PRINTED: 11/03/2016
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
	WY0027	A. BUILDING: _____ B. WING _____	10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CE	60 MAGNOLIA CASPER, WY 82604

(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 10/19/16 by Healthcare Licensing and Surveys. The facility (west and central wing) was a fully sprinklered, on story building of Type V (000) and Type V (111) construction built in 1958 and 1987. The building was equipped with a supervised automatic wet sprinkler system (west wing) and dry sprinkler system (central wing) with an addressable fire alarm system. The west and central wings had a bed capacity of 126 beds, with a total facility capacity of 192 certified Medicare and Medicaid beds with a census of 166. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter (3) Construction Rules and Regulations for Health Care Facilities apply.	S 000		
S7026	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing electrical systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities in accordance with the original design and in safe condition. The findings were:	S7026	7026 IMC Life Safety – NFPA lectric **Corrective Actions** The GFI combination light switch in oom was replaced and repaired. **Others Potentially Affected** All residents have the potential to be affected by this practice. A visual audit of all GFI combination light switches will be conducted by the Maintenance Director or designee to determine compliance to NFPA Electrical code. All found non-compliant will be repaired or replaced. **Systemic Changes** The Maintenance Department will be educated on the requirements of GFI combination light switches. **Monitoring** A weekly audit on compliance and functioning of ten random GFI combination light switches will be conducted by the Maintenance Director or designee weekly x 30 days, then monthly x 90 days, until compliance has been determined to have been met by the QAPI Committee.	12/02/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 11/11/2016

ACCEPTED POC WITH THE FACILITY ADMINISTRATOR MICHAEL SPEEDEL ON 12-8-2016.

36540

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S7026	Continued From page 1 Observation on 10/19/16 at 2:04 PM of Room 17 Bathroom revealed that the GFI combination light switch was painted over. Further observation revealed when tested it did not function properly. Interview with the Facility Maintenance Manger at the time of the observation acknowledge the painted over GFI and lack of proper operation. Ref: 2006 NFPA 101, Sections 19.5.1.1, 9.1.2, and NFPA 70	S7026	**S7035 IMC Life Safety – NFPA Electric** **Corrective Actions** The exhaust fan in the secure unit's custodial closet, adjacent to the Biohazard room was repaired and the tape was taken off of the switch. **Others Potentially Affected** All residents on the secured unit have the potential to be affected by this practice. A visual audit of all custodial closet exhaust fans will be conducted by the Maintenance Director or designee to determine compliance to NFPA Electrical Code. All fans found not in compliance will be repaired or replaced. **Systemic Changes** The Maintenance Department will be educated on the requirements of exhaust fans. **Monitoring:** A weekly audit on compliance and functioning of five random custodial closet exhaust fans will be conducted by the Maintenance Director or designee weekly x 30 days, then monthly x 90 days, until compliance has been determined to have been met by the QAPI Committee.	12/02/16
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 meet the WDH Chapter 3 Construction Rules an Regulations for Healthcare Facilities. The finding were: Observation on 10/19/2016 at 1:23 PM of the Secure Unit custodian room adjacent to the biohazard room revealed an exhaust fan that was blocked by cardboard and not in operation. Further observation revealed that the fan's switch was taped in the "on" position, with a sign stating not to turn the switch off, so the fan would continuously run. Interview the Facility Maintenance Manager at the time of observation acknowledged the fan was not operating, the switch was taped in the "on" position and the fan was covered with cardboard Ref: WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, Section 5(b)	S7035		

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S7035	Continued From page 2 (iv)(B)	S7035	**7999 State Misc Life Safety** **Corrective Actions**	12/02/16
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 Construction Rules and Regulations for Healthcare Facilities. The findings were: Observation on 10/19/2016 starting at 10:31 AM in rooms 120, 117 and the Med Room revealed hand wash stations with aerators. Additional observation revealed aerators at hand wash stations throughout the facility. Interview with the Facility Maintenance Manager at the time of the observation acknowledged that aerators were installed on multiple hand washing stations throughout the facility. Ref: 2003 WDH Chapter 3 Rules WDH Chapter 3 Construction Rules and Regulations for Healthcare facilities, section 5(b)(iv)(E)	S7999	ll hand wash stations with aerators iroughout the facility have been eplaced, to meet Life Safety Code tegulations. **Others Potentially Affected** \ll residents have the potential to be affected by this practice. An audit was completed by the Maintenance Department to identify and replace hand wash stations with aerators. **Systemic Changes** The Maintenance Department will be educated by the Administrator, on or before 12/02/2016, regarding regulations for hand wash stations. **Monitoring** A weekly audit on compliance and functioning of ten random hand wash stations will be conducted by the Maintenance Director or designee weekly x 30 days, then monthly x 90 days, until compliance has been determined to have been met by the QAPI Committee.	