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 _____	01/09/2014

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

(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 Stories: 1 Construction type: Type V (111) Constructed: 1964, renovated 2006 K0180: Fully Sprinkled Certified Beds: 53 Census: 53	K 000		
K 052 SS=C	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 maintain documentation that the fire alarm system had been tested as required Findings include: On 1/9/2014 the annual fire alarm test record dated 10/15/13 provided no records that annual testing of 72 smoke detectors, 3 duct detectors and 13 fire alarm boxes had been completed. Records of testing are required to be maintained until the next test and one year thereafter.	K 052	K 052 WCHS is responsible for maintaining records of annual fire alarm testing. 1- WCHS will have testing company come back and either retest all devices or pull up records of all devices tested on 10/15/13 2- Maintenance will have testing company include in their reports all devices that are tested be documented. 3- Maintenance will monitor this correction upon accepting the report documentation and report to PI Committee on completion. 4- this will be completed 2/28/14.	2/28/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 1/27/14

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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K 052	Continued From page 1 The Plant Operations Manager acknowledged the finding when the deficiency was identified. Failure to maintain test records as required increases the risk of death or injury due to fire. The deficiency affected one of one annual test required. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 Section 1-6.3	K 052		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to install the automatic sprinkler system as required Findings include:	K 056	K 056 WCHS will maintain automatic sprinkler sys. in accordance to NFPA 13, 25 1a-WCHS will have contractor replace the high temp sprinkler heads with the proper heads. The heads that will be replaced are located in the Activities storage room, basement corridor, and near the transfer switch. 2a-Maintenance will monitor the completion of this work to ensure that all heads get replaced. 3a- Maintenance will add this to monthly safety	

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K 056	Continued From page 2 On 1/9/2014 intermediate temperature automatic sprinkler heads were located in the activities storage room off of the dining room, basement corridor, and near the transfer switch. Nursing facilities are considered light hazard area. The Plant Operations Manager acknowledged that these areas were not expected to exceed 100° F. Light hazard occupancies where temperatures are not expected to exceed 100° F are required to install ordinary temperature sprinklers. Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7; 1999 NFPA 13 Section 5-3.1.4.1, 2-1.1 On 1/9/13 two sprinklers were found to be installed 5 feet apart near the transfer switch in the basement. Sprinklers are required to be spaced at not less than 6 feet apart. Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7; 1999 NFPA 13 Section 5-6.3.4 The Plant Operations Manager acknowledged the finding when the deficiency was identified. Failure to install an automatic sprinkler system as required increases the risk of death or injury due to fire. The deficiency affected approximately 6 of numerous sprinklers in the building.	K 056	inspection check list and report to PI monthly. 4a-this will be completed 2/28/14 K 056 WCHS maintenance is responsible for the correction of the second part of this deficiency as well. 1b-Maintenance will have contractor fix the problem of the sprinkler heads located 5 feet apart near the transfer switch. To be in accordance with NFPA 13 2b- this will be a permanent fix for the area. 3b- this will be completed by 2/28/14	2/28/14 2/28/14
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061		

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K 061	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to supervise all automatic fire alarm control valves so that they sound an alarm when closed. Findings include: On 1/9/2014 the fire inspection report dated 10/14/13 indicated that the post indicating valve was padlocked. The Plant Operations Manager acknowledged that the valve was not electrically supervised and sounds an alarm when closed. The Plant Operations Manager acknowledged the finding when the deficiency was identified. Failure to electrically supervise valves as required increases the risk of death or injury due to fire. The deficiency affected one of numerous valves in the automatic fire sprinkler system. Ref: 2000 NFPA 101 Sections 19.3.5.1, 9.7.2.1	K 061	K 061 WCHS maintenance will ensure that a proper alarming device be installed on post indicating valve. 1-WCHS will have contractor make the corrections to our PIV in accordance to NFPA 72,9.7.2.1 2- WCHS will monitor the completion of this deficiency. 3- Maintenance will add this to our monthly safety inspection to assure valve is in correct open position and report to PI monthly. 4- this will be completed 2/28/14.	2/28/14
K 075 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not	K 075		

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K 075	Continued From page 4 attended. 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain soiled linen and trash containers as required. Findings include: On 1/9/2014 one trash and two soiled linen containers located in an alcove of 20 inches deep by 7 feet long were estimated to have a capacity of 12 gallons each for a total of 36 gallons. Soiled linen and trash containers are not permitted to exceed 32 gallons in a 64 square foot area. The containers exceeded the permitted capacity in a 64 square foot area. The Plant Operations Manager acknowledged the finding when the deficiency was identified. Failure to maintain trash and soiled linen containers as required increases the risk of death or injury due to fire. The deficiency affected one of two smoke compartments. Ref: 2000 NFPA 101 Section 19.7.5.5	K 075	K 075 WCHS is responsible for the correction of this deficiency. 1- manor staff has removed one of the dirty linen hampers to avoid exceeding the limit of 32 gallons in a 64 square foot area. 2-maintenance will add this to our monthly safety inspections and report to PI monthly. 3- Manor staff has already started a QA on this deficiency as well. 4- this will be completed 2/28/14	2/28/14
K 154 SS=B	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	K 154		

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K 154	Continued From page 5 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 observation and interview, the facility failed to have evidence that appropriate action would be taken in case of an outage of the automatic fire sprinkler system for more than 4 hours in a 24 hour period. Findings include: On 1/9/2014 the fire watch/ evacuation policy was found to stipulate evacuation or fire watch when the fire alarm system was out of service for more than 4 hours in a 24 hour period. The policy is required to cover outages of the automatic fire sprinkler system. The Plant Operations Manager acknowledged the finding when the deficiency was identified. Failure to provide a policy for automatic fire sprinkler outa increases the risk of death or injury due to fire. The deficiency affected 1 of 2 systems where outages required fire watch or evacuation. Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.6.1	K 154	K 154 WCHS is responsible for maintaining a procedure for fire watch procedures in the event the alarm system or the sprinkler system is down (4hrs) during a 24hr period. 1-WCHS will rewrite existing policy to cover sprinkler protection as well as alarm protection. 2-This will be review annually. 3- this will be completed 2/28/14.	2/28/14