PRINTED: 12/01/2017
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 _____	11/14/2017

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 by Healthcare Licensing and Surveys on 11/14/2017. The facility (west and central wing) was fully sprinklered, one 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 facility had 193 certified Medicare and Medicaid beds with a census of 168 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 III, Construction Rules and Regulations for Healthcare Facilities apply.	S 000		
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 storage regulations of the 2006 IFC. The findings were: Observation on 11/14/2017 at 11:49 AM in the oxygen storage room revealed (18) Liquid Oxygen containers that were 41 liters in capacity, and (12) oxygen bottles of 24 liters each for a total of 22,658 cubic feet of oxygen stored in the room. Further observation revealed that the facility had exceeded the storage capacity threshold for bulk oxygen systems. Failure to maintain oxygen storage facilities as required	S7999	Gas Equipment – Liquid Oxygen Equipment Corrective Action The facility maintenance department removed the excess oxygen so that oxygen storage room is compliant with NFPA requirements. Other Potentially Affected All facility residents have the potential to be affected by this practices.	12/29/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: NHA | (X6) DATE: 12/11/2017

POC ACCEPTED VIA PHONE CALL WITH THE ADMINISTRATOR MICHAEL SPEIDEL ON 12/27/2017.

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S7999	Continued From page 1 may result in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. Ref: 2006 International Fire Code, Section 4001.1 2010 NFPA55, Section 9.3	S7999	Systematic Changes The facility maintenance department will be educated on the NFPA requirements for oxygen storage. An audit will be conducted on facility oxygen storage areas to ensure compliance to NFPA requirements. Any identified areas found not to be in compliance will be corrected. Monitoring The facility maintenance director or designee will audit all oxygen storage areas 5x per week x4 weeks, then weekly x3 months and random thereafter. QA The facility maintenance director will report audit data to the facility QAPI committee for further action and follow-up.	