STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0018	A. BUILDING: _____ B. WING _____	05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	3128 BOXELDER DRIVE CHEYENNE, WY 82001

(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 05/23/2023. 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, three story building with a basement of a Type II (222), and Type II (111) construction built in 1966 and 1972. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 146 certified Medicare and Medicaid beds with a census of 82 residents.	S 000		
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain water temperatures in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities and the 2006 International Plumbing Code and the 2006 Guidelines for Design and Construction of Health Care Facilities. Failure to maintain adequate water temperatures as required could lead to resident discomfort or scalding during bathing activities. The deficiency was systemic to the hot water supply and recirculating system throughout the building. The findings were:	S7036	Corrective Action The temperature at the hand sink in room 318 was recorded to be 107 degrees on 7/14/23. Identification of Others Temperatures were measured on 7/14/23 at the other hand washing sinks in resident areas and recorded as being between the acceptable parameters of 96-110 degrees Fahrenheit.	7/17/23

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S7036	Continued From page 1 1. Observation on 05/23/2023 starting at 11:30 AM in room 318 revealed the temperature at the bathroom hand wash sink was below of 85 °F (temperature of 82 °F). Staff interview revealed that a water pump had failed and was recently replaced, but the water temperature had not been rebalanced at the time of temperature check. Water temperatures at hand washing sinks in resident care areas are required to maintain a temperature range of 95 to 110 degrees Fahrenheit. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 IPC 416.5 2006 Guidelines for the Design and Construction of Health Care Facilities, Table 4.1-3 2. Observation on 05/23/2023 starting at 11:30 AM in room 318 revealed multiple rooms where the temperature at the bathroom hand wash sink was in excess of 110 °F (temperatures of 118.7 °F, 125.7 °F, 117.8 °F, and 122.7 °F). Staff interview revealed that a water pump had failed and was recently replaced, but the water temperature had not been rebalanced at the time of temperature check. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement.	S7036	Systemic Change In-service Education was provided by the Executive Director to the Maintenance staff related to the required temperatures at the hand washing sinks in resident areas to be between 95-110 degrees Fahrenheit on 7/14/23. The Maintenance Director/designee measures the temperature at the hand washing sinks in resident areas 2 times per week to verify that the water temperature remains between 95-110 degrees Fahrenheit. If a measurement is identified to be outside of the acceptable parameters, adjustments are made until the correct temperature is reached at the hand washing sink. Monitoring The Maintenance Director brings the results of the of the hand washing sink temperature audits to the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue monthly for 3 months. If no concerns are identified these audits will be discontinued at that time unless the QAPI Committee deems it prudent to continue	

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S7036	Continued From page 2 Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 11 Section 6, (a)(iv)	S7036		
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain elevator machine rooms in accordance with the 2006 International Fire Code. The failure to maintain elevator machine rooms as required could result in injury or death due to an increased risk of fire. The deficiency affected one (1) of one (1) elevator machine rooms in the facility. The findings were: Observation on 05/23/2023 at 8:24 AM in the elevator machine room revealed a large amount of storage in the room. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2006 IFC, Section 315.2.3	S7999	Corrective Action The Maintenance staff removed the storage from the elevator room on 5/24/23. Identification of Others Residents have the potential to affected by this practice. The facility only has 1 elevator room. Systemic Change The Maintenance staff received in-service education on 6/16/23 related to not storing items in the Elevator room from the Executive Director. Monthly the Maintenance Director/designee inspects the elevator room for storage. If any items are found they are removed. Monitoring The Maintenance Director brings the results of the of the elevator room audits to the Quality Assurance Performance	7/17/23

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S7999	Continued From page 3	S7999	Improvement Committee monthly for their review and resolution. These audits will continue monthly for 3 months. If no concerns are identified these audits will be discontinued at that time unless the QAPI Committee deems it prudent to continue	