EGF11 If continuation sheet 1 of 1

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WY Dept of Health
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POC Accepted via Phone Call with the Administrator Nathan Hough on 3/14/16 @ 10:37Am.

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