STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING: _____ B. WING _____	12/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNES	1002 FOREST DRIVE RIVERTON, WY 82501

(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 12/09/2021. The facility was a fully sprinklered, single story building with a partial basement of Type V(111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 81 beds with a census of 67 residents. 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 for Health Facilities apply. (i) Designed Nursing Care Facilities in operation prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as a nursing care facility.	S 000		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to meet fire separation distance requirements in accordance with the 2006 IBC, International Building Code. Failure to meet fire separation distance requirements could result in injury or death in the event of a fire. The deficiency affected one (1) of one (1) storage shed. The findings were:	S8999	S8999: State Miscellaneous Life Safety Based on observation and staff interview, the facility failed to meet fire separation distance requirements in accordance with the 2006 International Building Code. The deficiency affected one (1) of one (1) storage sheds. Observation on 12/09/21 revealed a storage shed located approximately 1 foot away from the exterior of the facility. The storage shed was constructed of	1/7/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING: _____ B. WING _____	12/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNES	1002 FOREST DRIVE RIVERTON, WY 82501

(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
S8999	Continued From page 1 Observation on 12/09/21 at 11:48 AM revealed a storage shed located approximately 1 foot away from the exterior of the facility. The storage shed was constructed of combustible materials and was non-sprinklered. The shed shall either be separated from the facility by a distance of at least 30 feet or the facility's exterior wall shall be 1-hour fire protected along the area exposed to the storage shed. Interview with the Facility Director at the time of the observation confirmed that the storage shed had been recently installed. Interview with the Administrator at the time of exit acknowledged the deficiency. Ref: 2006 IBC 602.1, Table 602	S8999	combustible materials and was non-sprinklered. The shed shall either be separated from the facility by a distance of at least 30 feet or the facility□s exterior wall shall be 1-hour fire protected along the area exposed to the storage shed. 1. Corrective Action: Maintenance Director has contacted a contractor that has provided work for the facility in the past. The contractor has provided an estimate as well as a date to move this shed to another location on the property. 2. ID of Others: Maintenance Director confirms this is the only shed that has been recently installed and is the only shed to have been cited for this deficiency. 3. Systemic Change: Maintenance Director is coordinating with the contractor to move the shed to an appropriate location on the property. Date for completion is scheduled for Jan. 2nd 2022. 4. Monitoring: Maintenance Director will ensure the shed is moved to an appropriate location by 01/02/22. If said date shall change, the appropriate steps will be taken to ensure completion & conform to the Plan of Correction. Maintenance Director is aware of the requirement and will implement such on any future projects. UPDATE: Shed was moved Sunday January 2nd 2022.	