Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0039	A. BUILDING: _____ B. WING _____	03/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE AFTON, WY 83110

(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	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 from 3/26/18 to 3/30/18.	S 000		
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) in 2 of 2 resident hallways (East, West). The findings were: 1. Observation on 3/27/18 beginning at 10:55 AM revealed the following hot water temperatures: a. In resident room 207/208 the hot water at the bathroom sink measured 112.4 degrees F. b. In resident room 223 the hot water at the bathroom sink measured 113 degrees F. 2. Observation on 3/29/18 at 5:23 PM revealed the following hot water temperatures: a. In resident room 207/208 the hot water at	S2924	The facility will ensure water temperatures are maintained at or below 110 degrees Fahrenheit in resident shower/bath and lavatories. This will be accomplished by: 1) The facility will replace the testing thermometer 2) The water temperature will be tested to ensure the temperature does not exceed 110 degrees Fahrenheit. 3) Education will be provided to the maintenance department on ensuring accurate temperatures takes place to ensure that the water temperatures in	4/10/18

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0039	A. BUILDING: _____ B. WING _____	03/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE AFTON, WY 83110

(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 the bathroom sink measured 113.3 degrees F. b. In resident room 223 the hot water at the bathroom sink measured 111.4 degrees F. 3. On 3/30/18 at 8:20 AM water temperatures were tested in room 207 and 223 with the maintenance manager. Interview with the maintenance manager at that time verified the temperatures were above 110 degrees F.	S2924	resident shower/bath and lavatories does not exceed 110 degrees Fahrenheit. 4) The Maintenance Director or designee will perform audits daily on the water temperatures to ensure it does not exceed 110 degrees Fahrenheit. The results of this log will be presented monthly to the quality advisory committee for review.	