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

PRINTED: 10/26/2010
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
	530023	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/11/2010

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 this 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 (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction built in 1965. The building was equipped with a supervised automatic wet sprinkler system and with an addressable fire alarm system. The facility had a capacity of 54 certified Medicare and Medicaid beds with a census of 53.	K 000		
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 hazardous areas were separated from use areas in 1 of 2 smoke compartments. The findings were: Observation on 10/11/10 between 4 PM and 6:30	K 029	An approved fire extinguishing system will be placed in the facility. This will be accomplished by: 1. a. Maintenance manager will conduct staff training on 10/15/10 to educated staff on reasons doors cannot be propped open when a closure device is on the door. b. Maintenance manager will monitor via monthly safety inspections and report to PI quarterly.	11/25/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/5/10

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.

RECEIVED
Wyoming Dept of Health
NOV 10

FAC accepted w/ Joann Farnsworth, NHA, QP 11/10/10.

Office of Healthcare Licensing and Surveys

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	535023	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/11/2010

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11/10/10

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K 029	Continued From page 1 PM showed the corridor door to the dining room pantry and the housekeeping closet located in the kitchen were equipped with self-closing devices. Further review showed both doors were impeded by cardboard boxes filled with canned food. At 4:17 PM the maintenance manager reported he was aware that obstructing doors equipped with self-closing devices was prohibited. He further reported that employees are instructed on this requirement during safety meetings.	K 029		
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 1 emergency generator annunciator panel was located in an area observable by personnel and failed to ensure the generator was equipped with a remote manual stop station. The findings were: 1. Observation of the basement emergency generator electrical room on 10/11/10 at 3:52 PM showed the remote annunciator panel was not located at a work site readily observable by personnel. At the time of the observation the maintenance manager reported there were no other panels and that he was not aware of this requirement. 2. Observation of the emergency generator on 10/11/10 at 3:52 PM showed the generator was not equipped with a remote stop station external to the weatherproof enclosure. At the time of observation the maintenance manager confirmed	K 046	The emergency generator annunciator panel will be located in a area observable by personnel and be equipped with a remote manual stop station. This will be accomplished by: 1. a. Maintenance manager will contract with an electrician to relocate the annunciator panel to the nurses station. b. .Maintenance Manager will oversee the completion of this project . 2. a. Maintenance manager will contract with an electrician to install a remote stop station b. Maintenance Manager will oversee the completion of this project	11/29/10 11/29/10

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K 046	Continued From page 2 the generator was not equipped with a remote stop station. He further reported the generator equipment has not been modified since it was installed in 2007.	K 046		
K 047 SS=E	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 observation and staff interview the facility failed to ensure exit sings were unobstructed in 1 of 2 smoke compartments. The findings were: Observation on 10/11/10 between 4:30 PM and 5 PM showed the exit sign located west of the nurses' station and the sign at the southeast exit were obstructed by ceiling-mounted light fixtures. Review of the other exit signs showed they had been off-set so the light fixtures did not block them from view. At the time of observation the maintenance manager reported he was aware of the requirement. He further reported that he had not inspected them since they were installed to ensure they were visible.	K 047	Exit and directional signs will be displayed in accordance with section 7.10. Exit signs will not be obstructed. This will be accomplished by: a. Maintenance Manager has contracted with an electriction to offset 5 exit lights that are obstructed. b. Electrician will be able to complete this project by 12/10/10. c. Maintenance Manager will oversee the completion of this project. d. Maintenance manager will conduct monthly inspections of exit light to assure clear visibility.	11/29/10
K 050 SS=E	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	K 050		

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K 050	Continued From page 3 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 This STANDARD is not met as evidenced by: Based on observation, staff interview and policy review the facility failed to ensure egress corridors were clear of obstructions during a fire drill on 1 of 3 shifts. The findings were: Observation of the fire drill on 10/11/10 at 4:39 PM showed a Hoyer lift and wheelchair scale were left in the corridor throughout the fire drill. After the drill the director of nursing confirmed the corridors were supposed to be cleared of all obstruction during a fire drill. The facility's fire plan stated: "Clear egress corridors of all items."	K 050	Fire drills will be held on each shift at least quarterly. Staff will be familiar with procdures. This will be accomplished by: a. Maintenance manager will schedule and review all fire drills. b. The person conducting the fire drill will hand out copies of the fire plan and conduct a question and answer section after every fire drill.	11/23/10
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview the	K 052	The fire alarm system will be tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. This will be accomplished by: a. Contractors will complete the required inspection. b. Maintenance manager will create an automated work order program. This program will initiate an annual work order and track completion dates. Completed testing records will be maintained by the maintenance manager.	10/18/10

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K 062	Continued From page 4 facility failed to ensure 7 of 9 fire alarm system components were tested in the past year. The findings were: Review of the fire alarm system testing records showed the system was last tested more than one year ago. The last test was conducted on 1/27/09. On 10/11/10 at 3 PM the maintenance manager confirmed the system had not been tested since 1/27/09. He could not explain why the annual test had been missed.	K 062		
K 062 SS=E	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 and staff interview the facility failed to ensure the sprinkler system had complete coverage in 1 of 2 smoke compartments. The findings were: Observation of the sprinkler system on 10/11/10 at 3:33 PM showed the two sprinkler heads near the medication room were obstructed by ceiling mounted lights. The sprinklers were 12 inches from and 10 inches above the bottom of the lights. At the time of observation the maintenance manager reported the system was inspected annually by an outside contractor. The last inspection report did not show any heads were obstructed.	K 062	Required automatic sprinkler systems will be continuously maintained in reliable operating condition and inspected and tested periodically. This will be accomplished by: a. The obstructed sprinkler heads will be extended to clear the obstruction. The extensions will be long enough to satisfy the requirements of NFPA 13. b. The Maintenance manager will oversee completion of this project. c. Maintenance manager will create an automated work order program. This program will initiate an annual work order and track completion dates. Completed testing records will be maintained by the maintenance manager	11/29/10