PRINTED: 12/27/2016
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 _____	R 12/06/2016

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 provide exhaust requirements in accordance with Chapter 3 Wyoming Rules and Regulations for Health Care Facilities. The findings were: Observation on 12-6-2016 at 2:25 PM adjacent to room 303 revealed that the exhaust fan was to be repaired or replaced by their previous compliance date of 11-02-2016. Further observation revealed that when inspected the fan was not running. Interview with Facility Staff indicated that the fans were replaced and were unaware why the exhaust fan was not in working order. Ref: Chapter 3 Wyoming Rules and Regulations for Health Care Facilities Section 6 b (iv) (B)	(S7999)	**S7999 State Miscellaneous Life** The facility is committed to providing working ventilation. **Corrective Action:** The exhaust fan on the 300 hall was replaced on 09/22/16 and when the state came in for follow-up visit, it was found to not be working. A repairman was called in and upon investigating; it was found that it was faulty pulley and broken belt. The pulley and belt where replaced and are now in working order. **ID of Others:** An audit of all exhaust fans were completed by the NHA and Maintenance Director. All are in working order. 1/17/17 **Systemic Changes:** The NHA/Designee will educate the Maintenance Director on routine checking and maintenance of the exhaust fans.	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 1/3/17

STATE FORM 6899 CHVM12 If continuation sheet 1 of 1

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POC ACCEPTED VIA EMAIL TO DEREK HOLBROOKON 1-18-17. [signature]

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 1/3/17

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