PRINTED: 03/12/2015
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0039	A. BUILDING: _____ B. WING _____	03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE APTON, WY 83110

(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 March 03, 2015 by the office of Healthcare Licensing and Surveys (HLS). The facility was a fully sprinklered, one story building of Type II (111) construction built in 1996 (Existing Health Care) with an addition built in 2010 (New Health Care). The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 24 certified Medicaid beds with a census of 22. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Sections 7 Construction/Remodeling and 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: 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 Construction 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 Kitchen Janitor's Closet and the Corridor Janitor's Closet on 03/03/15 at 9:37 AM and 9:50 AM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow	S7036	The facility will maintain existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities. This will be accomplished by: a) The maintenance supervisor will remove the unapproved hose connectors and replace them with approved backflow preventers. b) The maintenance supervisor or designee will conduct periodic compliance rounds to ensure only approved backflow preventers are being used throughout the facility. The results will be included in the facility-wide continuous quality improvement program.	03/17/15 04/12/15

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	WHA	3-18-15

STATE FORM 6899 KL7W11 If continuation sheet 1 of 2

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WY Dept of Health
MAR 18 2015
Healthcare Licensing and Surveys

POC Accepted via Phone Call with Administrator Amy R. Johnson on 3-19-15 at 1:28pm [signature] 34354

Healthcare Licensing and Surveys

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S7036	Continued From page 1 prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which was under constant pressure. This disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Facility Maintenance Manager at the time of the observations acknowledged that the connection was not provided with an acceptable means of backflow prevention. Ref: 2006 IPC, Section 608.6 and 608.13	S7036		