Healthcare Licensing and Surveys

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 _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY REHABILITATION	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 08/30/2022 and 08/31/2022. The facility (west and central wings) 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 wet sprinkler system (west wing) and a dry sprinkler system (Central wing), and an addressable fire alarm system. The facility had 192 certified Medicare and Medicaid beds with a census of 157 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 keep the boiler room free of combustible storage in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, and the 2006 International Fire Code. Failure to keep boiler rooms free of combustible storage as required could lead to a fire, resulting in injury or death during an emergency. The deficiencies were found in the basement boiler room. The findings were: Observation on 08/30/2022 at 1:13 PM in the basement boiler room revealed the facility had stored filters for the ventilation system along with 4 snowblowers. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the	S7999	S7999 State Miscellaneous Life Safety 1) The items that were observed to be stored in the boiler room were immediately moved and stored in an appropriate storage area. 2) Storage areas/rooms in the facility were checked to ensure compliance and regulations. 3) Staff we educated on appropriate storage areas and the boiler room being a non-storage area. 4) The Maintenance Director/Designee will audit storage rooms weekly for four weeks then monthly for 2 months. Results of the audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results.	10/7/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/23/22

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S7999	Continued From page 1 requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 International Fire Code 315.2.3	S7999	5) Date of compliance 10/7/2022	