PRINTED: 01/20/2016
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
	WY0041	A. BUILDING: _____ B. WING _____	01/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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	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: Based on observation and staff interview the facility failed to ensure safe hot water temperatures at 3 of 3 resident sinks (room #112, #107 and the shower/tub room bathroom sink) that were tested. The findings were: On 1/5/16 the hot water temperatures were taken to ensure safety. The following concerns were identified: a. The sink in the bathroom adjoined to the shower/tub room was tested at 9:40 AM and showed 135.4 degrees Fahrenheit (F). b. The sink in room 107 was tested at 9:55 AM and showed 120.6 degrees F. c. The sink in room 112 was tested at 9:47 AM and showed 120 degrees F. d. Interview with the maintenance director on 1/6/16 at 9:25 AM verified the temperatures were too high. The director stated the goal was for the hot water to not exceed 110 degrees F. He further stated the water temperature was adjustable at each sink in the resident rooms. Temperatures were not routinely monitored at the resident level, but were adjusted as needed if nursing staff or residents had concerns.	S2924	We will place a governor on all sinks in all resident rooms to limit and monitor the temperatures so they do not exceed 110 degrees. We will also have a monitoring tool such as a monthly chart to keep track of the temperatures to review quarterly as a QA/QI project. This will also be monitored by the Plant Operations manager to ensure continuation of performance and discussed in quarterly meetings.	3/15/16

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: HAO — (X6) DATE: 3/4/16

STATE FORM 6899 WPDW11 If continuation sheet 1 of 1

4/12/16 This POC accepted - voice-mail message left for Ken Archer, Adm'n

4/12/16