Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0041	A. BUILDING: _____ B. WING _____	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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 03/26/2024 and 03/27/2024. 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, single-story building with a basement of Type II (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop, and an addressable fire alarm. The facility had a capacity of 24 certified Medicaid beds with a census of 17 residents.	S 000		
S7000	NFPA Life Safety - NFPA General Requirements NFPA 101 General Requirements. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain floors in accordance with the Wyoming Department of Health Chapter 3 Construction Rules and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities. Failure to maintain floors as required could result in injury or death. The deficiency affected floors throughout the facility. Observation on 3/26/2024 at 2:54 PM revealed	S7000	SLHD's plant operations department will repair or replace the areas of flooring that are causing safety concerns. The corrections will be completed by 05/26/2024. SLHD's plant operations director will conduct monthly inspections of the facility's flooring to ensure there are no safety concerns.	5/26/24

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S7000	Continued From page 1 the floor in resident room 104 was uneven, with several seams and corners held down by tape. This deficiency was then observed throughout the facility including corridors and resident rooms. Flooring shall be readily cleanable, and resistant to germicidal cleaning solutions. Interview with maintenance personnel at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the DON, Director of Quality and Compliance, and maintenance personnel at the time of exit acknowledged the deficiency. Ref: WDH Chapter 3 Construction Rules, Sec. 5; 2006 FGI Sections 4.1-8.2.3.1(1) and (3)	S7000		