CMS rec'd PoC 5/13/13 via Certified Mail

PoC accepted by Ken Simon 5/17/13

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

PRINTED: 05/06/2013
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
	535027	A. BUILDING 01 B. WING _____	04/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST PARK LONG TERM CARE CENTER	707 SHERIDAN AVENUE CODY, WY 82414

(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: 1983, 1992, 2011 K7 SURVEY UNDER: 2000 EXISTING K8 SNF/NF Type of Structure: Two story, Type II (000), 1983, unprotected noncombustible construction with a 1992 building addition of the same construction type. The facility also has an unseparated, one story, Type II (000), 2011 addition for an atrium area and administrative offices. The facility has five smoke compartments and a complete automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 04/23/13, following a State Agency Survey on 02/27/13, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, West Park Long Term 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 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	K 025	The facility will continue to maintain the smoke and fire resistance ratings of all smoke barrier walls in all smoke compartments. 1. The one-half inch opening in the barrier wall above the set of cross corridor doors near resident room number 211 will be sealed by 05/10/2013.	05/10/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joanne Kaiser, NHA

TITLE: Administrator

(X6) DATE: 05/07/2013

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.

copy sent to SSA on 5/17/13

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K 025	Continued From page 1 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 observation and interview, the facility failed to maintain the smoke and fire resistance rating of one of four smoke barrier walls. This condition affected two of five smoke compartments, staff and 37 residents. The facility has the capacity for 94 beds with a census of 68 the day of survey. Findings include: Observation on 04/23/13 at 12:55 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 half inch for two blue cables that penetrated all the way through the barrier. Interview with the Maintenance Supervisor on 04/23/13 at 12:55 p.m. revealed the facility was not aware of the unprotected penetration in the smoke barrier wall. The census of 68 was verified by the Administrator on 04/23/13. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 04/23/13. Actual NFPA Standard: NFPA 101, 19.3.7.3. Any	K 025	2. All smoke barrier walls will be inspected and any unprotected openings sealed by 05/10/2013. 3. Any time that any construction project is completed that may result in a penetration of any smoke barrier walls, the Director of Plant Operations will ensure that any unprotected openings will be sealed upon the completion of the project. 4. The maintenance of smoke barrier walls will be reported to the facility-wide Environment of Care (EOC) Committee with oversight by the Quality Improvement/ Performance Improvement (QI/PI) Committee on a quarterly basis by the Director of Plant Operations, 5. The Director of Plant Operations will monitor.	

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K 025	Continued From page 2 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 044 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire rating of horizontal exits. The deficient practice affected two of five smoke compartments, staff and 19 residents. The facility has the capacity for 94 beds with a census of 68 the day of survey. Findings include: 1. Observation during a tour of the facility on 04/23/13 at 1:15 p.m. revealed the two hour fire barrier above the cross corridor fire doors serving as a separation between the hospital and the skilled nursing facility on the second floor had a one inch unprotected opening for a half inch flex conduit that penetrated all the way through the barrier. Interview with the Maintenance	K 044	The facility will continue to ensure that the fire rating for fire barriers of all horizontal exits is maintained in all smoke compartments. 1. The unprotected opening in the fire barrier above the cross corridor fire doors serving as a separation between the hospital and the skilled nursing facility on the second floor was sealed on 04/26/2013. 2. The unprotected opening in the fire barrier above the cross corridor fire doors serving as a separation between the hospital and the skilled nursing facility on the first floor was sealed on 04/26/2013. 3. Any time that any construction project is completed that may result in penetration of a fire barrier of a horizontal exit, the Director of Plant Operations will ensure that any unprotected openings will be sealed upon the completion of the project.	04/26/2013

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K 044	Continued From page 3 Supervisor on 04/23/13 at 1:15 p.m. revealed that the facility was not aware of the unprotected penetration in the two hour fire barrier. 2. Observation during a tour of the facility on 04/23/13 at 1:20 p.m. revealed the two hour fire barrier above the cross corridor fire doors serving as a separation between the hospital and the skilled nursing facility on the first floor had a four inch unprotected opening for a two and a half inch sprinkler line that that penetrated all the way through the barrier. Interview with the Maintenance Supervisor on 04/23/13 at 1:20 p.m. revealed that the facility was not aware of the unprotected penetration in the two hour fire barrier. The census of 68 was verified by the Administrator on 04/23/13. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 04/23/13. Actual NFPA Standard: NFPA 101, 8.2.1. Buildings or structures occupied or used in accordance with the individual occupancy shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be separated by a 2-hour or greater vertically-aligned fire barrier wall in accordance with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the building.	K 044	4. The maintenance of fire barriers of all horizontal exits will be reported to the facility-wide EOC Committee with oversight by the QI/PI Committee on a quarterly basis by the Director of Plant Operations. 5. The Director of Plant Operations will monitor.	

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K 044	Continued From page 4 Actual NFPA Standard: NFPA 101, 8.2.3.2.4.2*. Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose.	K 044		