Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0029	A. BUILDING: _____ B. WING _____	05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	542 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
S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on May 22, 2019. 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 Health Care Facilities apply. The facility was a fully sprinklered, single story building with a basement of Type V (111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 62 certified Medicare and Medicaid beds with a census of 41 residents.	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 protect potable water in accordance with the Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Healthcare Facilities. Failure to provide potable water as required could result in the spread of infection. The deficiency affected approximately 75% of the facility. The findings were: Observation on 05/22/2019 at 10:11 AM in room 27 revealed an aerator on the sink. Further observation revealed aerators on the sinks in	S7999	S7999 1. Corrective Action: We removed the aerators from rooms 27, 28, and 47 on May 24, 2019. 2. ID of Others: All residents were identified to be at risk due to the aerators being in the sinks leading to the spread of infection. 3. Systemic Change: On 6/11/19 the Executive Director and maintenance supervisor provided education to staff that sinks are not to have an aerator attached due to it being an infection control issue.	6/28/19

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S7999	Continued From page 1 rooms 28, 47 and throughout the facility. Interview with the facility maintenance director at the time of observation acknowledged the aerators, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Section 5 (b)(iv)(E)	S7999	4. Monitoring: Audits will be conducted weekly X4 and monthly X2 by ED or designee to ensure all sinks no longer have aerators. All results will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring. This plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.	