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 _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY REHABILITION AND WE	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 January 28-29, 2020. 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 (west and central wing) was a fully sprinklered, one story building with a partial basement 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 192 certified Medicare and Medicaid beds with a census of 138 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 25% of the facility. The findings were: Observation on 1/28/2020 at 2:20 PM in room	S7999	This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Shepherd of the Valley Rehabilitation and Wellness Center does not admit that the deficiency listed on this form exists, nor does the center admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative	3/5/20

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S7999	Continued From page 1 118 revealed an aerator on the sink. Further observation revealed aerators in the east nurses station bathroom, and throughout the facility. Interview with the facility maintenance staff at the time of observation acknowledged the aerators, and indicated awareness 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	proceedings the deficiency, statements, facts and conclusions that form the basis for the deficiency. The facility will ensure that there is potable water access. This will be accomplished by: 1. Room 118 no longer has an aerator on the sink faucet. 2. East Nursing Station no longer has an aerator on the sink faucet. 3. Aerators will be removed from any sink faucets noted during a facility wide audit. 4. Maintenance staff have been educated to the deficiency by the Administrator. 5.Maintenance Director or designee, will conduct monthly audits X 3 months of any newly installed bathroom or sink fixtures to ensure there are no aerators present and make immediate corrections should such be noted. 6. Results of audits will be reviewed at monthly QAPI meeting to address findings and determine continuation.	