PRINTED: 07/28/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0028	A. BUILDING: _____ B. WING _____	07/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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
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 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. Observation of the emergency eyewash stations located in the Soiled Utility Room (400 Hall) on 7/08/14 at 1:45 PM and the Soiled Laundry Room on 7/08/14 at 3:00 PM revealed that tepid water was not provided to the eyewash via an ASSE 1071 - Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment - mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. An interview with the Facility Administrator at the time of the observation confirmed that the eyewash was not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. (Reference 2006 IPC, Section 411) 2. Observations and document review of the handwash stations throughout the facility on 7/08/14 and 07/09/14 throughout the survey revealed past renovations had included faucets with aerators discharging approximately 2 inches above the sinks ' flood rim in lieu of the required faucets with spray heads discharging at least 5 inches above the sinks ' flood rim with temperature limiting devices conforming to ASSE 1070. Interview with the Administrator and Facility Maintenance Manager could not establish the dates the renovations took place. Document review of the WDH Chapter 3 Construction Rules	S7999	1. Emergency eye wash station with cold water only. It is recommended by a certified plumber to install a ~~watts USG-B M2 Guardian~~ mixing valve to mix hot and cold water to 80 degrees Fahrenheit. These will be installed by ~~Bluemel Plumbing and Heating LLC.~~ Certified Plumber. HAWS Model 9201EW 2. Hand wash stations not 5" about the flood level rim of the sink on any hand wash faucet that was installed after 2008. It is recommended that an American Standard 7500.180 as a replacement faucet and a watts USG-B M2 mixing valve. This will be installed by a certified plumber employed by Bluemel Plumbing and Heating LLC.	9/9/14 ~~09/28/2014~~ 9/9/14 ~~09/28/2014~~

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: R. Bruce Allison — TITLE: Administrator — (X6) DATE: 8/6/14

STATE FORM 6899 HOB811 If continuation sheet 1 of 5

Modified POC Accepted by Phone Call with Bruce Allison (Administrator) on 9/17/14 @ ~~8:13 AM~~ 8:27 AM 9/17/14 JCS.

9/17/14

5

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0028	A. BUILDING: _____ B. WING _____	07/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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
S7999	Continued From page 1 and Regulations for Healthcare Facilities since the effective rules from 5/29/1991 to 4/3/2008 revealed that all new handwash station faucets were to be installed with spray heads discharging at least 5 inches above the sink ' s flood rim. Further document review revealed that ASSE 1070 temperature limited devices were to be installed on handwash faucets since the effective rules from 4/3/2008. (Reference WDH Construction Rules and Regulations for Healthcare Facilities) 3. Observation of the ice machine located (outside dietary) on 7/08/14 at 3:24 PM revealed that the drain line was terminated on the floor below the dish sink in lieu of the required indirect waste pipe by means of air gap in accordance with Section 802.1 of the International Plumbing Code (IPC). Interview with the Facility Maintenance Manager at the time of the observation acknowledged the installation. (Reference 2006 IPC, Section 802) 4. Observation of the cook line equipment in the Kitchen on 07/08/14 at 03:35 PM and by off-site photographic observation on 07/18/14 revealed that an oven and steam and hold appliance was not located below a hood per the requirements of the 2006 International Mechanical Code, Section 507.2.2. Interview with the Facility Maintenance Manager at the time of the observation confirmed the installation. 5. Observation of the shower room and tub room located in the East wing on 7/09/14 at 8:30 AM, of the men ' s and women ' s restrooms (100 Hall) on 7/09/14 at 9:04 AM, and of both tub rooms (special care unit) on 7/09/14 at 10:35 AM could not establish that continuous mechanical exhaust ventilation was provided within the	S7999	3. The ice machine does not have the proper fall and does not terminate properly. We will regrade the entire drain pipe and terminate it into the floor sink with the dishwasher drain maintaining a 1½" air gap. The ice machine will be raised to accomplish this. This will be done by a certified plumber. 4. Hood in the kitchen will be replaced With a larger hood so we incorporate The steamer and the convection oven. We are presently getting bids to complete The replacement of the hood. Plans will be submitted to HLS for review.	9/9/14 RCS 9/17/14 ~~09/28/2014~~ 9/9/14 RCS 9/17/14 ~~09/28/2014~~ RCS 9/17/14

