Healthcare Licensing and Surveys

PRINTED: 03/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0008	A. BUILDING: _____ B. WING _____	C 02/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATK	1901 HOWELL AVENUE WORLAND, WY 82401

(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: Based on observation and staff interview, the facility failed to maintain the existing 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: 1. Observation of the Oxygen Storage Room on 2/19/15 at 11:32 AM revealed that the facility failed to maintain storage of oxygen in compliance with the NFPA 99, Standard for Health Care Facilities 2005, the International Fire Code (IFC) 2006, and the International Building Code (IBC) 2006. Observation revealed that the space was utilized for the storage of (2) 45 Liter and (10) 42 Liter liquid oxygen storage tanks (134 gal. or 15, 504 ft³ total gas equivalent). At the time of the observation, interview of the Chief Maintenance Supervisor also indicated that the space was being utilized for the transferring of oxygen. Further observation revealed that the space was not provided with a means for make-up air per the NFPA 99 and IFC. It was observed that the only means for make-up air was by transfer air under the door in lieu of a 1-hour rated shaft to the exterior of the building per IFC Section 3006.2.2. Also, it could not be established that the exhaust ductwork serving the storage area was enclosed in a 1-hour rated shaft to the exterior of the building per IFC Section 3006.2.2. Additionally, interview with the Chief Maintenance Supervisor was unable to establish that the electrical power to the space (including the exhaust fan) was provided per the requirements for essential electrical systems per	S7999	Preparation and execution of this plan of correction does not constitute an admission or agreement by this provides of the truth of the facts alleged or conclusions set forth in statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposed and correlate with the most recently contemplated or accomplished corrective action and do not necessarily correspond chronologically to date the facility is of the opinion it was in compliance with requirements of participation or that corrective action was necessary. S7999 The facility will ensure to maintain the existing systems in a manner that is in accordance with WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe, and sanitary condition. 1. The Oxygen Storage Room will be downgraded by eliminating excess storage tanks to maintain appropriate area for transferring of oxygen. In addition the facility will enlist the assistance of certified assistance to upgrade the storage room by installing one (1) hour rated shafting to the ductwork for exhaust and "makeup"	4/17/15

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X5) DATE

STATE FORM 6899 EVDK11 If continuation sheet 1 of 2

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WY Dept of Health
MAR 10 2015
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Approved with Administrator, Dee Cozzens, 3/19/15

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S7999	Continued From page 1 NFPA 99, Section 5.1.3.3.2(8). Finally, per IFC Table 2703.1.1(1) the maximum allowable quantity (MAQ) per control area of an oxidizing gas in liquid form for storage is 15 gallons. This value may be increased by 100 percent as the building is equipped with an automatic sprinkler system resulting in a MAQ of 30 gallons. As stated above, the facility was observed to be storing 134 gallons within the Oxygen Storage Room, which per IFC Table 2703.1.1(1) classifies the area as H-3 storage occupancy. Per the IBC, Table 508.3.3, an H-3 occupancy must be separated from an I-Intuitional occupancy with 2-hour fire-resistant construction. Interview of the Chief Maintenance Supervisor indicated that the facility ' s oxygen supplier had recently replenished their stock and that the observed condition was typical. 2. Observation of the Emergency Generator Room on 2/19/15 at 11:50 AM revealed that the facility failed to ensure that electrical equipment rooms are maintained per the International Fire Code (IFC), Section 315.2.3. Observation revealed that the Emergency Generator Room was being utilized for the storage of plywood, plastic bags, miscellaneous tools, cardboard boxes, trash cans, vacuums, air compressors, solvents, oils, HVAC filters, paper, paint, a refrigerator, and aerosols. Interview of the Chief Maintenance Supervisor at the time of the observation confirmed that the space was being utilized for storage.	S7999	ventilation. The "makeup" air will be adjusted to follow IAW NFPA99 and IFC guidelines. 2. The facility will remove all combustible material from the Generator Room. The Maintenance Supervisor will conduct bi-weekly inspections to assure the area is free of combustible materials.	4/17/15