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

PRINTED: 04/15/2014
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 - MAIN BUILDING 01 B. WING	04/01/2014

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 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, 2-story building of Type II (000) construction built in 1982 and renovated in 1992 with an addition in 2010. The building was equipped with a supervised, automatic wet sprinkler system with a dry and an antifreeze branch and an addressable fire alarm system. The facility had a capacity of 94 certified Medicare and Medicaid beds with a census of 71.	K 000		
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017	The facility will continue to ensure that smoke and fire resistance of corridor walls is maintained in all smoke compartments. 1. The penetrations in the north smoke barrier wall separating the second floor laundry room from the corridor were sealed by maintenance staff on 04/09/2014. 2. Regular quarterly preventative maintenance checks are conducted on all smoke barrier walls as a scheduled planned event through the preventative maintenance program.	4/9/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Adrienne Kaiser, RNA — TITLE: Administrator — (X6) DATE: 4/24/2014

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.

POC ACCEPTED ON 05/16/14 W/JEANNE KAISER JWyatt

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K 017	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation & Interview, the facility failed to maintain the smoke and fire resistance rating of a corridor wall in 1 of 10 smoke compartments. The findings were : Observation of the north smoke barrier wall separating the 2nd floor Laundry Room from the corridor on 04/01/14 at 4:07 PM revealed that metal conduits passed through the wall via an unprotected opening with approximate dimensions of 2 " x 4 ". Interview with the Plant Operations Director at the time of the observation confirmed that the penetration was not protected in an acceptable manner to maintain the required rating.	K 017	3. The results of environmental rounds will be reported to the Environment of Care Committee by the Director of Plant Operations on a quarterly basis, with oversight by the organizational Quality Improvement/Performance Improvement (QI/PI) Committee. 4. The Director of Plant Operations will monitor.	
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	The facility will continue to ensure that all doors which provide a corridor opening resist the passage of smoke, have no impediment to closing, and are provided with a means to keep the doors closed. 1. The corridor access doors located in the south wall of the second floor dining room were repaired on 04/17/2014 by maintenance staff to provide unimpeded closing and the ability to remain closed. 2. All fire doors will be checked at least monthly as a regularly scheduled planned event through the preventative maintenance program. 3. The closing of corridor access doors will be monitored through quarterly environmental rounds conducted by the Plant Operations Staff.	4/17/2014

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide a corridor opening with doors that resisted the passage of smoke, had no impediment to closing, and that were provided with a means to keep the doors closed in 1 of 10 smoke compartments. The findings were: Observation of the corridor access doors located in the south wall of the 2nd floor dining room on 04/01/14 at 2:54 PM revealed that (observing from corridor) as the right door closed, the coordinator held the door open for the left door to close. As the left door closed, the strike plate on the left door struck the astragal of the right door which prevented it from closing. Once the obstruction was manually cleared, the left door was able to close and latch but the right door was not able to latch into the strike plate of the left door. Interview with the Plant Operations Director at the time of the observation verified that the doors were not operating properly.	K 018	4. The results of environmental rounds will be reported to the Environment of Care Committee by the Director of Plant Operations on a quarterly basis, with oversight by the organizational Quality Improvement/Performance Improvement (QI/PI) Committee. 5. The Director of Plant Operations will monitor.	
K 038 SS=D	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 interview, the facility failed to ensure that an exit access was readily	K 038	The facility will continue to ensure that exits are readily accessible at all times. 1. The doors separating the Southwest elevator lobby from the hospital were labeled with an informational sign indicating "PUSH UNTIL ALARM SOUNDS – DOOR CAN BE OPENED IN 15 SECONDS" ON 04/16/2014.	4/16/2014

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K 038	Continued From page 3 accessible at all times in one of two floors. The findings were: Observation of the means of egress through SW Elevator Lobby on the 2nd floor on 04/01/14 at 5:10 PM revealed that the doors separating the elevator lobby from the hospital were equipped with a delayed-egress system but were not provided with a durable and informational sign indicating " PUSH UNTIL ALARM SOUNDS - DOOR CAN BE OPENED IN 15 SECONDS ". Additionally, observation of the means of egress door at the SW stairwell (Stair 7) revealed that the door was locked and required a card reader that deactivated a magnetic lock for access from the egress side. This door was provided with an exit sign. Interview with the Plant Operations Director at the time of the observation verified that the doors were equipped with the facility ' s Wander Guard system and that the doors were not provided with the required signage. In addition, the Plant Operations Director indicated that the facility would remove the exit sign from the door at Stair 7.	K 038	2. The Exit sign was removed and a No Exit sign placed on the southwest stairwell (Stair 7) door on 04/16/2014. 3. Exit doors and appropriate signage will be monitored through quarterly environment rounds conducted by the Plant Operations Staff. 4. The results of environmental rounds will be reported to the Environment of Care Committee by the Director of Plant Operations on a quarterly basis, with oversight by the organizational Quality Improvement/Performance Improvement (QI/PI) Committee. 5. The Director of Plant Operations will monitor.	
K 044 SS=D	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 ensure that a fire door was able to be latched on one of two floors. The findings were: Observation of the fire door, located at the 1st level Activities Center and separating the facility	K 044	The facility will continue to ensure that all fire doors are able to be latched. 1. The fire door located at the first level Activities Center and separating the facility from the adjacent hospital was repaired by Kenco Security Systems on 04/18/2014. 2. All fire doors will be checked at least monthly as a regularly scheduled planned event through the preventative maintenance program.	4/18/2014

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K 044	Continued From page 4 from the adjacent hospital, on 04/01/14 at 5:17 PM revealed that the doors latching mechanism was being held in the open position by the facility access system. The access system was programmed to hold the latching mechanism open during normal business hours and to allow the latching mechanism to close and latch the door during afterhour ' s operation. Interview with the Plant Operations Director at the time of the observation confirmed that the latches are held open. The Plant Operations Director explained that the doors are provided with multiple systems for patient protection and access and that the facility has had difficulty in achieving proper programming of the multiple systems to maintain compliance.	K 044	3. The results of monthly fire door maintenance checks will be reported to the Environment of Care Committee by the Director of Plant Operations on a quarterly basis, with oversight by the organizational Quality Improvement/Performance Improvement (QI/PI) Committee. 4. The Director of Plant Operations will monitor.	