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

PRINTED: 08/31/2006
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 _____	R 08/09/2006

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 PRECEEDED 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 Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a supervised automatic wet sprinkler system with a dry branch and fire alarm system. K6: Date of Plan Approval: 1988 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=102;SNF/NF=102 K9: The facility meets the Life Safety Code standards based on an acceptance of a Plan of Correction. "NFPA" National Fire Protection Association	(K 000)	This plan of correction constitutes Westview Health Care Center's credible allegation compliance with the Life Safety Code Standard effective 07/10/06. Pac accepted w/ Sheridan; DON, on 9/11/06 @ 10:45pm	
(K 014) SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation the facility failed to provide flame retardant interior wall finishes in accordance with NFPA 101 Section 19.3.3.2 and 10.2.3. The findings were: 1. Observation on 08/09/06 at 9:10 AM revealed the newly installed wall finish on the bottom 4 feet of the dining room was not class A. The newly installed pine half round logs were class C interior	(K 014)	K014 The facility will ensure that interior finish ~~for corridors and~~ DINING RM. exit-ways have a flame spread rating of Class A ~~or Class B~~. CLASS A ONLY 1.) The facility will compile sufficient evidence and documentation that the dining room wall treatments meet the standard of a fire rating of Class A or B. a.) If sufficient evidence is unable to be found, the facility will treat the walls with a product that will give the wall treatments a fire rating of a Class A or B. b.) If a product can not be found that will give the wall treatments a fire rating of Class A or B, the wall treatments will be removed to ensure compliance with K014	7/28/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

RS, Director of Nursing | 9.11.06

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: O13K22 Facility ID: Westview Healthcare Center Page 1 of 15

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	535039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	R 08/09/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1980 WEST LOUCKS STREET SHERIDAN, WY 82801

9/11/06

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a supervised automatic wet sprinkler system with a dry branch and fire alarm system. K6: Date of Plan Approval: 1988 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=102;SNF/NF=102 K9: The facility meets the Life Safety Code standards based on an acceptance of a Plan of Correction. "NFPA" National Fire Protection Association	{K 000}	This plan of correction constitutes Westview Health Care Center's credible allegation compliance with the Life Safety Code Standard effective 07/10/06.	
{K 014} SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation the facility failed to provide flame retardant interior wall finishes in accordance with NFPA 101 Section 19.3.3.2 and 10.2.3. The findings were: 1. Observation on 08/09/06 at 9:10 AM revealed the newly installed wall finish on the bottom 4 feet of the dining room was not class A. The newly installed pine half round logs were class C interior	{K 014}	K014 The facility will ensure that interior finish for corridors and exit-ways have a flame spread rating of Class A or Class B. 1.) The facility will compile sufficient evidence and documentation that the dining room wall treatments meet the standard of a fire rating of Class A or B. a.) If sufficient evidence is unable to be found, the facility will treat the walls with a product that will give the wall treatments a fire rating of a Class A or B. b.) If a product can not be found that will give the wall treatments a fire rating of Class A or B, the wall treatments will be removed to ensure compliance with K014	7/28/06

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

RECEIVED
SEP 11 2006
WYOMING DEPT OF HEALTH
HEALTH FACILITIES

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	535039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	R 08/09/2006

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

9/11/06

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 014)	Continued From page 1 finish. The facility did not have documentation proving the flame retardant coating applied to the logs upgraded the logs to a class A or B interior finish. 2. Observation on 06/15/06 at 9:17 AM revealed The newly installed wall finish in the lobby was not class A as required in exit access corridors. The newly installed pine paneling covering approximately 25% of the room on the north wall was from floor to ceiling. Pine paneling is class C interior finish. The facility did not have documentation proving the flame retardant coating applied to the logs upgraded the logs to a class A or B interior finish.	(K 014)	2.) The facility will compile sufficient evidence and documentation that the lobby wall treatments meet the standard of a fire rating of Class A or B. a.) If sufficient evidence is unable to be found, the facility will treat the walls with a product that will give the wall treatments a fire rating of a Class A or B. b.) If a product can not be found that will give the wall treatments a fire rating of Class A or B, the wall treatments will be removed to ensure compliance with K014	
(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 observations and staff interview, the facility failed to separate 3 of 12 hazardous areas from other spaces by smoke-resistant assemblies in accordance with NFPA 101 Section 19.3.2.1	(K 029)	K 029 The facility will ensure separation of hazardous areas from other spaces by smoke-resistant assemblies. 1. Maintenance director has ensured that all appropriate areas have self-closing devices on the doors. a. The copy room 1.5 hour fire rated door with self closing device was installed 08/10/06. b. Resident room #206 had all storage removed on 08/10/06. Since 08/10/06 it is only used as a resident room and not any type of storage. Maintenance director will conduct a facility-wide audit and repair any found problems. This audit will be reported to the Quality Assurance meeting for three months or until ongoing compliance is achieved.	7/28/06

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

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(K 029)	Continued From page 2 and 19.3.6 respectfully. The findings were: 1. Observation on 06/13/06 between 9 AM and 11:30 AM revealed the following areas were converted to store rooms and did not have 1-hour separation or a self-closing device on the door. a. The administration area copy room was storing 6 cardboard boxes full of paper files. b. Resident room #206 was storing numerous wheelchairs.	(K 029)		

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535039	A. Building 01 - MAIN BUILDING 01 B. Wing	08/09/2006

Name of Facility	Street Address, City, State, Zip Code
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

Upload 53 — 114841

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed	9/20/06 TS	Correction Completed
ID Prefix	07/28/2006	ID Prefix	07/28/2006	ID Prefix	07/28/2006
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0018		LSC K0027		LSC K0051	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix	07/28/2006	ID Prefix		ID Prefix	
Reg. # NFPA 101		Reg. #		Reg. #	
LSC K0075		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	TS	8/31/06			8/9/06
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on 06/13/2006

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO