Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0017	A. BUILDING: WY Dept of Health B. WING OCT 10 2014	09/17/2014

RECEIVED Wyoming Dept of Health Healthcare Licensing and Surveys

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	4 NORTH FORK ROAD FORT WASHAKIE, WY 82514

(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
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Observation of the two utility sinks in the facility on 09/17/14 at 10:37 AM and 11:07 AM, revealed that a hose connection to the chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge which disabled the atmospheric vacuum breaker, and created a potential means for cross connection if the shut-off valve was utilized in lieu of the fixture valves. The Facility Maintenance Director acknowledged that the fixtures were not provided with an acceptable means of backflow prevention at the time of the observations. (Reference 2006 IPC, Section 608.6 and 608.13)	S7036	1. Maintenance will install a backflow preventer to ensure that there is no potential means of cross connection if the shut-off valves was utilized in lieu of the fixture valves. 2. All residents are at risk if there was a cross connection. Maintenance will observe and audit monthly for 3 months and there after quarterly all utility sinks where chemicals are being dispensed. 3. Maintenance Manager will in-service Maintenance Staff and Safety Committee on (Reference 2006 IPC, Section 608.6 and 608.13 4. Maintenance Manager will report observations and audits to the Quality Assurance Committee as reviewed by the Medical Director quarterly. 5. Completion date by 10/24/14	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Timothy Earl Monroe	Administrator	10/7/14

POC Accepted via Phone Call with Tim Monroe (Administrator) on 10/13/14 @ 12:47pm