

PRINTED: 06/07/2017
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY00029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2017
NAME OF PROVIDER OR SUPPLIER RAWLINS REHABILITATION AND WELLNESS		STREET ADDRESS, CITY, STATE, ZIP CODE 842 16TH STREET RAWLINS, WY 82301		
(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
8 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A licensure survey was conducted by Healthcare Licensing and Surveys on 5/21/17 through 5/24/17.	8 000	This plan of correction is the center's credible allegation of compliance.	6/25/17
S2924	Ch 11 Sec 6 (a)(iv) Physical Environment (a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents. (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure water temperatures were maintained at or below 110 degrees Fahrenheit (F) during 5 random observations. The findings were: 1. Observation on 5/23/17 beginning at 10:50 AM revealed the following concerns regarding water temperatures in resident areas: a. The sink in room 25 had a water temperature of 113.6 degrees F. b. The sink in room 26 had a water temperature of 114.3 degrees F. c. The sink in room 28 had a water temperature of 115.5 degrees F. d. The sink in room 5 had a water	S2924	<u>S2924 Corrective action:</u> Mixing Valve was replaced. Water temperatures were checked in room 25, 26, 28, 5 and 4 to ensure water temperature did not exceed 110 degrees. <u>ID of others:</u> Water temperatures checked throughout center to ensure water temperature did not exceed 110 degrees with no other areas identified. <u>Systemic changes:</u> Education provided to Maintenance Director related to regulations on maintaining water temperature. <u>Monitoring:</u> Water temperature checks to be conducted weekly to ensure appropriate temperature is maintained. Results of the audits will be brought to QAPI to review and determine need for continuing monitoring. 6/25/17 (Date of Compliance)	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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JUN 19 2017

Healthcare Licensing and Surveys

DATE

UZZ011

If continuation sheet 1 of 2

6/23/17 10:50 AM Spoke with Nadmi King Administrator
State Plan accepted. Tim Corne

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/24/2017
NAME OF PROVIDER OR SUPPLIER RAWLINS REHABILITATION AND WELLNESS		STREET ADDRESS, CITY, STATE, ZIP CODE 542 18TH STREET RAWLINS, WY 82301			
(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
S2924	Continued From page 1 temperature of 115 degrees F. e. The sink in room 4 had a water temperature of 111 degrees F. 2. On 6/24/17 at 9:15 AM water temperatures were tested in rooms 26 and 28, with the maintenance manager. The maintenance manager verified the temperatures were above 110 degrees F.	S2924			