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

PRINTED: 11/27/2013
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
	535023	A. BUILDING 01 - MAIN B. WING	11/19/2013

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 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, New and 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 1965 and 2006. The building was equipped with a supervised, automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 54 certified Medicare and Medicaid beds with a census of 53.	K 000		
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure the fire barrier was continuous from floor to roof. The findings were: Observation of the 2-hour rated fire barrier on 11/19/13 at 10:15 AM showed a 1½ inch cable pass through sleeve. Further observation showed the fire rated fill material had been removed leaving a 1 inch unsealed penetration. At the time	K 011	K011 – The facility will ensure the presence of a fire barrier that is continuous from floor to roof. This will be accomplished by: Maintenance is responsible for maintaining this 2 hr fire barrier. 1/31/14 a) Maintenance will patch this opening with a fire rated caulking. 1/03/14 b) Maintenance will follow up with inspections after contractors run wiring throughout the facility. c) Maintenance has this on the monthly fire wall inspection but will follow up and report it to our PI program. d) This will be completed Jan 31st 2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 12/10/13

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.

FOC ACCEPTED W/ MAUREEN GIDNEY, CEO, ON 12/17/13.

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K 011	Continued From page 1 of the observation, maintenance technician #1 could not explain why the penetration had not been noticed and sealed during the quarterly safety inspections.	K 011		
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 observation and facility staff interview, the facility failed to ensure the smoke barrier walls was not smoke resistant. The findings were: Observation of the attic smoke barrier wall on 11/19/13 at 9:52 AM showed there were two unsealed penetrations. The largest gap measured 4 inches by 8 inches across. At the time of the observation, maintenance technician #1 could not explain why the holes had not been noticed and sealed during the quarterly inspection. Reference NFPA 101, 2000 Edition; 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and	K 025	K.025-The facility will ensure the smoke barrier walls are smoke resistant. This will be accomplished by: a) Maintenance is responsible for maintaining smoke barrier wall. b) Maintenance will patch hole in wall and seal all penetrations. c) Maintenance will follow up with inspections and report to our PI program. d) This will be completed Jan. 31st 2014	1/31/14 1/03/14

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K 025	Continued From page 2 shall have a fire resistance rating of not less than 1/2 hour. 8.3.2* Continuity. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces. A.8.3.2 To ensure that a smoke barrier is continuous, it is necessary to seal completely all openings where the smoke barrier abuts other smoke barriers, fire barriers, exterior walls, the floor below, and the floor or ceiling above.	K 025		
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 facility staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 3 smoke compartments. The findings were:	K 029	K029-The facility will ensure hazardous areas are separated from use areas in smoke compartments. This will be accomplished by: a) Maintenance is responsible for the correction of this smoke compartment. b) Maintenance will seal off these pass through pipes with a fire rated caulking to ensure it will not fall out again. c) Maintenance will monitor this particular opening and report it to our PI program d) This will be completed Jan.31st 2014	1/31/14 1/03/14

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K 029	Continued From page 3 Observation of the manor storeroom on 11/19/13 at 8:36 AM showed there were four pass through sleeves 1 ½ inch in diameter. Further observation showed the fire rated fill material had been removed leaving a 1 inch unsealed penetration in each sleeve. At the time of the observation, maintenance technician #1 could not explain why the penetrations had not been noticed and sealed during the quarterly safety inspections.	K 029		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure exit discharge pathways were accessible at all times in 1 of 3 smoke compartments and failed to ensure access control doors provided unobstructed access to exits in 1 of 3 smoke compartments. The findings were: 1. Observation of the solarium north exit discharge pathway on 11/19/13 at 8:29 AM showed the sidewalk was covered with a ¼ inch thick sheet of ice. At the time of the observation, maintenance technician #1 could not explain why the side walk had not been shoveled after the storm ended two days previously. 2. Observation of the exit sign near the hospital 2-hour fire barrier on 11/19/13 at 10:02 AM	K 038	K038- The facility will ensure exit discharge pathways are accessible at all times and that access control doors will provide unobstructed access to exits. This will be accomplished by: 1-a) Maintenance is responsible for clearing off snow/ice from exit ways. 1-b) Maintenance will place a jug of ice melt at exits for staff to use as needed.	1/31/14 1/03/14

