STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0006	A. BUILDING: _____ B. WING _____	08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTONWOOD HEALTH AND REHABILITATIO	503 S 18TH ST LARAMIE, WY 82070

(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 08/02/2023. 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, two-story building with a basement of Type V (111) construction built in 1920, 1972, and 1993. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop, and a zoned fire alarm system. The facility had a capacity of 105 certified Medicare and Medicaid beds with a census of 56 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 facilty failed to provide emergency plumbing fixtures in accordance with the 2006 ICC International Plumbing Code. Failure to provide emergency fixtures as required could result in injury or death. The deficiency impacted one (1) of (1) known emergency eye wash within the facility. Observation on 08/02/2023 at 10:12 AM in the vending room revealed that the emergency eye wash activated, and achieved temperature, as required, but was not provided with the	S7036	S 7036 Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal	8/24/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S7036	Continued From page 1 appropriate ASSE 1071 tempering device as required. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 ICC International Plumabing Code, Section 411	S7036	requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. Corrective Action: The eye wash station in the vending room was repaired ID of Others: 1 other eye wash station was identified Systemic Changes: The eye was stations will be monitored weekly in accordance with the TELS system and recorded in the TELS system. Monitor: Maintenance Director/Designee will monitor during weekly walking rounds for 2 months and then Quarterly in conjunction with TELS System and then as needed to identify any concerns regarding proper functioning. The NHA/Designee will monitor the results in QAPI committee meeting for 3 months then as needed to ensure compliance. Date of Compliance: 08/24/2023	