

PRINTED: 04/18/2011
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2011
NAME OF PROVIDER OR SUPPLIER THERMOPOLIS REHABILITATION AND CARE I		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1325 THERMOPOLIS, WY 82443		
(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
SNH	LIC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: Based on record review and staff interview the facility failed to ensure all construction projects had plan approval under the requirements of the Chapter 3 Construction Rules and Regulations for Healthcare Facilities. The findings were: 1. While conducting a Life Safety Code follow-up survey for Thermopolis Rehabilitation and Care Center on 4/11/11 the photographs submitted by the facility to verify the correction of K-045 were reviewed. The original issue cited was an enclosed exterior liquid oxygen storeroom lacked permanent illumination. The photographs showed the light was installed, and an additional photograph showed overhead power lines that supplied power to the building. 2. While conducting a Life Safety Code follow-up survey for Thermopolis Rehabilitation and Care Center on 4/11/11 the photographs submitted by the facility for the correction of K-046 were reviewed. The original issue was an enclosed exterior liquid oxygen storeroom did not have battery-operated emergency illumination. The photographs showed the light had been installed. An additional picture showed the overhead power lines supplying power to the building. 3. While conducting a Life Safety Code follow-up survey for Thermopolis Rehabilitation and Care Center on 4/11/11 the photographs submitted by the facility for the correction of K-161 were reviewed. The original issue was the two dumbwaiter holstway doors were not equipped	SNH	Doc 5/3/11 <i>[Signature]</i> K 045 The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) The plan and drawing, as approved by the State of Wyoming Electrical Inspector, for the electrical repairs will be signed, stamped and submitted to the State Office of Life Safety Standards no later than May 31, 2011. B) In the future, TRCC will have plan approval for any construction projects as required by the Chapter 3 Rules for Construction of Healthcare Facilities. Any future projects or modifications to TRCC will have plans approved by the Wyoming Department of Health Engineer. The plans and approval will be on file in the Licensing Division's Engineering log before any project or modification is undertaken. C) Any alterations or project plans will be submitted for review and approval to the TRCC QA/QCI team prior to submission to the State of Wyoming Engineering Department and Licensing Division.	5/31/11

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

X *Walter Sandell*
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator (X6) DATE 5/5/11

STATE FORM

0000

NJ0821

If continuation sheet 1 of 2

PC APPROVED w/ WALTER SANDL, NHA ON
5/5/11. *[Signature]*

RECEIVED
Wyoming Dept of Health

MAY 05 2011

Office of Healthcare
Licensing and Surveys

PRINTED: 04/18/2011
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2011
NAME OF PROVIDER OR SUPPLIER THERMOPOLIS REHABILITATION AND CARE I			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1325 THERMOPOLIS, WY 82443		
(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	
SNH	Continued From page 1 with mechanical locks to prevent the holstway door from being opened from the landing side unless the car was within the landing zone. While the first floor door was open the basement door could be opened at the same time. The photograph showed a mechanical solenoid-type lock had been installed on the basement and first floor doors. 4. After reviewing the Licensing Division's engineering construction log, it was determined the facility did not have plan approval for any of the aforementioned construction projects as required by the Chapter 3 Rules for the Construction of Healthcare Facilities. The maintenance director confirmed that none of the projects had plan approval.	SNH	K 046 The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) The plan and drawing, as approved by the State of Wyoming Electrical Inspector, for the electrical repairs will be signed, stamped and submitted to the State Office of Life Safety Standards no later than May 31, 2011. B) In the future, TRCC will have plan approval for any construction projects as required by the Chapter 3 Rules for Construction of Healthcare Facilities. Any future projects or modifications to TRCC will have plans approved by the Wyoming Department of Health Engineer. The plans and approval will be on file in the Licensing Division's Engineering log before any project or modification is undertaken. C) Any alterations or project plans will be submitted for review and approval to the TRCC QA/QCI team prior to submission to the State of Wyoming Engineering Department and Licensing Division.	5/31/11	
			K 161 The facility will ensure that the Life Safety Standard Codes will be observed and maintained. This will be accomplished by: A) The plan and drawing, as approved by the State of Wyoming Electrical Inspector, for the dumbwaiter repairs will be signed, stamped and submitted to the State Office of Life Safety Standards no later than May 31, 2011. B) In the future, TRCC will have plan approval for any construction projects as required by the Chapter 3 Rules for Construction of Healthcare Facilities. Any future projects or modifications to TRCC will have plans approved by the Wyoming Department of Health Engineer. The plans and approval will be on file in the Licensing Division's Engineering log before any project or modification is undertaken. C) Any alterations or project plans will be submitted for review and approval to the TRCC QA/QCI team prior to submission to the State of Wyoming Engineering Department and Licensing Division.	5/31/11	