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K 038	Continued From page 4 showed the directional arrow pointed to a door on the south side of the corridor wall. Further observation showed the door did not lead onto an inaccessible discharge pathway. The door lead onto the south lawn. At the time of the observation, maintenance technician #1 could not explain why the exit sign directed the means of egress onto an inaccessible discharge pathway. 3. Observation of special care unit's (SCU) cross corridor door on 11/19/13 at 12:50 PM showed the corridor leading to the corridor door measured more than 30 feet wide. The corridor measured 40 feet long, creating a dead end corridor without an access control door. The cross corridor door was equipped with a wander guard sensor on the inside of the SCU that activated the magnetic lock when a wander guard bracelet was in the sensing zone. The magnetic lock could be released from the egress side of the door by depressing a green button labeled "PUSH TO ENTER". The access control door lock was not provided with a motion sensor on the egress side as required. At the time of the observation, maintenance technician #1 reported he was unaware a motion sensor was required. Reference NFPA 101, 2000 Edition, 19.2.1; 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. A.7.1.10.1 A proper means of egress allows unobstructed travel at all times. Any type of barrier including, but not limited to, the accumulations of snow and ice in those climates subject to such accumulations is an impediment to free movement in the means of egress. Reference NFPA 101, 2000 Edition, 19.2.7;	K 038	1-c) Maintenance will monitor the exits and report to PI program. 1-d) this will be in process by Jan 31st 2014 2-a) Maintenance will replace the chevron on the exit sign noted in #2. 2-b) Maintenance will have this in place by Jan 1st 2014 3-a) Maintenance is responsible for the correction of this deficiency. 3-b) Maintenance will bring in a contractor and install a motion sensor on the exit discharge side. 3-c) Maintenance will oversee this correction 3-d) This will be completed by Feb. 19th 2014 1/03/14 REVIEW OF BLUE PRINTS SHOWED THIS DOOR DID NOT LEAD TO AN EXIT DISCHARGE PATHWAY.	

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K 038	Continued From page 5 7.7.1* Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. Reference NFPA 101, 2000 Edition, 19.2.2.2.4; 7.2.1.6.2 Access-Controlled Egress Doors. Where permitted in Chapters 11 through 42, doors in the means of egress shall be permitted to be equipped with an approved entrance and egress access control system, provided that the following criteria are met. (a) A sensor shall be provided on the egress side and arranged to detect an occupant approaching the doors, and the doors shall be arranged to unlock in the direction of egress upon detection of an approaching occupant or loss of power to the sensor. (b) Loss of power to the part of the access control system that locks the doors shall automatically unlock the doors in the direction of egress. (c) The doors shall be arranged to unlock in the direction of egress from a manual release device located 40 in. to 48 in. (102 cm to 122 cm) vertically above the floor and within 6 ft (1.5 m) of the secured doors. The manual release device shall be readily accessible and clearly identified by a sign that reads as follows: PUSH TO EXIT When operated, the manual release device shall result in direct interruption of power to the lock - independent of the access control system electronics - and the doors shall remain unlocked for not less than 30 seconds. (d) Activation of the building fire-protective signaling system, if provided, shall automatically unlock the doors in the direction of egress, and the doors shall remain unlocked until the	K 038		

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K 038	Continued From page 6 fire-protective signaling system has been manually reset. (e) Activation of the building automatic sprinkler or fire detection system, if provided, shall automatically unlock the doors in the direction of egress and the doors shall remain unlocked until the fire-protective signaling system has been manually reset.	K 038		
K 050 SS=D	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 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 record review and facility staff interview, the facility failed to ensure fire drills were held at varying times on 1 of 3 shifts. The findings were: Review of the fire drill records showed the second shift occurred between 2 PM and 10 PM. Further review showed all of the fire drills conducted over the past four quarters on the second shift occurred between 2:45 PM and 3:45 PM. On 11/19/13 at 11:20 PM, maintenance technician #1 could not explain why the fire drills had not been conducted at varying times throughout the eight hour shift.	K 050	K050 – The facility will ensure fire drills are held at varying times on all shifts. This will be accomplished by: 1/31/14 1/03/14 a) Maintenance is responsible for conducting fire drills at varying times. b) Maintenance will spread out the times of the fire drills to cover the entire shift. c) Maintenance will monitor and report this to our PI program. d) This will be in effect by Jan 1st 2014	

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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, record review and facility staff interview, the facility failed to ensure 2 of 7 fire alarm system components were tested and failed to post the central station certificate. The findings were: 1. Review of the fire alarm system testing records showed the semi-annual control panel load voltage battery test was performed on 10/15/13, but there was not record of the test being performed six months previous. On 11/19/13 at 11:20 AM, maintenance technician #1 confirmed there were no other records to review. 2. Review of the fire alarm system testing records showed the two smoke dampers tests had not been performed in the past year. Review of the annual system inspection dated 10/15/13 did not indicate the dampers had been tested. On 11/19/13 at 11:20 AM, maintenance technician #1 confirmed there were no other records to review.	K 052	K052 The facility will ensure the fire alarm system components are tested and will post certification at the site 1- a) maintenance is responsible for maintaining a record of a semi-annual load voltage battery test. 1- b) Maintenance will put this into computerized work order system as a preventative maintenance work order to perform this test and make correct documentation. 1-c) this will be in effect Jan 1st 2014 2-a) Maintenance is responsible for maintaining records of annual smoke damper inspections. 2-b) Maintenance will add this to our preventative maintenance work order program 2-c) Maintenance will have this in effect on Jan 1st 2014 3-a) maintenance is responsible for posting certificate with in 36" of fire panel 3-b) Maintenance will retrieve these certificates and have them posted. We will also add this to our work order program for an annual reminder. 3-c) Maintenance will have this corrected Jan. 31st, 2014	1/31/14 1/02/14 DAMPERS 12/17/13

