STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0003	A. BUILDING: _____ B. WING _____	04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND CARE C	PO BOX 1325 THERMOPOLIS, WY 82443

(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
S3059	Ch 19 Sec 7 Construction/Remodeling Department of Health Chapter III, Construction Rules for Health Facilities apply. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing and mechanical systems in a manner that is in accordance with the WDH Chapter 3 Guidelines, in accordance with the original design, and in a safe and sanitary condition. The findings were: 1. a) Observation and interview of the faucet-mounted emergency eyewash located at the Nurse Station on 04/03/14 at 10:32 AM revealed that the user was required to manually adjust both the hot and cold water valves to provide an acceptable tepid water temperature as a mixing valve meeting ASSE 1071 in compliance with ANSI Z358.1 was not provided. Interview with the Facility Maintenance Manager at the time of the observation verified that an acceptable tempering valve was not provided. (Reference 2006 IPC, Section 411) b) Observation and interview of the faucet-mounted emergency eyewash located in the Kitchen on 04/03/14 at 10:43 AM revealed that the eyewash was provided with a tempering valve but that the valve did not conform to ASSE 1071 compliance with ANSI Z358.1. Interview with the Facility Maintenance Manager at the time of the observation verified that an acceptable tempering valve was not provided. (Reference 2006 IPC, Section 411)	S3059	Preparation and execution of this 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 statement of the deficiencies. The plan of correction is prepared and/or solely because it is required by the provisions of federal state and law. Completion dates are provided for procedural processing purposed and correlate with the most recently contemplated or accomplished corrective action and do not necessarily correspond chronologically to date. The facility is of the opinion it was in compliance with requirements of participation or that corrective action was taken. 1. The facility will provide wall mounted hand-held bottled eye wash systems at all designated locations including the Nurse's Station, Kitchen, Soiled Laundry Room and the SCU Dining Room Restroom. 1a. The facility has removed all faucet-mounted emergency eyewash stations located at the designated locations including the Nurse's Station, Kitchen, Soiled Laundry Room and the SCU Dining Room Restroom. 1b. Staff will be in-serviced on the use of wall mounted hand-held bottled eye wash systems. 1c. Director of Maintenance/designee will monitor per the facility PM guide monthly. 1d. Findings to QA monthly.	06/03/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 4/25/14

POC ACCEPTED ON 05/30/14 W/ TOBY HOMI, ADMINISTRATOR JWyatt

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S3059	Continued From page 1 c) Observation and interview of the emergency eyewash located above the service sink in the Soiled Laundry Room on 04/03/14 at 11:55 AM revealed that the eyewash was provided with a tempering valve but that the valve did not conform to ASSE 1071 in compliance with ANSI Z358.1. Operation of the eyewash also indicated that the domestic hot water recirculation system was not installed to provide adequate circulation to the space as evidenced by a run time of approximately one minute before tepid water was available at the fixture. Interview with the Facility Maintenance Manager at the time of the observation verified that an acceptable tempering valve was not provided, and that the delivery time for domestic hot water was unacceptable. (Reference 2006 IPC, Section 411) d) Observation and interview of the faucet-mounted emergency eyewash located in the SCU Dining Room Restroom on 04/03/14 at 1:55 PM revealed that the user was required to manually adjust both the hot and cold water valves to provide an acceptable tepid water temperature as a mixing valve conforming to ASSE 1071 in compliance with ANSI Z358.1 was not provided. Interview with the Facility Maintenance Manager at the time of the observation verified that an acceptable tempering valve was not provided. (Reference 2006 IPC, Section 411) 2. Observation of the existing packaged rooftop units installed in 2011 on 04/03/14 at 2:21 PM revealed that the outside air intakes had been capped and that outside air was being provided via ductwork installed in the attic and ducted from an exterior louver to the return air plenum. Off-site review of documentation from an HLS construction survey performed on 01/27/11	S3059	2. The facility will provide and install economizers in order to meet the required 25 foot separation distance from all exhaust outlets, flues, etc. 2a. The facility will provide and install balancing dampers in order to balance the system for the required outside air	06/03/14

