

PRINTED: 04/23/2015
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY00019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER NEW HORIZONS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 LANE 12 LOVELL, WY 82431		
(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 April 07, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, two story building of Type II (111) construction built in 1991. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility has a capacity of 85 certified Medicare and Medicaid beds with a census of 71. 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: 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 Emergency Eyewash Station located in the Clean-Utility Room upstairs on 04/07/15 at 1:50 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	S7036	(A) Emergency eye wash station will be maintained according to WDH chapter 3 construction rules. To ensure the safety of staff and residents. (B) An ASSE 1071 mixing valve will be installed on the emergency eyewash.	6/5/15

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

TITLE

(X6) DATE

STATE FORM

RECEIVED

WY Dept of Health

MAY 01
APR 20 2015

J.B.

Healthcare Licensing
and SurveysPOC Accepted via Phone Call with the
Administrator Rick Schroeder on 5/14/15
at 9:12 AM. J/SK LSC 34354

NQ9K11

If continuation sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER NEW HORIZONS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 LANE 12 LOVELL, WY 82431			
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S7036	Continued From page 1 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 observations 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) Ref: 2006 IPC, Sections, 411, 608.6, and 608.13	S7036	(C) The emergency eyewash tepid water will be included on the monthly preventative maintenance checklist. (D) The preventative maintenance checklist will be monitored by the maintenance director. (E) The results of these checklists will be reported at the quarterly quality committee meetings.		