

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2015
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NAME OF PROVIDER OR SUPPLIER WORLAND HEALTHCARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 HOWELL AVENUE WORLAND, WY 82401
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(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 August 18, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (000) construction built in 1970 and 1990. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 87 certified Medicare and Medicaid beds with a census of 56. 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 response and 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 the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual.	
S7015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical gas storage areas are protected in accordance to the 2006 International Building Code (IBC) in 1 of 6 smoke compartments. The findings were: Observation of the Oxygen Storage Room on 08/18/15 at 9:50 AM revealed 8 large 41 liter liquid oxygen tanks. The total cubic feet of oxygen located in the room was approximately 9,200 cubic feet. Further observation revealed the room had an 1 hour separation in lieu of the required 2 hour separation in accordance to the	S7015	S7015 The facility will ensure that medical gas storage areas are protected in accordance to the 2006 International Building Code in 1 of 6 smoke compartments. This will be accomplished by: Maintenance Supervisor will be submitting plan to Wyoming Department of Health Construction Department to move excess oxygen tanks to an outside storage area in accordance with NFPA99 and NFPA 101 guidelines. Monitoring: Maintenance Supervisor will conduct monthly inspection of oxygen storage areas to ensure accordance with NFPA99	10/5/15 11/20/15

Modified POC DATES via phone with
Arlene Glanz Facility Business Manager on
10/7/15 @ 9:23 AM

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

TITLE

(X6) DATE

STATE FORM

WY Dept of Health

SEP 14 2015

Healthcare Licensing
and Surveys

POC Accepted via Phone Call with
Administrator Dee Cozzens on 9/17/15 @ 9:20 AM
JWC 34354 S

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S7015	Continued From page 1 2006 IBC. At the time of the observation the Facility Maintenance Manager acknowledged the amount of oxygen stored in the room, and the existing 1 hour separation. Ref: 2006 IBC, Tables 307.1(1), 508.3.3, and Section 307.5	S7015	and NFPA 101 guidelines. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly for review and suggestions.	
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 ensure continuous mechanical exhaust ventilation is provided in bath and tub rooms. The findings were: Observation of bath areas 1 & 2 on 08/18/15 at 2:35 PM and 9:05 AM could not establish that continuous mechanical exhaust ventilation was provided within the spaces. Interview with the Facility Maintenance Manager at the time of the observation acknowledged that exhaust airflow could not be established. Ref: WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)	S7035	S7035 The facility will ensure continuous mechanical exhaust ventilation is provided in bath and tub rooms. This will be accomplished by: Ventilation exhaust system in bath area 1 and 2 was repaired on 8/19/15. Monitoring: Maintenance Supervisor will conduct monthly inspection of exhaust system and complete repairs if needed. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly for review and suggestions.	10/5/15 11/20/15
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 existing plumbing in accordance with the International Plumbing Code. The findings were:	S7036	S7036 The facility will maintain existing plumbing in accordance with the International Plumbing Code.	

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S7036	Continued From page 2 1. Observation of Janitor Closet's 3 & 4 sinks on 08/18/15 from 9:30 AM to 10:05 AM revealed that a hose connection to the chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a tee and shut-off valve which disabled the atmospheric vacuum breaker, and created a potential means for system interconnection if the shut-off valve was utilized in lieu of the fixture valves. The Facility Maintenance Manager acknowledged that the fixtures were not provided with an acceptable means of backflow prevention at the time of the observations. 2. Observation of the hand washing station located in the employee break room area on 08/18/15 at 9:30 AM revealed the existing faucet had been replaced after the effective date (04/03/08) of the Chapter 3 Construction Rules and Regulations for Healthcare Facilities requiring the faucet to meet the current rules. The faucet did not include a water temperature limiting device ASSE 1070. At the time of the observation the Facility Maintenance Manager acknowledged a mixing valve was not present on the sink. Ref: 2006 IPC, Section 416.5, 604.2 and 608.13	S7036	This will be accomplished by: 1. Maintenance Supervisor will acquire necessary back flow preventers onto fixtures installed in Janitors closet. 2. Maintenance Supervisor will install the mixing valve onto the faucet located in the Employee break room. Monitoring: Maintenance Supervisor will conduct monthly inspection of fixtures and complete repairs/updates as needed. Quality Assurance: Director of Maintenance will report monthly results of monitoring to the Quality Assessment and Assurance Committee monthly for review and suggestions.	10/5/15 11/20/15 10/5/15 11/20/15