STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/22/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

9/12/07

(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 1965 and currently undergoing a major remodel. The building was equipped with a supervised automatic wet sprinkler system and fire alarm system	K 000	POC accepted w/ Don Nelson, Interim CEO, on 9/12/07	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	WCHS will ensure that all corridor doors can be fully latched without applying significant pressure. A. Maintenance staff shaved the corridor door to the Director of Nurses office so that it closed freely. B. Maintenance staff will monitor all corridor doors to ensure that they can be fully latched without applying significant pressure. C. Proper closure of doors has been added to the quarterly fire door PM checklist.	9/30/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Don A. Nelson | TITLE: Interim CEO | (X6) DATE: 9-7-07

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.

SEP 10 2007

Wyoming Dept of Health
Licensing and Surveys

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all corridor doors in 1of 5 smoke compartments could be fully latched without applying significant pressure. The findings were: Observation on 8/21/07 at 3:30 PM revealed the corridor door to the director of nurses ' office would not latch into the door frame without the application of excessive force. At the time of the observation the director of nurses reported the door had been binding in the frame for the past two weeks.	K 018	D. The Maintenance Manager will monitor the checklist and will spot check doors as a part of the Performance Improvement process.	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review, staff interview and observation, the facility failed to ensure fire drills were conducted at unexpected times on 1 of 3 shifts. In addition, the facility did not ensure staff members were familiar with all fire drill elements. The findings were: 1. Review of the fire drill records revealed all of the fire drills conducted on the swing shift	K 050	WCHS will ensure that the fire drills are conducted at unexpected times and that staff members are familiar with all fire drill elements. A. Maintenance staff will conduct subsequent fire drills at unexpected times. The Director of Nursing will provide education during staff meetings concerning awareness of flashing light and proper actions to take upon locating the light; i.e. how to conduct room searches and announcing code red.	9/30/07

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K 050	Continued From page 2 occurred between 1:15 PM and 2:40 PM over the past year. 2. Interview with the maintenance director on 8/22/07 at 9:30 AM revealed he was unaware fire drills should occur at varied times. 3. During the fire drill conducted on 8/22/07 between 9:45 AM and 9:50 AM observation revealed the first responder was a certified nursing assistant (CNA). The CNA was summoned to the location where the " fire " was simulated, turned off the nurse call light, and went back to the nurses station to fill out her paper work. The CNA left the room without calling " Code Red, " or shutting the corridor door. The CNA told a nurse she found the "fire light," and the nurse told her to follow the fire drill procedures. The CNA then re-entered the room and called out, " Code Red, " and the room number. The aide then pulled the nearest pull station to activate the fire alarm system. However, when re-entering the resident room, the CNA failed to check the restroom where the maintenance director was located. Interview with the maintenance director after the drill revealed the "fire light" was a new addition to the drill protocol, and staff had not been in-serviced yet about this device. The maintenance director stated that most of the nursing staff were not familiar with the new "fire light."	K 050	B. The Maintenance Manager will monitor all fire drills for proper times and staff responses. C. Timelines and staff responses will be reported through the Performance Improvement process on a quarterly basis. D. The Maintenance Manager and Director of Nursing will take corrective action and provide the necessary education if further infractions occur.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by:	K 147	WCHS will ensure that the required work space is maintained in front of electrical equipment in all smoke compartments.	8/31/07

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K 147	Continued From page 3 Based on observation and staff interview, the facility failed to ensure the required work space was maintained in front of electrical equipment in 1 of 5 smoke compartments. The findings were: Observation on 8/21/07 at 2:45 PM revealed the electrical panel in the dining room air handler room did not have the required 3 feet of work space in front of it. Items were stored directly in front of the electrical panel. Interview with the maintenance director at the time of the observation revealed that space had been inspected 3 weeks earlier and nothing had been stored there at the time.	K 147	A. Maintenance staff removed items stored directly in front of the electrical panel in the dining room air handler room. B. Managers and staff using this area and others were briefed on the three foot clearance requirement in front of electrical equipment. C. During the monthly safety inspections, Maintenance staff will monitor these areas for compliance. D. The Maintenance Manager will monitor inspection results and take corrective actions if required.	