FROM : x FAX NO. :3073323690 Jun. 25 2012 11:06AM P4

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Healthcare Licensing and Surveys

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/15/2012
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
	560034	B. WING ____	06/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	180 CARING WAY LANDER, WY 82520

(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 single story building of Type V (111) construction built in 1978. The building was equipped with a supervised automatic wet sprinkler system with an antifreeze loop and an addressable fire alarm system.	K 000	Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged, or that any regulatory violation occurred. The following is to be considered our Credible Allegation of Compliance.	
K012 S&=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.5.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke barriers were maintained as a continuous membrane in 1 of 3 smoke compartments. The findings were: Observation on 6/31/12 at 10:30 AM revealed a telephone wall face plate was missing in resident room #110. In addition, a 1 inch diameter hole was noted in the wall of the janitor's closet in the "A" hall. At the time of the observation, maintenance staff #1 verified the observation. Reference: NFPA 101, Life Safety Code, 2000 edition, 19.1.6.4 Each exterior wall of frame construction	K 012	K012 1. The telephone face plate in Room 110 was replaced on 5-31-12. 2. The 1 inch hole in the janitors room on "A" Hall was repaired on 6-4-12. 3. All walls have been checked for integrity of wall penetrations. 4. Maintenance supervisor or designee will inspect all walls to ensure penetrations are sealed. 5. Walls will be reviewed monthly to assure penetrations are sealed.	07/13/12

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Director of Nursing | TITLE: | (X6) DATE: 6-25-2012

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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: LERD21 Facility ID: WY00036 If continuation sheet Page 1 of 6

Approved with changes on pgs 1 and 5 after telephone call to Alyssa (Staff Dev. Coord.) on 7/6/12 @ 1:48pm SL

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	535034	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/31/2012

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K 012	Continued From page 1 and all interior stud partitions shall be fire stopped to cut off all concealed draft openings, both horizontal and vertical, between any cellar or basement and the first floor. Such fire stopping shall consist of wood not less than 2 in. (5 cm) (nominal) thick or shall be of noncombustible material. 19.3.6.2.2* Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 door with a self closure device was operating properly in 1 of 3 smoke compartments. The findings were: Observation on 5/31/12 at 9:18 AM revealed the door to the janitor's closet in the kitchen had a self closure device (SCD) attached. However, the door did not latch into its frame with three separate attempts. Interview with maintenance staff #1 at the time of the observation confirmed	K 029	**K029** 1. The janitors door in the kitchen was adjusted on 5-31-12. 2. All doors with self closing device will be checked monthly by the supervisor or designee and adjusted as needed. 3. Audits will be reviewed by the QA and A committee for continued compliance and direct further corrective action as needed.	07/13/12

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K 029	Continued From page 2 the findings. Reference: NFPA 101, Life Safety Code, 2000 edition, Section 18.3.2.1, 8.4.1.2, 8.2.4.3.5 18.3.2.1 Hazardous Areas. Any hazardous area shall be protected in accordance with Section 8.4. 8.4.1.2 In new construction, where protection is provided with automatic extinguishing systems without fire-resistive separation, the space protected shall be enclosed with smoke partitions in accordance with 8.2.4. 8.2.4.3.5 Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. 7.2.1.8.1 Self Closing Devices. A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic closing in accordance with 7.2.1.8.2.	K 029	**K056** 1. The escutcheon for the sprinkler head in "A" Hall over the weighing area was replaced on 6-20-12. 2. All sprinkler heads through out the facility will be checked monthly by the maintenance supervisor or designee. 3. Audits on sprinkler heads will be reviewed monthly by the QA and A committee for continued compliance and direct further corrective action as needed.	07/13/12
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by:	K 056		

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K 056	Continued From page 3 Based on observation and staff interview the facility failed to ensure one sprinkler head in 1 of 3 smoke compartments was installed as required. The findings were: Observation on 5/31/12 at 8:48 AM revealed an escutcheon was missing from the ceiling mounted sprinkler head in the hallway by the domestic services supervisor's office (the ceiling over the scale used to weigh residents). Interview with maintenance staff #1 at the time of the observation confirmed the findings. Reference: NFPA 101, Life Safety Code, 2000 edition, Sections 9.7.1.1; 19.3.5.1; 1999 NFPA 13, Section 2-2.6.2. Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly.	K 056	K062 1. The sprinkler escutcheon was replaced and mounted correctly on 6-20-12. 2. Audits on sprinkler heads will be reviewed monthly by the QA and A committee for continued compliance. 3. The annual backflow test was completed on 6-12-12. 4. Backflow annual check will be monitored by maintenance supervisor or designee.	07/13/12
K 062 SS=D	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 This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the fire suppression (sprinkler) system was properly maintained in 1 of 3 smoke compartments. In addition the facility failed to test the sprinkler system as required. The findings were: Observation on 5/31/12 at 10:48 AM revealed a gap greater than one half inch existed between	K 062		

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K 062	Continued From page 4 the sprinkler head escutcheon and the ceiling in the laundry room. In addition, the facility could not produce the annual backflow testing results. Review of records revealed the last backflow inspection was conducted 5/10/11. Interview with maintenance staff #1 at the above time confirmed the findings. Reference: 2000 NFPA 101 Section 19.3.5.1 (existing). Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. 9.7.5 All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested and maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 edition. NFPA 25 Section 5-5.2 All backflow prevention assemblies shall be tested annually in accordance with the procedure and policies of the authority having jurisdiction.	K 062	and extension cord K147 1. Surge protector [illegible] removed on 5-31-12. 2. All rooms will be checked monthly for surge protectors by maintenance supervisor or designee. 3. Audits will be reviewed monthly by QA and A committee for continued compliance and direct further corrective action as needed.	07/13/12
K147 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: Based on observation and staff interview, the facility failed to ensure compliance with the National Electric Code in 1 of 3 smoke compartments. The findings were: Observation on 5/31/12 at 11:49 AM revealed a	K 147		

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K 147	Continued From page 5 surge protector was plugged into another surge protector in resident room #109. In addition, an extension cord was plugged into a surge protector in resident room #104. Both distal cords were in use at the time. Interview with the maintenance staff #1 at the time of the observation confirmed the above findings. Reference: NFPA 70, National Electrical Code, 1999 Edition. Article 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure.	K 147		