

RECEIVED

WY Dept of Health

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: SEP 22 2014 B. WING: Healthcare Licensing and Surveys	(X3) DATE SURVEY COMPLETED 08/27/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER SHEPHERD OF THE VALLEY HEALTHCARE CE	STREET ADDRESS, CITY, STATE, ZIP CODE 60 MAGNOLIA CASPER, WY 82604
--	--

(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
S7034	NFPA Miscellaneous Life Safety - NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: 1. Observation of the men's and women's restrooms located in the South Wing on 08/26/14 at 10:50 AM, the shower room on the East Wing on 8/26/14 at 11:41 AM, the Central Unit nurses bathroom on 08/26/14 at 2:05 PM, and the Secured Unit restroom on 08/26/14 at 3:30 PM could not establish that continuous mechanical exhaust ventilation was provided within the space. Interview with the Facility Maintenance Director at the time of the observation acknowledged that exhaust airflow could not be established. (Reference WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)) 2. Observations of the light fixtures in the East Wing janitors closet on 08/26/14 at 11:35 AM, the light covers were missing, leaving the bulbs exposed with no protection from breakage. Interview with the Facility Maintenance Director at the time of the observations confirmed the missing lens covers. (Reference WDH Chapter 3 Guidelines, Section 7). 3. Observation of the emergency eyewash stations located in the East shower room on 8/26/14 at 11:30 AM, the Central Station Shower room adjacent to room 202 on 8/26/14 at 2:09 PM, the Janitors Storage Room on 8/26/14 at 4:15 PM, and the Laundry Room on 08/26/14 at 4:27 PM revealed that tepid water was not provided to the eyewash station's via an ASSE 1071 - Performance Requirements for	S7034	S7034 The facility will ensure compliance with NFPA 101 Miscellaneous Life Safety codes. This will be accomplished by: 1. Maintenance Staff have been inserviced to the deficiency. 2. The facility will ensure there is exhaust ventilation in the South Station men and women's restroom, shower room on East station, Central Unit nurses bathroom and the West station restroom. 3. The facility will ensure that there are covers over the light fixtures in the East wing janitor's closet. 4. The emergency eye wash stations in the East shower room, Central shower room, Janitor's storage room and the Laundry room will have tepid water supply. 5. The facility will ensure that the emergency eye wash station in the Janitors closet will ensure the supply valve is left open for service. 6. The facility will ensure the chemical dispenser in the janitors closet on the Central unit will have piping from the unit to the building piping system that is compliant with	4

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

International Plumbing Code,
TITLE
DATE 9.10.14

STATE FORM

POC Accepted via Phone - Jill Huff (Administrator) on 9-25-14 @ 4:10pm

J. W. Yett

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2014
NAME OF PROVIDER OR SUPPLIER SHEPHERD OF THE VALLEY HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 60 MAGNOLIA CASPER, WY 82604		
(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
S7034	Continued From page 1 Temperature Actuated Mixing Valves for Plumbed Emergency Equipment - mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. In addition observation of the supply valve to the emergency eyewash station in the Janitors Storage Room on 8/26/14 at 4:15 PM revealed the valve was not left in the open position. An interview with the Facility Maintenance Director at the time of the observations confirmed that the eyewash stations were not provided with tempering valves in compliance with the requirements of ANSI Z358.1, and the supply valve in the Janitors Storage Room was not left open for service. (Reference 2006 IPC, Section 411) 4. Observation of the chemical dispenser unit located in the janitors closet on 08/26/14 at 11:30 AM, and by off-site photographic observation on 08/29/14, and the chemical dispenser unit located in the janitors closet on the Central Unit on 08/26/14 at 2:02 PM, and by off-site photographic observation on 08/29/14 revealed the piping from the unit to the building piping system was not compliant with the International Plumbing Code. The hose was attached to the building piping system via a hose clamp. The hose must terminate at a hose connection. (Reference IPC Table 605.4.	S7034	i.e., the hose will terminate at a hose connections. 7. The Maintenance Director will review and if necessary revise qtrly audit reports to assure that the above repairs/replacements are maintained. Results of the audits will be reported to the QA team for a minimum of 6 months at which point the report results of drills will be reported to the QA team for a minimum of 90 days at which point the team will determine appropriate reporting until ongoing compliance is established.	10/7/14