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 _____	08/09/2023

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 08/08/2023 and 08/09/2023. 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 (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 facility (east wing) was a fully sprinklered one story building of Type II (111) construction built in 1979. The building was equipped with a supervised wet sprinkler system (west and east 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 152 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 maintain water temperatures in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities and the WDH Chapter 11: Program Administration of Nursing Care Facilities. Failure to maintain water temperatures as required could lead to burns on hands or other parts of the body leading to injury or death. The	S7999	1)The water temperature for room 133 was immediately corrected to regulatory temperature. 2)Facility wide audit conducted by Maintenance Director on 8/10/23 to ensure compliance with all hand sink water temperatures. Any deficiencies were immediately corrected at time of audit. 3)Staff were educated on the expectations	9/4/23

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S7999	Continued From page 1 deficiencies were found in one (1) of numerous resident rooms. The findings were: Observation on 08/08/2023 at 4:21 PM in room 133 revealed the temperature at the bathroom hand wash sink was in excess of 119 °F. 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: WDH Chapter 11 Section 6, (a)(iv)	S7999	of water temperatures and that regulations are to be followed and to notify maintenance director should they observe this with hand faucets moving forward. 4)Maintenance Director/Designee will audit the facility weekly for four weeks then monthly for 2 months to ensure compliance with water temperatures. Results of initial as well as ongoing audits will be reviewed via the monthly QAPI process with recommendations made as necessary.	