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

PRINTED: 07/07/2014
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
	535034	A. BUILDING _____ B. WING _____	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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 1978. The building was equipped with a supervised automatic wet sprinkler system with an antifreeze loop and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 58.	K 000		
K 018 SS=E	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	An automatic bolt will be installed in the inactive (left) leaf of the door pair that latches to the head of the door frame. This will be completed by the maintenance department and will be reported on at Safety Committee in September.	8/3/14

Plan of Correction (POC) Accepted W/Phone Conversation with Natalie Korell (Admin) On 9/12/14 @ 1145am ges

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

Natalie Korell — Administrator — 9/12/14 7/17/14

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 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a suitable means for keeping the doors closed accessing the egress corridors in 2 of 4 smoke compartments. The findings were: Observations of the Clean Linen Rooms in Wing " A " on 6/19/14 at 09:41 AM and Wing " B " on 6/19/04 at 10:19 AM revealed the pair of corridor doors had hardware installed that would not keep the doors closed. The pulling open of the doors revealed the hardware was not keeping the doors closed. The left door leaf (knob-less) was not equipped with a self-latching bolt that engaged in a keeper in the frame to hold the leaf in a closed position. The installed bolt required manual latching to engage in a keeper in the frame. The right leaf ' s hardware was a self-latching bolt that engaged in a keeper on the meeting edge of the left leaf. Interview with the Facility Administrator during the observation confirmed the installed hardware on the doors would not keep the doors closed. REFERENCE, NFPA 101, 2000 Edition 19.3.6.3	K 018		
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	K 038		

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to continuously maintain the means of egress free of locking devices requiring use of keys or special knowledge for operation in the egress in 1 of 4 smoke compartments. L. The findings were: Observation of the means of egress through the small fenced-in assembly area off the Library on 06/19/14 at 10:05 AM revealed the swinging gate in the means of egress to the adjacent parking lot had an unlocked combination padlock on a chain hanging on the gate. The pair of exterior doors leading into the fenced area was an obvious way to the exterior of the building as the exterior was visual to the occupants by the fully glazed door panels and sidelights and likely to be mistaken as an exit. Additional observation revealed that the pair of exterior doors had keyed locks for securing the building that allowed an occupant to access the fenced area with the gate secured and the exterior doors secured. Interview with the Facility Administrator during the observation verified that the padlock and chain was used to secure the gate and the exterior building door could also be secured. REFERENCE NFPA 101, 2000 Edition 19.2.2.2.4	K 038	In consulting with contract architects, their code analysis revealed that the door leading from the living room space in the building to the secured courtyard were not a required exit. The existing doors at the ends of both corridors and at the front entrance to the building adequately provide exiting from the building in terms of travel distances from resident rooms in accordance with NFPA 101, 19.2.6. Any signage door hardware that would imply that the doors in question would serve as an exit will be removed. A sign with the verbiage, "No Exit" will be added at the doors cited in the survey. Additionally, the door locking hardware will be removed so that the door will remain open at all times and anyone in the courtyard will have access to the building to access an exit. The door locking mechanism will be removed and this sign will be added by the Maintenance department and will be reported to Safety Committee in September.	8/3/14
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for	K 074		

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K 074	Continued From page 3 the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on records review, and staff interview, the facility failed to ensure that a facility-wide policy was in place for application and maintenance of fire-retardant coatings to all furnishings and decorations in 4 of 4 smoke compartments in accordance with the 2000 Life Safety Code, section 10.3.1. The findings were: Document review of facility policies and procedures on 6/19/14 from 08:30 AM until 10:00 AM revealed that no policy was available to review for fire-retardant coatings application and maintenance. At the time of document review the Maintenance Supervisor was unable to confirm that the facility had an established policy to identify the person(s) responsible for ensuring that all draperies, curtains and other loosely hanging items were in compliance with the requirements of the Life Safety Code. Additional interview revealed that the Maintenance	K 074		

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K 074	Continued From page 4 Supervisor was aware of the requirement and that the facility utilized an informal process to ensure compliance. A follow-up interview with the Administrator during the exit interview confirmed that the facility did utilize an informal process, but that no formal policy was available for use in staff training and for reference. REFERENCE NFPA 101, 2000 Edition 10.3.1	K 074	A policy has been prepared, stating that draperies, curtains, including privacy curtains, and other loose hanging fabrics and films serving as furnishings or decorations shall be selected, installed and maintained in accordance with the provisions of NFPA 101 -10.3.1, Administration is responsible for preparing the policy and it will be reviewed at Safety Committee meeting in September.	8/3/14
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 interview, the facility failed to provide electrical wiring and equipment in accordance with the Life Safety Code, section 9.1.2, and NFPA 70, Article 517 for 1 of 4 smoke compartments. The findings were: Observation of therapy equipment (Strantz-Omnicycle) in the Physical Therapy room on 6/19/14 at 08:54 AM revealed the equipment plugged into a non-hospital grade power tap that was plugged into electrical wiring not established to comply with the grounding and bonding requirements and hospital grade receptacle requirements of Articles 517.13 and 517.18 of NFPA 70 . The therapy equipment tag stated: " Grounding reliability can only be achieved when equipment is connected to an equivalent receptacle marked hospital only or hospital grade. " Interview with the Facility Administrator during	K 147		

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K 147	Continued From page 5 the observation verified the power tap and receptacle were not marked " hospital grade " and the building ' s wiring methods may not comply with the National Electrical Codes to support the receptacles. REFERENCE, NFPA 101, 2000 Edition 9.1.2	K 147	All outlets in the therapy department will be replaced with hospital grade wiring by a certified electrician. The Maintenance Department is responsible for ensuring that the wiring and outlets are replaced. This change will be reported at the September Safety Committee meeting.	8/3/14