Healthcare Licensing and Surveys

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S3059	Continued From page 2 revealed that the original location of the outside air intakes had been noted deficient as the required 25 foot separation distance from all exhaust outlets, flues, etc. had not been satisfied. Upon further site investigation it was determined that the modified outside air ductwork and return plenum had not been provided with balancing dampers to balance the system for the required outside air ventilation flow rates as required by FGI Table 4.1-1 and Chapter 4 of the 2006 IMC. Further off-site documentation review revealed that a test and balance report had been submitted to HLS but that these reports were generated on 12/01/10 which was prior to the ductwork modifications. At the time of these reports, it was indicated that the design outside air flow rates were not being achieved by the system as installed. Finally, it could not be established at the time of the survey that the rooftop units operate on a continuous basis during all times of occupancy as required to provide continuous ventilation per the FGI and International Mechanical Code. Interview with the Facility Maintenance Manager at the time of the observation and Facility Director during the exit interview could not establish that the above requirements have been met. 3. Observation of the Existing packaged rooftop units on 04/03/14 at 2:21 PM could not establish that the units were provided with duct-mounted smoke detectors for automatic shutdown upon detection of smoke per the requirements of Section 606.2 of the 2006 IMC. Further observation revealed that the spaces served by the rooftop units were provided with area smoke detectors but it could not be established that the fire alarm system was connected to the rooftop units to provide an acceptable alternate method for unit shutdown per the requirements of Section	S3059	ventilation flow rates as required by FGI Table 4.1-1 and Chapter 4 of the 2006 IMC. 2b. The facility will ensure that the rooftop units operate on a continuous basis during all times of occupancy as required to provide continuous ventilation per the FGI and International Mechanical Code. 2c. The maintenance staff will be in-serviced on the regulations pertaining to duct fan separation, balancing dampers as required by FGI Table 4.1-1 and Chapter 4 of the 2006 IMC and continuous ventilation per the FGI and International Mechanical Code. 2d. Director of Maintenance/designee will monitor per the facility PM guide monthly. 2e. Findings to QA monthly. 3. The facility will ensure that duct-mounted smoke detectors will be configured for automatic shutdown upon detection of smoke per the requirements of Section 606.2 of the 2006 IMC. 3a. The facility will ensure that the fire alarm system is connected to the rooftop units to provide an acceptable alternate method for unit shutdown per the	06/03/14

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S3059	Continued From page 3 606.4 of the 2006 IMC. Interview with the Facility Maintenance Manager at the time of the observation could not establish that the units were provided with the required smoke detection and automatic shutoff. 4. Observation of janitor closets and chemical dispensing units throughout the facility on 04/03/14 at 9:41 AM and throughout the survey revealed that direct connection of the chemical dispensers had been made to wall hydrants and/or faucet fixtures without a means of backflow prevention Interview with the Facility Maintenance Manager at the time of the first observation verified that the required backflow prevention was not provided throughout the facility. (Reference 2006 IPC, Section 608) REFERENCES Wyoming Department of Health Chapter (3) Construction Rules and Regulations for Healthcare Facilities Section (2)(a)Applicability These rules shall apply to and govern the construction, remodel, or expansion of healthcare facilities, on and after the effective date of these rules. Section (2)(c) Applicability The incorporation by reference of any external standard intended to be the incorporation of that standard as it is in effect on the effective date of these rules and regulations. International Plumbing Code, 2006 Edition 102.3 Maintenance All plumbing systems, materials and appurtenances, both existing and new, and all	S3059	requirements of Section 606.4 of the 2006 IMC. 3b. The maintenance staff will be in-serviced on the regulations pertaining to duct-mounted smoke detectors relating to 606.2 and 606.4 of the 2006 IMC. 3c. Director of Maintenance/designee will monitor per the facility PM guide monthly. 3d. Findings to QA monthly. 4. The facility will ensure that backflow prevention devices will be installed in all janitor closets and chemical dispensing units throughout the facility. This includes all direct connections of chemical dispensers to wall hydrants and/or faucet fixtures without a means of backflow prevention. 4a. The maintenance staff will be in-serviced on the regulations pertaining to back flow prevention devices (Reference 2006 IPC, Section 608) 4b. Director of Maintenance/designee will monitor per the facility PM guide monthly. 4c. Findings to QA monthly.	06/03/14

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S3059	Continued From page 4 parts thereof, shall be maintained in proper operating condition in accordance with the original design in a safe and sanitary condition. All devices or safeguards required by this code shall be maintained in compliance with the code edition under which they were installed. The owner or the owner ' s designated agent shall be responsible for maintenance of plumbing systems. To determine compliance with this provision, the code official shall have the authority to require any plumbing system to be reinspected. 102.4 Additions, alterations or repairs Additions, alterations, renovations or repairs to any plumbing system shall conform to that required for a new plumbing system without requiring the existing plumbing system to comply with all the requirements of this code. Additions, alterations or repairs shall not cause an existing system to become unsafe, insanitary or overloaded. Minor additions, alterations, renovations and repairs to existing plumbing systems shall be permitted in the same manner and arrangement as in the existing system, provided that such repairs or replacement are not hazardous and are approved.	S3059		