STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0018	A. BUILDING: _____ B. WING _____	09/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	3128 BOXELDER DRIVE CHEYENNE, WY 82001

(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 by Healthcare Licensing and Surveys on 09/06/2016.	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: 1. Observation on 09/06/2016 at 9:56 AM located at the 100 corridor nurses station utilities closet revealed an eyewash station that when activated did not have enough water pressure to force the covers off making the eyewash more than one action to operate. Interview with the Facility Maintenance Manager at the time of observation acknowledged the requirement for 2 actions to use the emergency eyewash. 2. Observation on 09/06/2016 at 10:50 AM located on the 2nd floor Nurse Pantry/Clean Utility revealed an emergency eyewash station with out spray heads. Further observation revealed that when activated two direct beams of water would spray directly into the eyes. Interview with the Facility Maintenance Manager at the time of observation acknowledged the missing spray heads on the eyewash station. 3. Observation on 09/06/2016 at 2:44 PM in the Maintenance Office revealed an eyewash station that was installed after 2008 with out an ASSE	S7036	S7036 1. The Maintenance Director or Designee will repair the 100 corridor nurse station utilities closet eye wash station, the 2nd floor nurse pantry eye wash station and the Maintenance office eye wash station on or before 11/06/2016 to ensure adequate water pressure and temperature. 2. The Maintenance Director or Designee will audit eye wash stations on or before 11/06/2016 to ensure adequate water pressure and temperature. 3. The Maintenance Director or Designee will randomly audit eye wash stations (1) time per week for four (4) weeks then monthly, until substantial compliance has been achieved to ensure adequate water pressure and temperature. 4. The Maintenance Director or Designee will report results of the audit to the facility monthly Quality Assurance	11/06/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 10/03/2016

Accepted plan of correction On 10/20/2016 via phone call with Rex Lowe.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0018	A. BUILDING: _____ B. WING _____	09/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S7036	Continued From page 1 1071 temperature regulating device per the 2006 International Plumbing Code. Interview with Facility Maintenance Manager acknowledged the missing temperature regulating device. Ref: 2006 IPC ANSI Z358.1	S7036	Meeting for 90 days or until substantial compliance has been achieved or sustained as determined by the committee.	