CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

(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) COMPLETION DATE
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered single story building of Type V (111) construction built in 1988. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and a fire alarm system.	K 000	POC ACCEPTED W/ SHEILA VINT, DON ANG, NHA, WAS NOT AVAILABLE TO 10/25/07. [signature]	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	**K 062 NFPA 101 Life Safety Code Standard** Required automatic sprinkler systems will be continuously maintained in reliable operating condition and will be inspected and tested periodically.	11/17/07
	This STANDARD is not met as evidenced by: Based on record review, staff interview and observation the facility failed to test 4 of 4 sprinkler system components and failed to replace corroded sprinkler heads in 1 of 5 smoke compartments. The findings were: 1. Review of the fire sprinkler system testing records revealed the main drain, waterflow alarm, and supervisory signal devices had not been tested during the second quarter of 2007. 2. Review of the fire sprinkler system testing records revealed the back flow preventer had not		1. The waterflow alarm, main drain and supervisory signal devices will be placed on a regular testing schedule. 2. The back flow preventer will be tested by an outside contractor by November 2, 2007. 3. The two sprinkler heads in the kitchen's dish room have been replaced. 4. A member of the Performance Improvement Committee will audit the fire sprinkler system testing records monthly to	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cynthia L. Rankin RD
TITLE: Executive Director
(X6) DATE: 10-22-07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

RECEIVED
OCT 23 2007

Wyoming Dept. of Health

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WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801 10/25/07

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K 062	Continued From page 1 been tested in the past year. 3. Interview with the Director of Maintenance on 10/03/07 at 9:45 AM confirmed the tests had not been conducted. He further reported the facility had recently changed to a new sprinkler contractor. 4. Observation on 10/03/07 at 10:49 AM revealed corrosion was visible on the two sprinkler heads in the kitchen's dish room.	K 062	ensure that the system is being tested according to regulation. 5. The results of the Performance Improvement Audits will be reported at the monthly Performance Improvement Committee meeting; any trends and/or problems will be reported as well. This will continue for a period of no less than three months or until ongoing compliance has been demonstrated.	
K 143 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) In an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and	K 143	**K 143 NFPA 101 Life Safety Code Standard** Transferring of oxygen will be: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA99 and the Compressed Gas Association. 1. The number of liquid oxygen tanks stored in the transfilling room is now eight. A sign has been	11/17/07
	(c) In an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to limit the quantity of liquid oxygen in 1 of 1 storeroom. The findings were:			

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K 143	Continued From page 2 Observation on 10/03/07 at 10:10 AM revealed 11 liquid oxygen tanks, each with a capacity of 103 lbs. of liquid oxygen, were stored in a single location.	K 143	placed on the door indicating that no more than eight tanks are to be stored in the room. 2. A member of the Performance Improvement Committee will monitor the number of tanks weekly in order to ensure that the number does not exceed eight. 3. The results of the Performance Improvement Audits will be reported at the monthly Performance Improvement Committee meeting; any trends and/or problems will be reported as well. This will continue for a period of no less than three months or until ongoing compliance has been demonstrated.	