Healthcare Licensing and Surveys

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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0013	A. BUILDING: _____ B. WING _____	04/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

(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 by Healthcare Licensing and Surveys on April 19, 2017. The facility was a fully sprinklered, single story building of Type V (111) construction with plan approval in 1992. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 118 certified Medicare and Medicaid beds with a census of 110 residents. 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		
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain storage requirements in accordance with the 2006 International Fire Code. The findings were: Observation on 04/19/2017 at 12:05 PM in the mechanical room adjacent to the employee's breakroom revealed combustible storage in the form of boxes and paper. Failure to prevent combustible storage in mechanical rooms could result in the transition of smoke or fire throughout the HVAC system including toxins from plastic. Interview with the Facility Maintenance staff at the	S7999	S7999 5/14/2017 Completion Date 1. A. The referenced combustible storage (boxes and paper) was removed from the mechanical room on 04/19/17. The room is free of combustibles. B. The aerator on the new faucet installed in room 202 was removed on 04/19/17.	4-19-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] RN DON	5-22-2017 Fax	

STATE FORM 6899 YMHY11 If continuation sheet 1 of 2

ACCEPTED POC WITH MODIFICATION OF COMPLETION DATE WITH JEAN TUCKER VIA PHONE CALL ON 5-24-17

5-12-2017
ACCEPTED POC VIA PHONE CALL WITH ~~ADE~~ DIRECTOR OF NURSING JEAN TUCKER ON 5-24-2017.

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S7999	Continued From page 1 time of observation indicated they were unaware that they could not store combustible material in mechanical rooms. REF: 2006 IFC 315.2.3 2. Based on observation and staff interview, the facility failed to maintain faucets in accordance with Department of Health Chapter 3, Construction Rules and Regulations for Health Care Facilities. The findings were: Observation on 04/19/2017 at 10:40 AM in room 202 revealed that a new faucet had been installed and the aerator had not been removed. Aerators can buildup bacteria and in nursing care facilities they shall not be used. Interview with the Facility Maintenance Manager at the time of the observation indicated they were unaware of the requirement. REF: Department of Health , Chapter 3 Section 5 (b)(iv)(E)	S7999	2. A. This is the only mechanical room in the facility. All other rooms were searched during the survey and none contained combustibles. B. The facility's Director of Maintenance conducted a whole house inspection of faucets on 05/11/17. Numerous other aerators were discovered and removed on this date. 3. A. The facility's Director of Maintenance will add (to an existing weekly inspection checklist) a requirement to visually inspect the mechanical room to effort to rule out the storage of combustibles. B. The facility's Director of Maintenance will add (to an existing weekly inspection checklist) a requirement to visually inspect a random sample of five resident room faucets to rule out the use of aerators. 4. The results of the aforementioned audits will be reviewed at the facility's monthly PI meeting for the next 3 months.	5-11-17