

PRINTED: 12/30/2014  
FORM APPROVED

## Healthcare Licensing and Surveys

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>WY0034                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                       | (X3) DATE SURVEY COMPLETED<br><br>12/16/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>WESTON COUNTY HEALTH SERVICES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1124 WASHINGTON BLVD<br>NEWCASTLE, WY 82701 |                                                                                                                              |                                              |
| (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<br><br>Department of Health Chapter III, Construction Rules for Health Facilities apply.<br><br>This State Rule and Regulation is not met as evidenced by:<br>The Facility is not in compliance with WDH Chapter 3 rules and guidelines.<br><br>Please refer to the following tag: 7036                                                                                                                                                                                                                                                                                                                                                                                                         | S3059                                                                                |                                                                                                                              |                                              |
| S7036                                                             | IPC Life Safety - Int'l Plumbing Code<br><br>This State Rule and Regulation is not met as evidenced by:<br>Observation of the emergency eyewash located at the nurses station on 12/16/14 at 12:19 PM 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 Maintenance Manager at the time of the observation 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) | S7036                                                                                | S7036 The maintenance manager will remove the existing eye wash station and replace with a mounted bottle of eye wash fluid. | 1/30/15                                      |

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

NHA  
0299

B6HE11

If continuation sheet 1 of 1

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| <p>RECEIVED</p> <p>WY Dept of Health</p> <p>JAN 12 2015</p> <p>Healthcare Licensing<br/>and Surveys</p> |
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POC Accepted Via Phone Call with the  
Administrator JOAN Farnsworth on  
1/14/15 at 2:46pm JMF 34354