DEPARTMENT OF HEALTH AND H AN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

INTP. 6/07/2006
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
	535023	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/02/2006

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

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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 complete automatic supervised wet sprinkler system with an anti-freeze branch and fire alarm system. K6: Date of Plan Approval: 1965 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=51;SNF/NF=51 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	POC ACCEPTED W/ GEORGE MINDER, CED, OP 6/19/06 @ 11:30AM.	

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

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.

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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 observations, the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. On 05/01/06 at 3:18 PM, the corridor door to resident room #11 had a gap between the top edge of the door and the door frames which was greater than the allowed 1/8." 2. On 05/01/06 at 3:34 PM, the breakroom corridor door was impeded by a water bottle.	K 018	**K018** **1) Door seals were ordered and will be installed on arrival. Est. completion date is June 13, 2006.** **2) Water bottle was removed. In-service was held with staff to cover the importance of not impeding doors.**	07/01/06

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K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations, the facility failed to seal penetrations in 2 of 4 smoke barriers in accordance with NFPA 101 Section 19.3.7.3. The findings were: 1. On 05/02/06 between 8 AM and 9 AM, the following barriers had unsealed penetrations above the ceiling tile: a. The vertical 2-hour fire barrier wall between the nursing home and the hospital had an unsealed gap under the exposed steel beam. b. The vertical smoke barrier wall leading to the dining room had an unsealed conduit penetration.	K 025	**K025** **1) a&b Both fire barrier walls were sealed with fire caulk. Fire walls will be inspected on a semi-annual PM.**	07/01/06

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K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observations, the facility failed to protect 4 of 8 smoke barrier doors in accordance with NFPA 101 Section 19.3.7.3, 8.3.4.1, and 19.2.2.2.6. The findings were: 1. On 05/01/06 at 2:50 PM, the double smoke barrier doors leading to the dining room had a gap greater than the allowed 1/8" between the meeting edges of the two doors. 2. On 05/02/06 at 8:52 AM, the double smoke barrier doors leading to the solarium did not automatically close with the activation of the fire alarm system during the fire drill.	K 027	K027 1) Seals have been ordered and will be installed by 6/16/06. Doors will be adjusted. 2) Service technician scheduled to trouble shoot and repair door. Completion to be done by 6/16/06.	07/01/06

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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, the facility failed to separate 2 of 9 hazardous areas from other spaces by smoke-resistant doors in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. On 05/01/06 at 2:53 PM, the self-closing device on the linen closet corridor door in the dining room did not fully latch the door into the door frame with each self-closing operation. 2. On 05/01/06 at 3:47 PM, the generator room corridor door was impeded by a wooden wedge.	K 029	**K029** **1) The latch on the linen closet door was lubricated and tested on May 4, 2006. Maintenance will check all doors on a semi-annual PM based on the survey date of May 2, 2006.** **2) The wooden wedge was disposed of and staff was briefed on this violation.**	07/01/06

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K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide exit discharge lighting fixtures that prevent the loss of illumination if a single bulb failed for 2 of 9 exits in accordance with NFPA 101 Section 19.2.8. The findings were: 1. On 05/01/06 between 8:30 PM and 9 PM, the following exit discharge locations had one of two lighting fixtures which were not illuminated. a. The northeast exit b. The southeast exit	K 045	**K045** **1) a&b New light bulbs were installed on May 3, 2006. These lights will be checked monthly.**	07/01/06
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observations and blue print review, the facility failed to maintain 1 of 10 exits signs in accordance with NFPA 101 Section 7.8.1.4 and 7.10.1.4. The findings were: 1. On 05/01/06 at 2:55 PM, the exit sign in the	K 047	**K047** **1) New light bulbs were installed in the exit sign on May 3, 2006. These lights will be checked monthly.**	07/01/06

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K 047	Continued From page 6 dining room was not maintained with both light bulbs continuously illuminated.	K 047		
K 056 SS=E	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 observations, the facility was not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The finding was: 1. On 05/01/06 between 3 PM and 4 PM, the following exterior roofs lacked the required sprinkler protection, as they were not constructed of non-combustible or limited combustible materials and were wider than 4 feet. Observations showed the roofs were constructed of pine rafters and plywood sheathing. a. The roof over the south exit b. The roof over the north exit c. The roof over the basement exit	K 056	K056 1) a,b,&c Maintenance will submit a waiver request and initiate a project to have the 2) needed sprinklers installed. REQUESTED WAIVER DATES: SUBMIT PLANS 6/19/06 PLAN APPROVAL 7/21/06 START PROJECT 7/31/06 FINAL INSPECTION 9/15/06	07/01/06