STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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 2-hour barrier separating from the attached apartment complex. The facility had a complete automatic supervised sprinkler system and fire alarm system. K6: Date of Plan Approval: 1976 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=60;SNF/NF=60 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	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 violations occurred. K050 The facility strives to complete drills in a timely manner. The Maintenance Director will complete a calendar listing each fire drill. Each drill will be held prior to the 25th of each month.	12-29-05
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	K 050	In addition to the Maintenance Director, the Staff Development Coordinator will be trained to hold the fire drills. A copy of the calendar will be given to the Staff Development Coordinator, the Safety Committee and the Administrator. An audit	

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

NHA — 12.12.05

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.

MAILING & ACCEPTANCE OF THIS POC WITH JOANN ALBRECH, NHA, ON 12/15/05 @ 245 PM VIA TELECONFERENCE

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K 050	Continued From page 1 This STANDARD is not met as evidenced by: Based on record review on 11/14/05, the facility failed to conduct quarterly fire drills on each shift in accordance with NFPA 101 Section 19.7.1.2. The findings were: 1. At 9:15 AM, review of the fire drill records revealed the second shift had not conducted a fire drill during the third quarter of 2005.	K 050	K050 continued will be completed each month to ensure all drills are timely. The audits will be taken to the Quality Assurance Committee for review.	
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	K 056	K056 Sprinkler coverage will be installed under the observed roof. 12-29-05 Certified installers will be asked to look at the area, develop plans for installing a sprinkler system and follow the procedures for State approval of such plans. A waiver will be requested and attached to this form. The Maintenance Supervisor and Administrator will track progress to comply with waiver time line.	
	This STANDARD is not met as evidenced by: Based on observations, blue print review, and staff interview on 11/14/05, the facility was not fully sprinkled in accordance with NFPA 13 Section 5-1.1 and 5-13.8.1 and . The findings were: 1. At 10:20 AM, review of the blue prints revealed the the overall dimension of the exterior roof above the dinning room was 19 feet by 34 feet. The four perimeters were of "C" shaped steel		WAIVER REQUEST TO BE MODIFIED WITH FIRM MILESTONES & MAILED ON 12/15/05.	

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K 056	Continued From page 2 beams. The steel beams were supported by three, 2 inch by 4 inch steel tube columns extending below grade. The roofing material was 1 1/2 inch intermediate rib metal decking covered by NSUL-Fesco board and SBS Modified Bitumen sheathing. Maintenance staff reported the roof was constructed of 2 inch by 12 inch wood rafters set on 24-inch centers. There was not sprinkler coverage under the roof.	K 056	K062 continued The facility strives to ensure sprinklers are not corroded. Observed sprinkler head will be replaced. BY OUTSIDE CONTRACTOR	
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 observations on 11/15/05, the facility failed to maintain the installed sprinkler system in accordance with NFPA 25 Section 2-2.1.1. The findings were: 1. At 11:15 AM, the dish washing room had one of two sprinkler heads with visible signs of corrosion.	K 062	Maintenance Supervisor will audit all sprinkler heads in facility on a monthly basis to ensure all are in reliable operating condition. Audits will be given to the Administrator. The audits will be taken to the Quality Assurance Committee on a quarterly basis. K144 The facility strives to ensure testing in completed in a timely manner.	12-19-05
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are tested monthly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	The generator will be tested by a certified agent. The Maintenance Supervisor will contact the certified agent in a timely manner for the next required	

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K 144	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review on 11/14/05, the facility failed to test the installed emergency generator in accordance with NFPA 110 Section 6-4.2 and 6-4.2.2. The findings were: 1. At 9:41 AM, review of the emergency generator testing records revealed the generators full electrical load was less than 30% of the generator's name plate. Further review revealed the facility had not conducted a load bank test in the past year.	K 144	K144 continued testing. The Administrator will keep a record of the required testing dates and review the schedule to ensure timely testing. The testing dates and completion of the testing will be taken to the Quality Assurance Committee at the required time.	