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| Healthcare Licensing and Surveys | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED |
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 532002 | A. BUILDING: _____ B. WING: _____ | 01/20/2022 |
| NAME OF PROVIDER OR SUPPLIER WYOMING STATE HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 251 YELLOWSTONE RIVER ROAD EVANSTON, WY 82931 | | |
| (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 | OPENING COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 1/19/22 to 1/20/22. The survey was prompted by complaint intakes LIC-21-020 and LIC-22-004. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the complaint investigation. In addition, a focused COVID-19 infection control survey was conducted by Healthcare Licensing and Surveys from 1/19/22 to 1/20/22. Based on the findings of the survey team, it was determined that no deficiencies were identified pertaining to the infection control survey. | S 000 | | |