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 _____	09/23/2008

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 (NFPA). The facility was a fully sprinkled two story building of Type II (111) construction built in 1992. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system.	K 000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with Section 7305 of the State Operations manual.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure walls were smoke resistant in 2 of 12 smoke compartments. The findings were: 1. Observation on 9/23/08 at 11:09 AM revealed there were eight unsealed wall penetrations in the serenity dining room. Interview with the maintenance director at the time of observation revealed all areas were inspected quarterly to ensure walls were smoke resistant. 2. Observation on 9/23/08 at 11:15 AM revealed the two ceiling tiles were missing in the emergency medical technician (EMT) storeroom.	K012	1. The facility will continue to ensure that walls are maintained to resist smoke. 2. The unsealed wall penetrations in the serenity dining room were sealed on 9/24/08.(see attached) 3. The two missing ceiling tiles in the emergency medical technician storeroom were replaced on 9/25/08. (see attached) 4. Plant Operations department staff were educated at a staff meeting on 9/24/08 regarding the requirements to seal any wall penetrations and to replace any ceiling tiles after working in any area.	11/01/08
K 025	NFPA 101 LIFE SAFETY CODE STANDARD			

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

Joanne Kaiser, NHA — Administrator — 10/16/08

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.

RECEIVED
Wyoming Dept. of Health
OCT 17 2008

POC Accepted w/ Joanne Kaiser, NHA on 10/20/08.

Office of Healthcare Licensing and Surveys

WestPark HOSPITAL
CODY, WYOMING

K012

9/24/2008 10:51:19 AM

Corrective Maintenance Work Order

WO # 25296 | **LTCC Life Safety 2008**

Account:	8330 - LTCC Maintenance	**Type:**	Corrective Mainten	**Date Orig:**	9/24/2008 10:52:
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	10:52:00
Buiding:	Long Term Care Center	**Status:**	ACTIVE	**Date Avail:**	
Location:	1	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	1st Floor - 1st Floor				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:

Fire Caulking needs to be applied in Storage Room loacated next to Dietary/Chapel area.
Fire Caulking needs to be applied in Dining Room area of Serenity House apartments.

Assignments

Resource No	Resource Name	Resource Phone
TP	Pham, Thanh	

Completed By: _____ **Date:** 9/24/08 **Hours:** _____

Comments:

K012

WestPark HOSPITAL
CODY, WYOMING

9/26/2008 9:30:35 AM

Corrective Maintenance Work Order

WO # 25345 | **LTCC Life Safety 2008**

Account:	8330 - LTCC Maintenance	**Type:**	Corrective Mainten	**Date Orig:**	9/26/2008 9:31:4
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	09:31:00
Buiding:	Long Term Care Center	**Status:**	ACTIVE	**Date Avail:**	
Location:	1	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	1st Floor - 1st Floor				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:
Go through Serenity House area for additional areas to fire caulk. See Jeff

Assignments

Resource No	Resource Name	Resource Phone
TP	Pham, Thanh	

Completed By: _____ **Date:** _____ **Hours:** _____

Comments:

WestPark HOSPITAL
CODY, WYOMING

K012/K147 C

9/24/2008 11:38:23 AM

Corrective Maintenance Work Order

WO #	25307	LTCC Life Safety 2008

Account:	8330 - LTCC Maintenance	**Type:**	Corrective Mainten	**Date Orig:**	9/24/2008 11:39:
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	11:39:00
Buiding:	Long Term Care Center	**Status:**	ACTIVE	**Date Avail:**	
Location:	1	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	1st Floor - 1st Floor				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:

1.Washing machine in SCU area needs GFI. — K147
2.Remove Surge Protector attached to the wall
3.Storage Room East Wing West side light out
4.Replace ceiling tile in Storage Room — K012

Assignments

Resource No	Resource Name	Resource Phone	
DW	Walsh, Dave		9.25.08 - 2.5

Completed By: D.W. **Date:** 9.25.08 **Hours:** 2.5

Comments:

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 _____	09/23/2008

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K 025 SS=D	Continued From page 1 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 staff interview the facility failed to ensure 1 of 24 smoke barrier doors was smoke resistant. The findings were: Observation on 9/23/08 at 8:15 AM revealed the automatic closing device attached to one of two smoke barrier doors near resident room #201 was not able to latch the door into the frame. Three unsuccessful attempts were made to seat the door into the frame. Interview with the maintenance director at the time of observation revealed all of the smoke barrier doors were inspected monthly.	K 012 (cont'd)	5. Smoke compartments will be inspected by Plant Operations staff following any construction or wiring projects that may affect the integrity of ceiling membranes 6. Plant Operations staff will monitor during regular hazardous surveillance rounds on an ~~annual~~ quarterly basis. The results of regular hazardous surveillance rounds will be reported to the Environment of Care (EOC) committee every other month by the Director of Plant Operations, and the minutes of each EOC meeting will be provided to the organization-wide Quality Improvement (QI) Committee on a quarterly basis. 7. The Director of Plant Operations will monitor for compliance.	
		K 025	1. The facility will continue to ensure that smoke barrier doors will resist the passage of smoke. 2. The automatic closing device attached to one of two smoke barrier doors near resident room #201 was repaired on 9/28/08. 3. Proper operation of smoke barrier doors will be checked and monitored monthly during regular hazardous surveillance rounds conducted by Plant Operations staff.	11/01/08
K 029 SS=E	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			

