STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING: _____ B. WING _____	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - W	1002 FOREST DRIVE RIVERTON, WY 82501

(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
S7035	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Observation of the grade mounted RTU #11 on 09/18/14 at 10:15 AM revealed that the roof-mounted air handling unit was located with its outside air intake within 25 feet of the flue vent. Interview with the Maintenance Director at the time of the observation acknowledged the distance of the outside air intake. (Reference WDH Chapter 3 Guidelines, Section 5(b)(i))	S7035	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws. S7035	
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: 1. Observation of the clean utility room adjacent to resident room #35 on 09/18/14 at 09:50 AM revealed that a sink had been removed but it was observed that the waste piping had not been permanently capped. Instead, the waste piping had been plugged with what appeared to be a plastic bag. Interview with the Maintenance Director at the time of the observations acknowledged that the piping was not capped. (Reference 2006 IPC, Section 704) 2. Observation of the mop service basins and chemical dispensing systems located within the Janitor ' s Closets on 09/18/14 starting at 10:10 AM and throughout the survey revealed that in several instances the chemical dispensing units had been directly connected to the mop service basin faucet via a tee fitting that incorporated a shut-off valve downstream of the vacuum breaker. It could not be established that the vacuum breakers were of the pressure type. Additional observation revealed that in other	S7036	Corrective Action: We will secure an HVAC contractor to provide options that will correct the space between the roof-mounted outside air intake and the flue vent. Identification of Others: Maintenance Supervisor and/or designee has inspected other roof-mounted outside air intake to ensure the space between outside air intakes and the flue vents is correct. Systemic Changes: Maintenance Supervisor and/or designee will discuss any future construction with the contractors to ensure roof-mounted air intakes are spaced correctly from the flue vents. Monitoring: Maintenance Supervisor and/or designee will audit roof-mounted air intakes distance from the flue vents on any future construction. Audits will be taken to the Performance Improvement Committee at least monthly for review of the Committee until a lesser frequency is deemed appropriate.	11/2/14 10/13/14

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

EXECUTIVE DIRECTOR 10-8-14

Modified POC Accepted VIA Phone with Joann Aldrich (Administrator) on 10/13/14 @ 109pm.

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0037	A. BUILDING: _____ B. WING _____	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - W	1002 FOREST DRIVE RIVERTON, WY 82501

(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 instances the mop service basin faucet had been partially disassembled and the chemical dispensing unit was piped directly to the water supply piping downstream of the control valves without the use of a backflow preventer. Interview with the Maintenance Director at the time of the observations acknowledged the lack backflow prevention. (Reference 2006 IPC, Section 608.13)	S7036	S7036 Corrective Action: The waste piping in the clean utility room adjacent to Resident room #35 has been permanently capped; the chemical dispensing units mop service basin faucets have a backflow prevention installed . Identification of Others: Maintenance Supervisor and/or designee has inspected other clean utility rooms for any uncapped waste piping; inspected all chemical dispensing units mop service basin faucets without a backflow prevention installed. Any similar observations have been corrected. Systemic Changes: Education was provided by Maintenance Supervisor and/or designee to staff to report any uncapped waste piping and any chemical dispensing units mops service basin faucets lacking a backflow prevention. Monitoring: Random audits of the waste piping in the facility will be completed by the Maintenance Supervisor and/or designee for correct capping and the chemical dispensing units mop service basin faucets backflow prevention. Audits will be brought to the center Performance Improvement Committee at least monthly for review by the Committee until a lesser frequency is deemed appropriate.	11/2/14 ge 10/13/14