

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2017
NAME OF PROVIDER OR SUPPLIER GRANITE REHABILITATION AND WELLNESS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 10/03/2017. The facility was a fully sprinklered, three-story building of Type II (222) and Type II (111) construction built in 1966 and 1972. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 146 certified Medicare and Medicaid beds with a census of 109 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 Departments of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply.	S 000		
S7035	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain mechanical systems in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities. The findings were: Observation on 10/03/2017 at 10:50 AM in the basement central supply area revealed that the supply air vent was blocked by plastic sheeting. Further observation in the medical records room revealed that plastic was also covering the ceiling supply air vents. Failure to maintain mechanical systems as required could result in modified performance in other areas of the distribution	S7035	S7035 1. The plastic sheeting was removed on or before 10/27/2017. 2. The Maintenance Director or designee will randomly audit ceiling supply air vents to validate they are not blocked by plastic sheeting on or before 10/27/2017. 3. The Maintenance Director or designee will randomly audit ceiling supply air vents weekly for 30 days to validate they are not blocked by plastic sheeting.	10/27/17

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

TITLE

(X6) DATE

Electronically Signed

10/27/17

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S7035	Continued From page 1 system that have not been validated via a test and balance report. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. Ref: 2006 IMC, Section 603.17 2006 IBC, Section 1020.5	S7035	4. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	10/27/17
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 protect potable water in accordance with the 2006 International Plumbing Code. The findings were: Observation on 10/03/2017 at 9:45 AM at the first floor nursing station revealed an Emergency eyewash fixture that did not have enough water pressure to release the dust covers at the water spray heads. The eyewash fixture was also not equipped with an ASSE 1071 mixing valve. Further observation revealed eyewash fixtures at the second and third floor nurse's station also had low water pressure and a noncompliant mixing valve. Failure to maintain plumbing as required could result in injury to residents and staff. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2006 IPC-Section 411.1	S7036	S7036 1. The Emergency eyewash station on the first floor, second floor and third floor nurses station was repaired on or before 10/27/2017. 2. The Maintenance Director of designee will audit Emergency eyewash stations to validate adequate water pressure and is equipped with an ASSE 1071 mixing valve on or before 10/27/2017. 3. The Maintenance Director of designee will audit Emergency eyewash stations weekly for 30 days to validate adequate water pressure and that it is equipped with an ASSE 1071 mixing valve. 4. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	

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S7999	Continued From page 2	S7999		
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 protect potable water in accordance with the Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Health Care Facilities. The findings were: Observation on 10/3/2017 at 9:00 AM in the PT room revealed an aerator on the sink. Further observation revealed aerators throughout the facility. Failure to provide potable water as required could result in the spread of infection. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: WDH Chapter 3 Section 5 (b)(III)(E)	S7999	S7999 1. Aerator on the sink in the PT room were removed on or before 10/27/2017. 2. The Maintenance Director or designee will audit facility sinks to validate aerators are removed. Aerators were removed if discovered during the audit on or before 10/27/2017. 3. The Maintenance Director or designee will audit facility sinks monthly for 30 days to validate aerators are removed. 4. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	10/27/17