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

PRINTED: 11/13/2012
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
	565025	A. BUILDING _____ B. WING _____	10/29/2012

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

(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 with a basement of Type V (111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system and with an addressable zoned fire alarm system. The facility had a capacity of 84 certified Medicare and Medicaid beds with a census of 52 residents.	K 000		
K 012 SS=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, 19.3.6.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all smoke barriers were maintained as a continuous membrane in 1 of 3 smoke compartments. The findings were: Observations on 10/29/12 at 12:48 PM revealed on a dining room wall a 1 inch diameter hole approximately 3 feet from the floor. The hole was located where the portable steam table is set up to serve meals. Interview with the maintenance manager at the time of the observation confirmed this finding. The maintenance manager stated	K 012	The facility will ensure all smoke barriers are maintained. This will be accomplished by: A) The hole in the dining room wall will be sealed by the maintenance department. B) Maintenance manager will educated staff about smoke barriers and what compromises them. C) Maintenance will conduct inspections quarterly to assure smoke barriers are not compromised D Nursing Home staff will report findings to the QA, Comm. Hlth on a quarterly basis	12/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: _____ TITLE: Administrator (X6) DATE: 11/13/12

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: WYZ621 Facility ID: WY0034 If continuation sheet Page 1 of 8

Revised/approved & changes on pgs 1, 2, 3, 5 e/his telephone call with Charge nurse Vicki on 12/7/12 at 2:24 pm

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	535029	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/29/2012

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WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

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K 012	Continued From page 1 when the steam table was permanently placed in that location, a drain hose ran from the table to a floor drain in the next room. Reference: NFPA 101, Life Safety Code, 2000 edition, 19.3.6.2.2* Corridor walls and ceilings shall form a barrier to limit the transfer of smoke.	K 012		
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. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure four corridor doors were resistant to the passage of smoke in 2 of 3 smoke compartments. The findings were: Observation on 10/29/12 between 11:30 AM and	K 018	The facility will ensure all smoke barriers are maintained. This will be accomplished by: A) Resident rooms # 2, #8, #29, and #30, and all resident rooms with curtains at the foot of the bed, will be clear of obstacles that interfere with door closure. B) Curtain holders will be placed on the walls next to the door to hold curtains away from the door C) Maintenance manager will educate staff about keeping curtains from blocking resident room doors. Some pictures on pg 5	12/15/12

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	560023	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/29/2012

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K 018	Continued From page 2 1:00 PM revealed four corridor doors to resident rooms #2, #8, #29 and #30 did not close completely in their frames because privacy curtains at the foot of the resident's beds interfered with the closure. The maintenance manager verified these findings at the time of the observations. Reference: NFPA 101, Life Safety Code, 2000 edition, Section 19.3.6.3.2 (existing) 19.3.6.3.2 Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5lbf is applied at the latch edge of the door.	K 018		
K 066 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: Based on observation and staff interview the facility failed to ensure one sprinkler head in 1 of	K 066	The facility will ensure that sprinklers are properly maintained. This will be accomplished by: A) The escutcheon will be replaced on the sprinkler head in the clean linen room. B) Maintenance will inspect all sprinkler heads to assure all parts are present. C) Maintenance manager will educated staff about sprinkler maintenance. D) Maintenance will conduct inspections quarterly to assure sprinklers are not compromised. Some paragraphs on pg 1	

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	560023	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/29/2012

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K 056	Continued From page 3 3 attics compartments were installed as required. The findings were: Observations on 10/29/12 at 12:48 PM revealed a ceiling mounted sprinkler head in the clean linen room was missing an escutcheon. Interview with the maintenance manager at the time of the observation confirmed the findings. Reference: NFPA 101, Life Safety Code, 2000 edition. 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. Section 9.7.1.1 each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems, 1999 Edition.	K 056		
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3, 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4, 19.7.5.3	K 074	The blanket covering the window in the SCU storage room will be removed from the window. A) Maintenance Director will educate staff about fire codes for window treatments. B) Maintenance Director will monitor for compliance monthly and report to QI.	12/15/12

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	530923	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/29/2012

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K 074	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure a window covering was flame retardant in 1 of 3 smoke compartments. The findings were: Observation on 10/29/12 at 1:45 PM revealed a window in a storage room in the special care unit was covered with a blanket. The blanket did not have flame retardant documentation attached to it. Interview with the maintenance staff at the time of the observations confirmed the blanket was not flame retardant. Reference: NFPA 101, Life Safety Code, 2000 edition. Section 10.3.1 Where required by the applicable provisions of this code, draperies, curtains and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.	K 074		
K 147 SS=D	NFPA101 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 interview, the facility failed to provide electrical wiring in accordance with NFPA 70, National Electric Code in 1 of 3 smoke compartments. The findings were: Observation on 10/29/12 at 1:45 PM revealed a	K 147	The facility will ensure that all electrical wiring will be in compliance with NFPA 70, National Electrical Code. This will be accomplished by: A) Maintenance dept will attach the protective plastic wall channel to cover the electrical wiring in resident room #29. B) Maintenance staff will inspect all resident rooms quarterly to assure compliance. Same paragraph as on pg 1.	12/20/12

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K 147	Continued From page 6 protective plastic wall channel covering an electrical wire had become detached from the wall in resident room #29. Interview with the maintenance manager at the time of the observations confirmed the loose wire and channel constituted a safety hazard. Reference: NFPA 101, Life Safety Code, 2000 edition. Section 9.1.2 Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code.	K 147		