PO Accepted by Ken Sun on 5/17/13

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING 01 B. WING	04/24/2013

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 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 42 CFR 483.70(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1989 K7 SURVEY UNDER: 2000 EXISTING K8 SNF/NF Type of Structure: One story, Type V (111), protected, combustible wood frame construction. The facility has five smoke compartments and a complete automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted from 04/24/13, following a State Agency Survey on 03/31/13, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Westview Health Care Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).	K 000		
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	K 018	The door seperating the linen room from the corridor near the "Saddle Ridge" nursing station has been replaced and maintained by the Maintenance Director in accordance with NFPA 101, 19.3.6.3.1. The Maintenance Director will monitor and audit the proper closure monthly for 3 months and quarterly thereafter	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya [illegible] | TITLE: Executive Director | (X6) DATE: 5-16-13

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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WESTVIEW HEALTH CARE CENTER	1980 WEST LOUCKS STREET SHERIDAN, WY 82801

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K 018	Continued From page 1 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 interview, the facility failed to maintain corridor doors that were capable of resisting the passage of smoke. The deficient practice affected one of five smoke compartments, staff and two residents. The facility has the capacity for 102 beds with a census of 61 the day of survey. Findings include: Observation on 04/24/13 at 10:35 a.m. revealed the door separating the clean linen room from the corridor near the "Saddle Ridge" nursing station was not smoke resistive. The door was warped in the middle resulting in a gap in excess of 1/4 inch between the door and door stop in the middle of the door when the door was closed. Interview with the facility Maintenance Supervisor on 04/24/13 at 10:35 a.m. revealed the facility was not aware the door separating the clean linen room from the corridor was not smoke resistive.	K 018	to ensure no gap in excess of 1/4 inch exists between the door and the door stop. Audits will be reviewed at Performance Improvement meetings.	5-16-13

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K 018	Continued From page 2 The census of 61 was verified by the Administrator on 04/24/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 04/24/13. Actual NFPA Standard: NFPA 101, 19.3.6.3.1. Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.	K 018		
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	K 025	The3 of 4 smoke barrier walls located near resident rooms 116, 220, and 211 which had an unprotected opening of 1/4 inch was repaired by placing fire calking around the penetration sealing the opening. This will be maintained by the Maintenance Director in accordance with NFPA 101, 19.3.7.3. Maintenance Director will audit smoke barriers monthly for 3 months and quarterly thereafter to ensure no openings have penetrated smoke barriers. Audits will be reviewed in Performance Improvement meetings.	5-16-13

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K 025	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the smoke and fire resistance rating of three of four smoke barrier walls. This condition affected four of five smoke compartments, staff and 59 residents. The facility has the capacity for 102 beds with a census of 61 the day of survey. Findings include: 1. Observation on 04/24/13 at 1:45 p.m. revealed the smoke barrier wall above the set of cross corridor doors near resident room number 116 had an unprotected opening of one quarter inch for a telecommunication cable. Interview with the Maintenance Supervisor on 04/24/13 at 1:45 p.m. revealed the facility was not aware of the unprotected penetration in the smoke barrier wall. 2. Observation on 04/24/13 at 1:50 p.m. revealed the smoke barrier wall above the set of cross corridor doors near resident room number 220 had an unprotected opening of one quarter inch for an IT cable. Interview with the Maintenance Supervisor on 04/24/13 at 1:50 p.m. revealed the facility was not aware of the unprotected penetration in the smoke barrier wall. 3. Observation on 04/24/13 at 1:55 p.m. revealed that the smoke barrier wall above the set of cross corridor doors near resident room number 211 had an unprotected opening of one quarter inch	K 025		

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K 025	Continued From page 4 for an IT cable. Interview with the Maintenance Supervisor on 04/24/13 at 1:55 p.m. revealed the facility was not aware of the unprotected penetration in the smoke barrier wall. The census of 61 was verified by the Administrator on 04/24/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 04/24/13. Actual NFPA Standard: NFPA 101, 19.3.7.3. Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour. Actual NFPA Standard: NFPA 101, 8.3.6.1 (1) a. and b. Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected by filling the space between the penetrating item and the smoke barrier with a material that is capable of maintaining the smoke resistance of the smoke barrier or it shall be protected by an approved device that is designed for the specific purpose.	K 025		
K 029 SS=E	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	K 029	Both access doors to the furnace rooms in the attic space have been repaired to include springs to ensure the doors are self closing and will be maintained by the Maintenance Director in accordance with NFPA 101, 19.3.2.1. An audit will be completed by the Maintenance Director to ensure doors are functioning appropriately with self closure device. This will be done monthly for 3 months and quarterly thereafter. Audits will be reviewed in Performance Improvement meetings	5-16-13

