PRINTED: 10/24/2016
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
	ALF013	A. BUILDING: ______ B. WING ______	R-C 10/12/2016

NAME OF PROVIDER OR SUPPLIER: SHOWBOAT RETIREMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 150 WYOMING STREET, LANDER, WY 82520

(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}	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001	{S 000}		11/3/16
{S5012}	Ch 12 Sec 7 (a)(ii) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (ii) A safe and clean environment. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a clean environment in 1 of 10 resident areas (front lobby). The findings were: 1. Observation on 10/12/16 at 2:05 PM revealed the carpet in the front lobby was soiled with more than 15 stained areas. The areas varied in size, but at least 6 of the areas were 8 inches in diameter or larger. The stains were easily visible in the tan colored carpet, and were concentrated in the pathway from the front entrance door to the back hallway. 2. During an interview on 10/12/16 at 2:50 PM the manager stated the stains in the carpet were cited during the previous revisit survey (on 8/12/16), and the facility had shampooed the	{S5012}	S5012 The facility has ensured that it provides a safe and clean environment. This has been accomplished by: A. Carpets: The soiled carpet in the front lobby area has been deep cleaned on November 3, 2016. B. The Quality Management staff will do monthly inspections on all hallways, apartments and laundry rooms. When any work or repairs are identified, staff will complete a work order. The manager will document work orders on Maintenance Log and follow up for completion in a timely manner. C. The Manager will complete monthly building inspections. D. A newly developed quality monitoring tool (Showboat Maintenance Log) will be completed monthly and will be reviewed at the Quality Management Team Meeting.	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Arvedell Foote

TITLE

(X6) DATE: 11.16.16

POC accepted. Spoke with Showboat manager on 11/16/16 @ 9:10am.

Doc - 11/3/16

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	ALF013	A. BUILDING: _____ B. WING _____	R-C 10/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

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(S5012)	Continued From page 1 carpet about 4 times since then. He stated the stains were "better" but acknowledged they were still visible. He stated the facility did not have the carpet professionally cleaned.	(S5012)		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
ALF013 Y1	A. Building B. Wing Y2	10/12/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S5072 Reg. # Ch 12 Sec 7 (j)(i) LSC	Correction Completed 10/12/2016	ID Prefix S5077 Reg. # Ch 12 Sec 7 (j)(vi) LSC	Correction Completed 10/12/2016	ID Prefix S5088 Reg. # Ch 12 Sec 7 (l)(i)(A-D) LSC	Correction Completed 10/12/2016
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR [signature]	DATE 10/12/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/11/16		☑ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		

EVENT ID: Z09713

STATE FORM: REVISIT REPORT (11/06)