

PRINTED: 09/16/2016
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2016
NAME OF PROVIDER OR SUPPLIER WORLAND HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 HOWELL AVENUE WORLAND, WY 82401		
(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 at your facility on August 30, 2016 by Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (000) construction with plan approval in 1970 and 1990. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 87 certified Medicare and Medicaid beds with a census of 62 residents.	S 000	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 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.	
S7016	NFPA Life Safety - Nfpa Medical Gases NFPA 101 Medical Gases This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to meet oxygen storage requirements in accordance with the International Fire Code and International Building Code. The findings were: Observation in the Oxygen storage room on 08/30/2016 at 9:58 AM revealed the Oxygen storage room had (4) 40 liter Oxygen containers in a 1 hour rated room. Interview with Facility Maintenance Manager at the time of observation acknowledged the Oxygen container did not meet storage requirements. Ref: 2006 IFC, Sections 105.6.10, 2703.1 2006 IBC, Section 508.3.3	S7016	S70106 The facility will meet the oxygen storage requirements in accordance with the International Fire Code and International Building Code. This will be accomplished by: The Oxygen Storage Room Door and frame will be upgraded to a 2 hour rated fire door/frame. Monitoring: Maintenance Supervisor will conduct monthly inspections to ensure good safe working condition. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly meeting for review and suggestions.	10/28/16

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

STATE FORM

6895

HWDR11

If continuation sheet 1 of 1

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WY Dept of Health

SEP 30 2016

Healthcare Licensing
and SurveysPhone Call and
Accepted by Glanz

10/6/16

Lambert

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