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0028	A. BUILDING: _____ B. WING _____	07/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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
S7999	Continued From page 2 space. Interview with the Facility Maintenance Manager at the time of the observation acknowledged that exhaust airflow could not be established. (Reference WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)) 6. Observation of the utility sink located in the janitor closet (100 Hall) on 7/09/14 at 8:35 AM and of the utility sink located in the janitor closet (400 Hall) on 7/08/14 at 1:41 PM revealed that the faucet was provided with a split-tee hose connection with shut-off valves. This installation provides a means of system interconnection when the user utilizes the tee shutoff valves in lieu of the fixture ' s valves. Additional observation revealed that the faucet aerator was adapted for installation of the split-tee hose connection and that no means of backflow prevention was provided per the requirements of the International Plumbing Code (IPC). Interview with the Administrator at the time of the observation confirmed the installation. (Reference 2006 IPC, Sections 604.2 and 608) 7. Observations of the water heaters located in the basement on 07/08/14 at 2:43 PM and 3:03 PM revealed they were not installed to code complaint requirements for discharge piping per 2006 IPC, Section 504.6. Interview with the Facility Maintenance Manager at the time of the observation confirmed she was unaware if the installation was initiated without HLS plan review and inspection approval. REFERENCES Wyoming Department of Health Chapter (3) Construction Rules and Regulations for Healthcare Facilities Section (2)(a)Applicability	S7999	5. Exhaust motors were installed in the East wing men's and women's restroom and both tub rooms (special care unit) By installing exhaust motors in the above rooms exhaust ventilation has been provided. The motors were installed on 7/8/2014 – 7/9/2014. Maintenance staff or Director will Monitor for compliance. 9/9/14 RG 9/17/14 6. The utility sinks are hooked up to a chemical feeder in such a way to allow a hot or cold water cross connection. To resolve this matter a certified plumber will install a wasting tee model Sidekick cross connection device so the user will have to shut off the faucet off to get the water to stop running. Maintenance staff or Director will Monitor for compliance. RG 9/17/14 7. The water heater relief valve discharge is 6" above the concrete floor with a floor drain 15' away. A certified plumber will resolve this problem by running a separate 2" PVC drain and terminate both relief valve lines into a 4"x2" PVC bell reducer with a 1½" air gap or air break.	~~09/28/2014~~ 9/9/14 RG 9/17/14 9/9/14 RG 9/17/14 ~~09/28/2014~~ 9/9/14 ~~09/28/2014~~ RG 9/17/14

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0028	A. BUILDING: _____ B. WING _____	07/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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
S7999	Continued From page 3 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 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	S7999		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0028	A. BUILDING: _____ B. WING _____	07/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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
S7999	Continued From page 4 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. International Mechanical Code, 2006 Edition 102.3 Maintenance Mechanical systems, both existing and new, and parts thereof shall be maintained in proper operating condition in accordance with the original design and in a safe and sanitary condition. Devices or safeguards which are 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 mechanical systems. To determine compliance with this provision, the code official shall have the authority to require a mechanical system to be reinspected.	S7999	Correction Action: The about repairs have been completed or will be completed no later than 9/28/14. These repairs will be performed by Licensed professionals. Identification of Others: An audit of the facility was completed and all identified issues have been addressed. Systems/ Measure: Annual as well as preventative maintenance audits will be completed of the facility to ensure the listed above items are in compliance with the standard. Monitoring: Maintenance Director/designee will monitor for compliance. Data obtained by the way of preventative maintenance audits will be analyzed for patterns and trends reported monthly to facility QAPI committee. QAPI committee will evaluate based on trends indentified and interventions as needed to ensure continued compliance monthly x3.	