

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2019
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CASPER		STREET ADDRESS, CITY, STATE, ZIP CODE 4041 SOUTH POPLAR STREET CASPER, WY 82601		
(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 June 18, 2019. 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 of Type V (111) construction with plan approval in 1992. The building was equipped with an automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 120 certified Medicare and Medicaid beds with a census of 92 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 protect potable water in accordance with the Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Healthcare Facilities. Failure to provide potable water as required could result in the spread of infection. The deficiency affected approximately 50% of the facility. The findings were: Observation on 06/18/2019 at 10:43 AM in room 207 revealed an aerator on the sink. Further observation revealed aerators on the sinks in	S7999	S7999 1. Aerators were removed from the sinks in room 207, 208 & 204. 2. 100% audit of facility sinks with aerator removal to ensure facility protects potable water as required. 3. The Maintenance Director or designee will conduct annual audits of facility sinks to ensure aerators remain off.	7/20/19

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

TITLE

(X6) DATE

Electronically Signed

07/12/19

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S7999	Continued From page 1 rooms 208, 204 and throughout the facility. Interview with the facility maintenance manager at the time of observation acknowledged the aerators, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Section 5 (b)(iv)(E)	S7999	4. A Performance Improvement tool will be utilized to report these audits. The results/findings will be reviewed at each of the facility's Performance Improvement Committee meetings. 5. Compliance met on or before July 20, 2019.	