

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/30/2014
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

KINDRED TRANSITIONAL CARE AND REHAB 3128 BOXELDER DRIVE
CHEYENNE, WY 82001

(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: 1. Observation of emergency eyewash stations in the following locations: 2nd and 3rd floor near nurses stations, laundry room, and maintenance office on 10/30/14 from 2:05 PM to 2:20 PM revealed that tepid water still was not provided via an ASSE 1071 mixing valve in compliance with ANSI Z358.1. At the time of the observation, the Maintenance Manager confirmed that the mixing valves were not ASSE 1071. (Reference 2006 IPC, Section 411) 2. Observations of the handwash stations located in Room #201 on 10/30/14 at 2:00 PM, the employee restroom adjacent to Room #223 on 10/30/14 at 2:10 PM, the unisex restroom in the dining room/lobby area on 10/30/14 at 2:28 PM, and the employee breakroom on 10/30/14 at 2:20 PM had newly installed faucets that conform to WDH Chapter 3 guidelines, however the temperature limiting devices did not conform to ASSE 1070. The Facility Administrator and Maintenance Manager acknowledge the mixing valves did not conform to ASSE 1070. (Reference WDH Construction Rules and Regulations for Healthcare Facilities) 3. Observation of the tub room located in the Secured Unit on 10/30/14 at 2:15 PM, and the employee restroom adjacent to Room #223 on 10/30/14 at 2:05 PM could not establish that continuous mechanical exhaust ventilation was provided within the space. Interview with the Facility Maintenance Manager at the time of the observation stated that the exhaust system has been scheduled for repair. (Reference WDH	{S7999}	S79999 1.1 Current Mixing Valves located on the emergency eyewash stations; 2nd floor, 3rd floor, laundry room and maintenance office have been replaced with ASSE 1071 mixing valves, conforming to WDH Construction Rules and Regulations for Healthcare Facilities. 1.2 Maintenance Director/Designee will check for water temperatures as outlined in the Kindred preventative Maintenance Program. 1.3 PMP will be reported and reviewed monthly through the facility Performance Improvement Committee. 2.1 Current Mixing Valves located on the hand wash stations for Room # 201, #223 and unisex restroom in common/lobby area have been replaced with ASSE 1070 mixing valves, conforming to WDH construction Rules and Regulations for Healthcare Facilities. 2.2 Maintenance Director/Designee will check for water temperatures per as outlined in the Kindred Preventative Maintenance Program. 2.3 PMP will be reported and reviewed monthly through the facility Performance Improvement Committee.	11/19/14

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

TITLE

(X6) DATE

STATE FORM

WY Dept of Health

6899

LK6912

If continuation sheet 7 of 2

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Healthcare Licensing
and Surveys

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POC Accepted on 11/24/14 @ 12:43 pm with
Administrator Carey Applegate. J/Dec 34354

Healthcare Licensing and Surveys

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHABII		STREET ADDRESS, CITY, STATE, ZIP CODE 3128 BOXELDER DRIVE CHEYENNE, WY 82001		
(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 Chapter 3 Guidelines, Section 5(b)(iii)(B)) 4. Observation of the cook line equipment in the Kitchen on 10/30/14 at 2:20 PM revealed that the steam and hold appliance was still 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 stated a new smaller cooking appliance had been ordered to accommodate the space under the current hood system.	{S7999}	3.1 The Exhaust ventilation for tub room located in the Secured Unit and employee restroom adjacent to room #223 will be repaired. 3.2 Maintenance Director/Designee will check mechanical ventilation systems as outlined in the Kindred Preventative Maintenance Program. 3.3 PMP will be reported and reviewed monthly through the facility Performance Improvement Committee 4.1 All kitchen equipment noted in the 2567 will be relocated under the ansul hood fire suppression system. The fire suppression nozzles have been adjusted by a qualified vendor to accommodate the new arrangement. 4.2 Maintenance Director/Designee will check the Ansul Hood Suppression System as outlined in the Kindred Preventative Maintenance Program. 4.3 PMO will be reported and reviewed monthly through the facility Performance Improvement Committee.	