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WY Dept of Health

PRINTED: 12/11/2014
FORM APPROVED

Healthcare Licensing and Surveys

IAN 09 2015

Healthcare Licensing
and Surveys

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

WY0032

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

B. WING

(X3) DATE SURVEY
COMPLETED

12/02/2014

NAME OF PROVIDER OR SUPPLIER

SUBLETTE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

333 N BRIDGER AVE
PINEDALE, WY 82941

(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

S3059: Ch 19 Sec 7 Construction/Remodeling

Department of Health Chapter III, Construction
Rules for Health Facilities apply.

This State Rule and Regulation is not met as
evidenced by:
The Facility is not in compliance with WDH
Chapter 3 Rules and Regulations for Healthcare
Facilities.

Please refer to the following tag: 7036

S3059: Ch 19 Sec 7 Construction/Remodeling:

The facility will ensure that the building is in
compliance with WDH Chapter 3 Rules and
Regulations for Healthcare Facilities by:

Please refer to tag: 7036

01-15-15

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 Rules and Regulations for
Healthcare Facilities in accordance with the
original design and in a safe and sanitary
condition.

The findings were:

Observation of the emergency eyewash located
in the Soiled Laundry Room on 12/02/14 at 8:45
AM revealed that tepid water was not provided to
the eyewash via an ASSE 1071 - Performance
Requirements for Temperature Actuated Mixing
Valves for Plumbed Emergency Equipment -
mixing valve in compliance with ANSI Z358.1 -
Standard for Emergency Eye Wash and Shower
Equipment. An interview with the Facility
Administrator at the time of the observation

S7036: IPC Life Safety- Int'l Plumbing Code.

The facility will ensure that the WDH Chapter 3
Rules and Regulations for Healthcare Facilities in
accordance with the original design and in a safe
and sanitary condition by:

A) For Emergency eyewash station
located in the soiled Laundry Room,
Emergency eyewash station located in
North shower room: Plumbing for both
sites will be redone by maintenance staff
to include a tempering valve. Due date
for completion is 01/15/2015.
Maintenance staff will monitor
tempering valves monthly and report as a
function of quarterly QA

01/15/15

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

TITLE

(X6) DATE

STATE FORM

0699

PP8511

If continuation sheet 1 of 2

POC Accepted via Phone Call with ~~Acting~~ Acting Administrator
Wendy Fried on 1/14/15 @ 2:11pm. *[Signature]* 34254

Healthcare Licensing and Surveys

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2014
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NAME OF PROVIDER OR SUPPLIER SUBLETTE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 333 N BRIDGER AVE PINEDALE, WY 82941
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(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
S7038	Continued From page 1 confirmed that the eyewash was not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. (Reference 2006 IPC, Section 411)	S7038		

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

6899

PP8511

If continuation sheet 2 of 2

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