STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING 01 B. WING	12/16/2014

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 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 51.	K 000		
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 staff interview, the facility failed to ensure hazardous areas were separated from other spaces by smoke-resisting partitions and doors. The findings were:	K 029	K 029 Maintenance is responsible for maintaining one hour fire rated construction with ¾ hour fire rated doors. a) Maintenance will adjust door to close and latch properly. b) Maintenance will add this to our monthly safety inspection c) Maintenance will monitor this through quarterly PI program	1/30/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NNA — (X6) DATE: 1/12/15

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 via Phone Call with The Administrator JoAnn Farnsworth on 1/14/15 @ 2:46pm

34354

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K 029	Continued From page 1 Observation of the basement activities storage room on 12/16/14 at 1:38 PM revealed the door was provided with a self-closing device but would not provide positive latching into the door frame. Interview with the Facility Maintenance Manager at the time of the observation confirmed the door would not latch. Ref: 2000 NFPA 101, Sections 19.3.2 and 19.3.2.1	K 029		
K 052 SS=D	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 document review and facility staff interview, the facility failed to provide documentation to indicate that the fire alarm systems were tested in accordance with Life Safety Code. The findings were: Document review and interview with the Facility Maintenance Manager regarding the testing and maintenance documentation on 12/16/14 at 2:20 PM revealed the lack of testing for the	K 052	K 052 Fire alarm tested and maintained in accordance with NFPA 70 a) Maintenance is responsible for testing and maintaining fire alarm system in accordance to NFPA 70. b) Maintenance will put this load voltage testing of the fire alarm system into our computer work order program as a reminder to get this testing completed. c) Maintenance will set up qualified fire alarm company to come and complete the load voltage test as required.	1/30/15

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K 052	Continued From page 2 semi-annual battery load voltage test Documentation could only be located for testing in October 2014. Interview with the Facility Maintenance Manager during the review of the documentation acknowledged the lack of testing in 2014. Ref: 1999 NFPA 72, Table 7-3.2 6, a, 3	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 This STANDARD is not met as evidenced by Based on observation and facility staff interview, the facility failed to ensure that the automatic sprinkler systems were continuously maintained per the requirements of NFPA 25. The findings were: Observation of the sprinkler system on 12/16/14 from 12:44 PM AM to 1:58 PM revealed dust and debris on multiple sprinkler heads throughout all 4 smoke compartments. Interview with the Facility Maintenance Manager at the time of the observations acknowledged the sprinkler head debris and the need for on-going maintenance. Ref: 2000 NFPA 101 Sections 19.3.5.1, 9.7.5, 1998 NFPA 25 Section 2-2.1.1	K 062	K 062 Maintenance is responsible for maintaining automatic sprinkler system. a) Maintenance will go around and clean all sprinkler heads with canned air. b) Maintenance will add this to our penetrative maintenance work order program and this will be cleaned quarterly. c) Maintenance will monitor this through a monthly safety inspection and report this to our PI program.	1/30/15
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free	K 072	K 072 Maintenance is responsible for maintaining means of egress.	1/30/15

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K 072	Continued From page 3 of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits 7 1.10 This STANDARD is not met as evidenced by Based on observation and staff interview, the facility failed to maintain means of egress free of all obstructions or impediments to full instant use The findings were: Observation of the link between the nursing home and hospital on 12/16/14 from 1:58 PM to 3:00PM revealed a food tray cart being stored in the corridor. Further observation revealed the cart remained in the means of egress for over an hour not in use. At the time of the observation, the Facility Maintenance Manager acknowledged the food tray cart being stored in the corridor	K 072	a) Maintenance will talk to dietary staff with their department manager and inform them of the citation k072 and explain why we are not able to have carts left in an egress hall. b) Maintenance will have dietary staff sign off on acknowledge of citation. c) Maintenance will monitor this through monthly safety inspections and report this to our PI program.	1/30/15