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 _____	03/30/2021

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 March 30, 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 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 with antifreeze branch, and an addressable fire alarm system. The facility had a capacity of 62 certified Medicare and Medicaid beds with a census of 43 residents.	S 000		
S7035	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide continuous mechanical exhaust ventilation in accordance with the Wyoming Department of Health Chapter 3 rules and the International Mechanical Code. The failure to provide continuous mechanical exhaust ventilation could lead to building degradation, or growth of mold. The deficiency was present throughout the facility. The findings were: Observation on 2/26/2021 at 11:33 AM in room B1 revealed no working exhaust ventilation. Further observation found that the problem was	S7035	1. Corrective Action: Installed a new ventilation fan in B1. 2. ID of others: All residents are at risk do to the poor ventilation. 3. Systemic Change: Maintenance Director checked all vents on April 21, 2021 and found the remainder to be properly functioning. 4. Monitoring: Audits to be conducted weekly X 4 and monthly X 2 by ED or designee to ensure vents in facility are working properly. All results of audit will be brought to the monthly facility QAPI	5/4/21

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 _____	03/30/2021

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
S7035	Continued From page 1 prevalent throughout the facility. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, 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)(B) 2006 International Mechanical Code, Section 401.2, 402, 403	S7035	meeting for review, recommendations, and assess the need for ongoing monitoring	
S7037	IFGC Life Safety - Int'l Fuel Gas Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide space for an appliance having an ignition source free of combustible material in accordance with the 2006 International Fuel and Gas Code. The failure to provide space for an appliance having a source of ignition free of combustible material could lead to the spread of fire within the facility. The deficiency affected one (1) of one (1) mechanical rooms in the facility. The findings were: Observation on 3/30/2021 at 1:17 PM in the mechanical room revealed the area was also being used for combustible storage. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement.	S7037	1. Corrective Action: Removed combustible from room. 2. ID of others: All residents are at risk dt the fire hazard. 3. Systemic Change: Items were removed on March 30th and area has been checked daily since survey. 4. Monitoring: Audits to be conducted weekly X 4 and monthly X 2 by ED or designee to ensure area is clear of combustible items. All results of audit will be brought to the monthly facility QAPI meeting for review, recommendations, and assess the need for ongoing monitoring.	5/4/21

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 _____	03/30/2021

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
S7037	Continued From page 2 Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 International Fuel and Gas Code, Section: 305.2	S7037		