STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING _____ B. WING _____	06/30/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN TOWERS HEALTHCARE	3128 BOXELDER DRIVE CHEYENNE, WY 82001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	DISCLAIMER	

RECEIVED
JUL 20 2005
WYOMING DEPT OF HEALTH
HEALTH FACILITIES

STATE STANDARD

Rules and Regulations for Program Administration of Nursing Care Facilities

Section 6. Physical Environment

(a) (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit.

This Standard was not met as evidenced by:

Based on observation, staff interview, and review of water temperature logs, the facility failed to assure that water temperatures in resident lavatories did not exceed 110 degrees Fahrenheit (F). The findings were:

On 6/28/05 at 1:20 PM, observation of room water temperatures revealed the lavatory of room #316 was 114.9 degrees F and the one in room #319 was 115.1 degrees F. Interview with the maintenance director on 6/29/05 at 3:05 PM revealed he was unaware of the State regulation which required water temperatures to be at or below 110 degrees F. The maintenance director stated he set the mixing valve at 120 degrees F. so most of the room water temperatures exceeded 110 degrees. Review of the June 2005 monthly water temperature log confirmed the water temperatures in the 10 rooms which were checked ranged from 114 degrees to 117 degrees F.

Section 14. Dental Services

"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 FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW."

F000/Section 6 Physical Environment

1. Rooms 316 and 319 will have temperatures of 110 degrees.
2. All residents have the potential to be affected by this practice. Water temperatures will be monitored for appropriate temp.
3. An audit will be completed weekly for one month, then quarterly by the maintenance department to ensure compliance. Maintenance Director is responsible for overall compliance.
4. Results of audits will be brought to the monthly Performance Improvement Committee meeting for review, comments, and suggestions.
5. Compliance Date: August 12, 2005

Per phone call to Lyrecia Patterson 7/25/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lyrecia Patterson, NHA — TITLE: Executive Director — (X6) DATE: July 25/25/05

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. POC was accepted on 7/27/05 @ 1210 & changes made by Lyrecia Patterson Administrator & Karen Womack, RN Health Surveyor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING _____ B. WING _____	06/30/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN TOWERS HEALTHCARE	3128 BOXELDER DRIVE CHEYENNE, WY 82001

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F 000	Continued From page 1 (a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of in-service education meetings shall be in writing. This Standard was not met as evidenced by: Based on review of the dental contract and staff interview, the facility did not have a current contract with an advisory dentist. The findings were: Review of the dental contract and interview with the administrator on 6/30/05 at 9:30 AM revealed the dental contract expired 5/10/05. The administrator stated the dentist had not signed another contract as of 6/30/05.	F 000	**F000/Section 14 Dental Services** 1. There was no individual resident identified with this deficiency therefore, no individual plan of correction can be addressed. 2. All residents have the potential to be affected by this practice. A current signed dental contract will be acquired. 3. A review of the dental contract will be conducted monthly by the Executive Director to ensure expiration date not missed and a new contract signed prior to expiration. 4. Results of the review will be brought to the monthly Performance Improvement Committee for review, comments, and suggestions. 5. Compliance Date: August 12, 2005	