WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0022	DEC 31 2009 A. BUILDING _____ B. WING _____ Office of Healthcare Licensing and Surveys	11/19/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH STREET WHEATLAND, WY 82201

(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: Section 6. 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. (A) (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. Based on observation, staff interview and review of water maintenance logs, the facility failed to assure water temperatures did not exceed the maximum temperature in three random resident rooms. The findings were: Observation on 11/17/09 at 2:55 PM revealed the hot water temperatures in resident rooms 115, 119 and 107 exceeded the 110 degree Fahrenheit (F) maximum. The temperatures were 118, 117 and 119 degrees F, respectively. Interview with the maintenance director on 11/17/09 at 3:10 PM revealed he was unaware of the state temperature requirement. He then revealed the temperatures were checked daily and maintained to be less than 120 degrees F at the outlet (resident sinks/showers/baths). Review of the water temperature maintenance log for November 2009 showed the water temperatures were checked at the mixing valve each morning; they ranged from 99- 125 degrees F.	SNH	**SNH** Maintenance Supervisor will monitor water temperatures 2 times/week in randomly selected rooms in varying locations in the building and maintain logs to ensure hot water does not exceed 110 degrees Fahrenheit. Supervisor will report to the QA Committee monthly for 3 months and then quarterly.	1/15/10 1/15/10

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 12/31/09

This POC accepted on 1/8/10. Voice Mail message left for Chris Kennedy, DON.

1/7/10