FORM APPROVED

Wyoming Dept of Health - Office of Healthcare Licensi

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0021	A. BUILDING _____ B. WING _____	03/01/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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	State Rules and Regulations State Standard Rules and Regulation for Licensure of Nursing Care Facilities. Chapter 19. Section 7. Construction/Remodeling Department of Health Chapter III, Construction Rules for Health Facilities apply. Based on observation and staff interview, the facility failed to notify the Department of Health prior to initiating a remodeling project. The findings were: Observation on 2/26/07 at 4:22 PM and again on 2/28/07 at 4:48 PM revealed an oxygen storage room immediately adjacent to the ambulance entrance. Review of the facility floor plan revealed the room was identified as an office. The room contained 48 full and 29 empty type "E" oxygen storage cylinders. Interview by conference call with the Plant Operations Manager on 2/28/07 at 3:15 PM revealed the facility remodeled the room approximately two months ago and changed it from an office to an oxygen storage room. The manager stated the facility did not notify the Wyoming State Health Department of the remodeling project.	S 000	S 000 The facility will ensure that all future construction/remodeling complies with the Department of Health Chapter III, Construction Rules for Health Facilities. This will be accomplished by: 1. From the time of the survey going forward all project plans involving construction or remodeling will be reviewed by the Administrator and the VP of Facilities Management and forwarded to the appropriate authorities with Wyoming State Health Department for review and approval prior to beginning any such project. 3/1/07 Will report to QFC for monitoring	3/1/07

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 3/29/07

STATE FORM 7069 7069011 If continuation sheet 1 of 1

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Changes made per phone with Charlie Bulley, Admin. on 4/3/07 @ 1640, Jo Corbin approved revised POC for 4/3/07 on 4/3/07. Call to Charlie Bulley on 4/3/07 at 8:30 Am.