PRINTED: 09/13/2017
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
	WY0043	A. BUILDING: _____ B. WING _____	09/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE VIEW CARE CENTER	1325 SAGE STREET ROCK SPRINGS, WY 82901

(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 September 6, 2017. The facility was a fully sprinklered, one story building of Type V (111) construction built in 1956. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 82 certified Medicare and Medicaid beds with a census of 50 residents. 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 and Regulations for Health Care Facilities apply.	S 000	DISCLAIMER CLAUSE PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLEY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.	
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 provide mixing valves for public hand-washing facilities in accordance with the 2006 International Plumbing Code. The findings were: Observation on 09/06/2017 at 1:20 P.M. to 2:20 P.M. located in the occupational therapy room, tub room, break room adjacent to MDS office and throughout the facility revealed newly replaced faucets for hand sinks. Further observation revealed that these hand sinks were not installed with an ASSE 1070 mixing valve. Interview with the Facility Maintenance Manager at the time of	S7036	S-7036 Corrective Action- ASSE 1070 mixing valves installed in Occupational Therapy room, tub room, and breakroom adjacent to the MDS office. ID of others- Maint. Director will conduct an audit of sinks to determine if mixing valves are installed or needed. Any identified needed mixing valves will be installed. Systemic Changes- Education provided to maintenance director of need of mixing valves on any sinks with replaced faucets Monitoring- Q week rounds on sinks to ensure appropriate valves. Results of audits will be taken to QAPI to determine ongoing frequency of monitoring.	9/27/17

ning Dept of Health, Aging Division, Healthcare Licensing and Surveys
RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

N/A — 9/25/17

E FORM — 6899 — JRY211 — If continuation sheet 1 of 2

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SEP 25 2017
Healthcare Licensing and Surveys

ACCEPTED POC VIA PHONE CALL WITH THE ADMINISTRATOR Naomi King ON 9-26-2017.

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S7036	Continued From page 1 observation indicated that the sinks were newly installed a couple of months ago and that the facility was unaware of the requirement. Failure to install faucets as require could result in injury do to scalding. Ref: 2006 IPC - Section 416.5	S7036		