

PRINTED: 07/28/2016
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/14/2016
NAME OF PROVIDER OR SUPPLIER SAGE VIEW CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 SAGE STREET ROCK SPRINGS, WY 82801		
(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 1 123.6 degrees F. 3. Observation of the 300 hall on 7/13/16 showed the following: a. At 11:38 AM the temperature of the bathroom sink hot water in room 301 measured 129 degrees F. b. At 11:40 AM the temperature of the bathroom sink hot water in room 305 measured 123 degrees F. c. At 11:42 AM the temperature of the bathroom sink hot water in room 304 measured 129.6 degrees F. 4. Observation of the 400 hall on 7/13/16 showed the following: a. At 11:45 AM the temperature of the bathroom sink hot water in room 402 measured 131.2 degrees F. b. At 11:46 AM the temperature of the bathroom sink hot water in room 411 measured 129.4 degrees F. c. At 11:47 AM the temperature of the bathroom sink hot water in room 408 measured 131.2 degrees F. d. At 11:50 AM the temperature of the bathroom sink hot water in room 412 measured 127 degrees F. e. At 11:54 AM the temperature of the bathroom sink hot water in room 416 measured 122 degrees F. 5. Observation on 7/13/16 between 3:15 PM and 3:41 PM showed the maintenance director checked the bathroom sink hot water temperatures for the above listed rooms and the temperature remained above 120 degrees F. The lowest temperature at that time was 126.5 degrees and the hottest temperature was 130.8 degrees F. Interview at that time revealed the	S2924		

PRINTED: 07/28/2016
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/14/2016
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAGE VIEW CARE CENTER

1325 SAGE STREET

ROCK SPRINGS, WY 82901

(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 construction to the kitchen may have been the cause of the elevated temperatures; however, he was unsure of the root cause. Further, it was confirmed that the water temperatures were too hot for resident use.	S2924		