

PRINTED: 04/06/2015
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/24/2015
NAME OF PROVIDER OR SUPPLIER THERMOPOLIS REHABILITATION AND CARE C		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1325 THERMOPOLIS, WY 82443		
(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 23, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, 1-story building of Type V (000) construction built in 1954 with additions of the same construction type built in 1985 and 1990. The building was equipped with a supervised, automatic wet sprinkler system and a zoned fire alarm system. The facility has 60 certified Medicare and Medicaid beds with a census of 47. 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	Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in statement of the deficiencies. The plan of correction is prepared and/or solely because it is required by the provisions of federal state and 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 taken.	05/25/15
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 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 Janitor's Closet on 03/23/15 at 4:20 PM and the Soiled Utility Sink in the Secured Unit on 03/23/15 at 5:11 PM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow prevention. The chemical	S7036	1. The facility will 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. 2. All residents are affected. 3. The facility will install a hose connection to the wall-mounted chemical dispensing system with a means of backflow prevention that cannot be disabled thus preventing the possibility of cross connection. Maintenance staff will be in-serviced on 2006 IPC, Sections 411,	

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

TITLE

(X6) DATE

STATE FORM

6559

ZZL311

If continuation sheet 1 of 2

APR 20 2015

POC Accepted via phone call with Administrator Toivo Homi on 4/24/15 at 9:23 AM.

JMR 34354

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S7036	Continued From page 1 dispensing system was connected to the faucet discharge via a hose connection which had the ability to be under constant pressure. This can 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, Sections, 411, 608.6, and 608.13	S7036	608.6 and 608.13 concerning backflow prevention requirements as well as vacuum breaker protocol. 4. Director of Maintenance/designee will monitor per the facility PM guide monthly. Findings to QA monthly. 5. Completed by 5/25/15.	