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K 029	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide separation of hazardous areas from other areas in the facility. The deficient practice affected one of five smoke compartments, staff and 10 residents. The facility has the capacity for 102 with a census of 61 the day of survey. Findings include: Observation on 04/24/13 at from 1:30 pm until 1:40 p.m. revealed that two of two access doors to furnace rooms in the attic space were not self closing. The access doors were not equipped with springs or a self closing device which would maintain the doors in the closed position. Both rooms contained fuel fired equipment and the doors to the room were not self closing as required. Interview with the Maintenance Supervisor on 04/24/13 at 1:40 p.m. revealed the facility were not aware that the doors were required to be self closing. The census of 61 was verified by the Administrator on 04/24/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 04/24/13. Actual NFPA Standard: NFPA 101, 19.3.2.1. Hazardous areas shall be safeguarded by a fire	K 029		

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K 029	Continued From page 6 barrier of one-hour fire resistance rating or provided with an automatic sprinkler system. Doors shall be self closing or be equipped with automatic closers. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors.	K 029		
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 observation and interview, the facility failed to provide a fire alarm system that generated an audible trouble signal for the automatic dialer panel in a location where the signal would likely be heard. The deficient practice affected five of five smoke compartments, staff and all residents. The facility has the capacity for 102 beds with a census of 61 the day of survey. Findings include: Observation on 04/24/13 at 2:30 p.m. during testing of the fire alarm system that served the	K 052	The main fire alarm control panel and the fire alarm communication automatic dialer panel was repaired to ensure the trouble signal will be heard at the nursing station or other continuously occupied location. This will be maintained by the Maintenance Director in accordance with NFPA 72, 3-8.1. Audits will be conducted by the Maintenance Director monthly for 3 months and quarterly thereafter to ensure the fire alarm system and automatic dialer panel function as a single system and trouble signals for all components will be distinctively and descriptively annunciated in locations where the trouble signal will likely be heard by staff. Audits will be reviewed in Performance Improvement meetings.	5-16-13

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K 052	Continued From page 7 entire facility performed by the Maintenance Supervisor revealed the system consisted of a main fire alarm control panel (FACP) and a fire alarm communication automatic dialer panel. The main FACP was located at the nursing station and the automatic dialer component was located in the generator room. The generator room was not a continuously occupied location. The automatic dialer component, when placed in trouble by the Maintenance Supervisor was observed not to indicate phone line failure. The main FACP showed all systems were normal when the automatic dialer component of the system was placed in trouble by the Maintenance Supervisor by disconnecting the phone line. There was no trouble signal that could be heard at the nursing station or at any other continuously occupied location to indicate the automatic dialer was in trouble. The system was not functioning as a single system with all trouble signals located in an area where they were likely to be heard. Interview with the facility Maintenance Supervisor on 04/24/13 at 2:30 p.m. revealed the facility was not aware that trouble signals for all components of the fire alarm system had to be distinctively and descriptively annunciated in a location where the trouble signal would likely be heard by staff. The census of 61 was verified by the Administrator on 04/24/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 04/24/13. Actual NFPA Standard: NFPA 72, 3-8.1. Fire alarm system components shall be permitted to share control equipment or shall be able to	K 052		

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K 052	Continued From page 8 operate as standalone subsystems, but, in any case, they shall be arranged to function as a single system. Actual NFPA Standard: NFPA 72, 1-5.4.4. Fire alarms, supervisory signals, and trouble signals shall be distinctively and descriptively annunciated. Actual NFPA Standard: NFPA 72, 1-5.4.6. Trouble signals and their restoration to normal shall be indicated within 200 seconds at the locations identified in 1-5.4.6.1 or 1-5.4.6.2. Trouble signals required to indicate at the protected premises shall be indicated by distinctive audible signals. The trouble signal(s) shall be located in an area where it is likely to be heard. Actual NFPA Standard: NFPA 72, 1-5.4.6.1. Visible and audible trouble signals and visible indication of their restoration to normal shall be indicated at the control unit (central equipment) for protected premises fire alarm systems.	K 052		
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 observation and interview, the facility failed to maintain the automatic sprinkler system. The deficient practice affected one of five smoke compartments, one staff and no residents. The facility has the capacity for 102 beds with a census of 61 the day of survey.	K 062	The sprinkler located in the generator room has been cleaned and all lint has been removed. This will be maintained by the Maintenance Director in accordance with NFPA 101, 4.6.12.1. Audits will be conducted by the Maintenance Director monthly for 3 months and quarterly thereafter to ensure sprinkler in generator room remains clean and free of lint. Audits will be reviewed in Performance Improvement meetings.	5-16-13

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PRI. F. OMB.

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K 062	Continued From page 9 Findings include: Observation on 04/24/13 at 10:00 a.m. revealed the sprinkler head located above the generator in the generator room was heavily coated with lint. Interview on 04/24/13 at 10:00 a.m. with the facility Maintenance Supervisor revealed the facility was not aware that the sprinkler head was covered with lint. The census of 61 was verified by the Administrator on 04/24/13. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 04/24/13. Actual NFPA Standard: NFPA 101, 4.6.12.1. Every required sprinkler system shall be continuously maintained in proper operating condition. Actual NFPA Standard: NFPA 25, 2-2.1.1*. Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Actual NFPA Standard: NFPA 25, 1-4.4. The owner or occupant promptly shall correct or repair deficiencies, damaged parts, or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor.	K 062		

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