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

PRINTED: 02/15/2012
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
	536039	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/02/2012

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 Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the 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. The facility was a fully sprinklered single story building of Type V(111) construction built in 1988. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system.	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 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.	K 018	K018 Corridor door for room 115 will be repaired by March 5th,2012 to ensure proper closure as noted by NFPA 101 Section 19.3.6.3.2. Maintenance Director will audit proper door closures throughout facility on a monthly basis for three months then quarterly thereafter. Audits will be reviewed in Performance Improvement Meetings monthly for three months.	March 5,201

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

Executive Director 2-23-12

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leficiency statements ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ing 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 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation.

CMS-2567(02-99) Previous Versions Obsolete — Event ID: WP4621 — Facility ID: WY0035 — If continuation sheet Page 1 of 1

Approved without changes 4/5/12 @ 3:18 PM

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure one corridor door was resistant to the passage of smoke in 1 of 5 smoke compartments. The findings were: Observation on 2/2/12 at 10:48 AM revealed the corridor door to resident room #115 did not close completely in its frame unless force in excess of 5 foot pounds of pressure was applied. Interview with the maintenance manager at the time of the observation confirmed the finding. Ref: 2000 NFPA 101 Section 19.3.6.3.2 Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 ft-lb is applied at the latch edge of the door.	K 018		
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 record review and staff interview the facility failed to ensure the fire suppression (sprinkler) system was properly maintained in 1 of 5 smoke compartments. The findings were: Observation on 2/2/12 at 1:08 PM revealed a gap greater than one half inch existed between the	K 062	K062 Gap on escutcheon in Saddle Ridge storage room has been sealed with fire calking as of 02/20/12 and will be maintained by Maintenance Director. Ceiling tile was replaced in Central Supply ~~office as of 2/23/12.~~ to take care of gap between escutcheon and ceiling in accordance with NFPA 25. Maintenance director will maintain.	February 20

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K 062	Continued From page 2 sprinkler head escutcheons and the ceiling in the saddle ridge storage room and in the central supply room. Interview with the maintenance manager at the above time confirmed the observations. Reference: NFPA 25 Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 edition.	K 062		
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to have a policy for when the sprinkler system was out of service for more than 4 hours in a 24 hour period where the AHJ was notified, the building was evacuated or a fire watch was provided. The findings were: Observation on 2/2/12 at 1:38 PM revealed facility staff could not produce a policy for a sprinkler system outage lasting more than 4 hours. The administrator acknowledged the finding when the deficiency was identified. The deficiency affected 5 of 5 smoke compartments.	K 154	K154 Westview Health Care Center has a policy in place for a fire watch should there be an outage with the fire alarms. The policy will be amended by March 5th, 2012 to include an automatic fire sprinkler system outage as well, as required by NFPA 18.3. 5.1, 9.7.6.1	March 5 20

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K 154	Continued From page 3 Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.6.1.	K 154		