PRINTED: 10/29/2014
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
	WY0041	A. BUILDING: _____ B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: 1. Observation of the janitor ' s closet in the Kitchen on 10/24/14 at 10:25 AM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which was under constant pressure. This disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Plant Operation Manager acknowledged that the connection was not provided with an acceptable means of backflow prevention at the time of the observation. (Reference 2006 IPC, Section 608.6 and 608.13) 2. Observation of the handwashing location in the Therapy Toilet on 10/24/14 at 10:45 AM revealed an existing faucet had been replaced after the effective date (04/03/08) of the Chapter 3 Construction Rules and Regulations for Healthcare Facilities requiring the faucet to meet the current rules. The replacement faucet included an aerator (not allowed per Ch 3 Section 5(b)(iv)(E)), did not discharge at least five-inches above the spill level of the sink (required per Ch 3 Section 5(b)(iv)(E)), and did not include a water temperature limiting device (required by IPC 2006 416.5).	S7036	South Lincoln Nursing Center will maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Health care Facilities and in a safe and sanitary condition. 1. The wall mounted chemical dispensing system will be provided with an appropriate back flow prevention device. 2. The hand washing location in the Therapy Toilet room will be replaced with the correct faucet which will also include a water temperature limiting device. 3. A quality improvement monitoring tool will be implemented by the Director of Plant Operations to ensure the back flow prevention device is in place and the correct faucet is installed. 4. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is demonstrated.	12/7/2014 12/7/2014 12/7/2014 12/7/2014

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

LouAnn Carmichael — SLNC Administrator — 11/6/14

STATE FORM 6899 XI2L11 If continuation sheet 1 of 3

RECEIVED
WY Dept of Health
NOV 06 2014
Healthcare Licensing and Surveys

POC Accepted via Phone Call with Administrator LouAnn Carmichael on 11/10/14 @ 1:08pm.

LSC 34334

PRINTED: 10/29/2014
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
	WY0041	A. BUILDING: _____ B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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	Continued From page 1 REFERENCES International Plumbing Code, 2006 Edition SECTION 101 GENERAL 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 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. SECTION 416 LAVATORIES 416.5 Tempered water for public hand-washing facilities. Tempered water shall be delivered from public hand-washing facilities through an approved water temperature limiting device that conforms	S7036		

PRINTED: 10/29/2014
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
	WY0041	A. BUILDING: _____ B. WING _____	10/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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	Continued From page 2 to ASSE 1070. SECTION 608 PROTECTION OF POTABLE WATER SUPPLY 608.6 Cross-connection control. Cross connections shall be prohibited, except where approved protective devices are installed. 608.13 Backflow protection. Means of protection against backflow shall be provided in accordance with Sections 608.13.1 through 608.13.9. 608.13.9 Chemical dispenser backflow devices. Back- flow devices for chemical dispensers shall comply with ASSE 1055 or shall be equipped with an air gap fitting.	S7036		