PRINTED: 10/04/2016
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
	WY0028	A. BUILDING: _____ B. WING _____	09/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, 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
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to meet the Wyoming Department of Health Chapter 3. The findings were: 1. Observation on 09/21/16 at 9:07 AM in room 420 wardrobe revealed that the room did not include minimum storage space to include a wardrobe, locker or closet, separated from other resident-shared spaces by a solid divider with a minimum dimension of 2' 4" x 1' 8", with a shelf and rod to permit hanging of full-length garments. Interview with the Facility Maintenance Manager at the time of the observation confirmed the lack of storage space. 2. Observation on 09/21/2016 at 9:25 AM in Hall 300 Shower revealed that the exhaust-fan was inoperable and did not maintain continuous mechanical exhaust ventilation in bathing rooms, toilet rooms, and wet areas. 3. Observation on 09/21/2016 at 11:00 AM revealed in Hall 500 the exhaust-fan was on a switch that if switched off would interrupt the requirement to maintain continuous mechanical exhaust ventilation in bathing rooms, toilet rooms, and wet areas. Ref: 04/03/2008 WDH Chapter 3 Rules, Requirements In addition to the "Guidelines for Design and Construction of Health Care Facilities - 2006 Edition" are as follows Sections (B) and (H).	S7999	**S7999 State Miscellaneous Life Safety** 11.2.16 The facility is committed to providing minimum storage space to included wardrobe, locker or closet. **Corrective Action:** A new wardrobe closet was ordered to replace Resident room 420 wardrobe closet, to meet the size requirements. The new wardrobe will be installed when received from vendor. The exhaust fan in the 300 hall shower room has been replaced. The exhaust fan in the 500 hall has been repaired. **ID of Others:** An audit of all resident wardrobe closets was conducted to insure all resident wardrobe closets meets or exceeds the minimum requirements was completed by NHA and Maintenance Director. Any that were identified were ordered for replacement.	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10/16/16

STATE FORM 6899 CHVM11 If continuation sheet 1 of

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ACCEPTED POC (PLAN OF CORRECTION) VIA PHONE CALL WITH THE ADMINISTRATOR DEREK HOLBROOK ON 11-7-16.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 10/16/16

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Administrator 10/16/16

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