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K 052	Continued From page 8 3. Observation of the fire alarm control panel on 11/19/13 At 11:15 AM showed the central station certificate was not posted. At the time of the observation, maintenance technician #1 could not explain why the certificate was not posted within 36 inches of the fire alarm panel. Reference NFPA 101, 19.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition; 5-2.2.3.1.1 Fire alarm systems providing services that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component. Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 1. Charge Test, ... annually (Replace batteries every 4 years.) 2. Discharge Test, ... annually (30 minutes) 3. Load Voltage Test, ... semi-annually 15. Initiating Devices a. Duct Detectors, ... annually b. Electromechanical Releasing Device (Smoke Dampers), ... annually	K 052		
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	K 062		

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K 062	Continued From page 9 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure sprinkler heads were maintained with the same activation point in 2 of 3 smoke compartments and failed to ensure sprinkler heads corroded or covered with foreign material were replaced in 1 of 3 smoke compartments. The findings were: 1. Observation of the sprinkler system on 11/19/13 between 9 AM and 10 AM showed the wheelchair storeroom and basement pump room had sprinkler heads with different activation points. Each room had standard response and quick response sprinkler heads installed. On 11/19/13 at 9:07 AM, maintenance technician #1 reported the sprinkler system was inspected annually by a sprinkler contractor. He also reported the different activation point had not been reported on the last sprinkler inspection report dated 10/14/13. 2. Observation of resident room #10 on 11/19/13 at 9:23 AM showed 1 of 3 sprinkler heads had drywall joint compound on the activation ring. At the time of the observation, maintenance technician #1 reported the sprinkler system was inspected annually by a sprinkler contractor. He also reported the obstructed sprinkler head had not been reported on the last sprinkler inspection report dated 10/14/13. 3. Observation of the special care unit storeroom on 11/19/13 at 9:40 AM showed the sprinkler head was corroded. At the time of the observation, maintenance technician #1 reported the sprinkler system was inspected annually by a	K 062	K062- The facility will ensure the sprinkler heads are maintained with the same activation point and the sprinkler heads are not corroded or covered with foreign material. This will be accomplished by: a) Maintenance is responsible for maintaining facility automatic sprinkler system. b) Maintenance will have contractor that completed annual inspection come and make the corrections in parts 1 wheelchair store room, part 2 resident room #10, part 3 special care unit store room c) Maintenance will oversee the correction/ replacement of these sprinkler heads. d) this will be completed by Feb 19th 2014	2/19/14 1/23/14

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K 052	Continued From page 10 sprinkler contractor. He also reported the obstructed sprinkler head had not been reported on the last sprinkler inspection report dated 10/14/13. Reference NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 2-2.1.1* Sprinklers shall be visually 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 or loaded, or in the improper orientation. 5-3.1.4 Temperature Ratings. 5-3.1.4.3 In case of occupancy change involving temperature change, the sprinklers shall be changed accordingly. 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.	K 052		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4.1. This STANDARD is not met as evidenced by:	K 144	K144- The facility will ensure the generator battery will be inspected on a weekly basis. This will be accomplished by: a) Maintenance is responsible for weekly testing of generator batteries. b) Maintenance will add this to our preventative maintenance work order program and keep a weekly log. c) This will be in effect on Jan 1st 2014 1/31/14 1/03/14	

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

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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	11/19/2013

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

12/17/13

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K 144	Continued From page 11 Based on observation and facility staff interview, the facility failed to ensure the generator battery was inspected on a weekly basis. The findings were: Review of the emergency generator testing records showed the battery was not inspected on a weekly basis. On 11/19/13 at 11:20 AM, maintenance technician #1 confirmed the battery was only inspected on a monthly basis. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.3, NFPA 110, 1999 Edition; 6.3.6 Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects.	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 1 of 3 smoke compartments. The findings were: Observation of the electrical system on 11/19/13 between 8 AM and 10 AM showed the following areas had electrical appliances plugged into multi-plug power taps: a. The activities office computer.	K 147	K147-The facility will ensure that temporary electrical wiring will not replace permanent, fixed wiring. This will be accomplished by: a) Maintenance is responsible for maintaining electrical system. b) Maintenance will go through and replace all power tap electrical strips c) Maintenance will monitor and report this to PI program d) Maintenance will have this in effect Jan 1st 2014.	1/31/14 1/03/14

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WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

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K 147	Continued From page 12 b. A solarium television room lamp. c. Resident room #20 television set. On 11/19/13 at 8:21 AM, maintenance technician #1 reported he was unaware there was a difference between power taps and surge protectors. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition: 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147		