

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/12/2015
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE - EVANSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 475 YELLOW CREEK ROAD EVANSTON, WY 82930		
(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
S 000	General Comments A Life Safety Code survey was conducted at your facility on January 12, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single-story building of Type V (111) construction built in 1985. The building was equipped with a supervised automatic dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 41. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.	S 000		
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Observation of the emergency eyewash stations located throughout the facility on 01/12/15 from 8:38 AM to 10:00 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. At the time of the observations, the Facility Maintenance Manager 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	S-7036 A plumber will be contacted to install the mixing valves on the two eye wash stations in the facility. Once the units are installed the water temps will be monitored in conjunction with our monthly water temp schedule that is monitored through the TELS preventative maintenance system. Any issues will be brought to the QA committee. Compliance date: 3-15-2015	

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

JAN 29 2015

Healthcare Licensing
and Surveys

ADMINISTRATOR

1/26/15

If continuation sheet 1 of 1

POC accepted via phone call with
Administrator Alison Melte on 2/10/15
at 12:46pm JRR 34354