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K 029	Continued From page 2 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 use areas in 3 of 12 smoke compartments. The findings were: 1. Observation on 9/23/08 at 9:52 AM revealed the east wall in the storeroom near resident room #18 was incomplete above the ceiling tile. The maintenance director confirmed the top two feet of the wall was incomplete while interviewed at the time of observation. He further reported hazardous areas were not routinely inspected above the ceiling tile. 2. Observation on 9/23/08 at 10:03 AM revealed the automatic closing device attached to one of two doors to the first floor clean utility room was not able to latch the door into the frame. Three unsuccessful attempts were made to seat the door into the frame. Interview with the maintenance director at the time of observation revealed all hazardous areas were inspected quarterly. 3. Observation on 9/23/08 at 10:18 AM revealed the ceiling of the kitchen storeroom had 4, one inch diameter unsealed penetrations.	K 025 (cont'd)	4. The results of regular hazardous surveillance rounds will be reported to the EOC committee every other month by the Director of Plant Operations, and the minutes of each EOC committee meeting will be provided to the organization-wide QI Committee on a quarterly basis. 4. The Director of Plant Operations will monitor for compliance. 1. The facility will continue to ensure that hazardous areas are separated from use areas. 2. The east wall in the storeroom near resident room #18 was completed with sheetrock and fire caulked above the ceiling tile on 10/14/08. (see attached) 3. The automatic closing device attached to one of two doors to the first floor clean utility room was repaired on 9/28/08. 4. The unsealed penetrations in the ceiling of the kitchen storeroom were sealed on 9/24/08. 5. Smoke compartments will be inspected by Plant Operations staff following any construction or wiring projects that may affect the integrity of ceiling membranes.	11/01/08
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is			

WestPark HOSPITAL
CODY, WYOMING

K029

K029

9/24/2008 11:44:31 AM

Corrective Maintenance Work Order

WO # 25311	LTCC Life Safety 2008

Account:	8330 - LTCC Maintenance	**Type:**	Corrective Mainten	**Date Orig:**	9/24/2008 11:45:
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	11:45:00
Buiding:	Long Term Care Center	**Status:**	ACTIVE	**Date Avail:**	
Location:	1	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	1st Floor - 1st Floor				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:
Tub area needs additional sheet rock installed and Fire Caulking completed.

Assignments

Resource No	Resource Name	Resource Phone
sj	Jensen, Sean	

Completed By: Sean Jensen **Date:** 10/13/08 **Hours:** 16

Comments:
10/14/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 046	Continued From page 3 provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure one of two emergency battery light tests were performed. The findings were: Review of the emergency battery light testing records revealed the annual 90 minute test had not been performed in the past year. Interview with the maintenance director on 9/23/08 at 2 PM revealed he did not have record of the last time the test was performed. He further reported that he was aware of the annual 90 minute testing requirement.	K 029 (cont'd)	6. Plant Operations staff will monitor monthly during regular hazardous surveillance rounds. 7. The results of regular hazardous surveillance rounds will be reported to the Environment of Care (EOC) committee every other month by the Director of Plant Operations, and the minutes of each EOC meeting will be provided to the organization-wide QI Committee on a quarterly basis. 8. The Director of Plant Operations will monitor for compliance.	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure exit signs were properly illuminated in 2 of 12 smoke compartments. The findings were: 1. Observation on 9/23/08 between 9 AM and 10:30 AM revealed the following exit signs were not properly illuminated. The findings were: a. Neither of the light bulbs in the exit sign in the northwest stairwell were illuminated.	K 046	1. The facility will continue to ensure that emergency battery light tests are performed on an annual basis. 2. The emergency battery lights were tested successfully for 90 minutes on 9/29/08. (see attached) 3. A regular recurring Preventive Maintenance Work Order (copy attached) has been issued to ensure that annual testing is done as required. 4. The Director of Plant Operations will report the results of the annual emergency battery light testing to the EOC committee annually, and the minutes of the EOC committee meeting will be provided to the organization-wide QI committee on a quarterly basis.	09/29/08

K046

West Park Hospital
PM Template Detail

Print Date: 10/15/2008

PM #: 437 **Emergency light packs 90 minute load test/Annual**

Account: Plant Operations
Type: Active
Skill: ELECTRICIAN
Priority: PM / PE
Frequency: Annual
Shop:
Instructions:

Last Complete Date:
Last Generated Date: 9/29/2008
Next Due Date: 9/29/2009
Allow Repeats? True
WO Status: ACTIVE
WO Sub-Stat: Flags WO to Print

Asset Information

Asset #	Description	Manufacturer	Model	Serial #
Site	Building	Location		
Emergency light	Emergency light packs			

Assignments

Resource #	Resource Name	Resource Phone
DW	Walsh, Dave	

Tasks

Task # 441 Load test Emergency lights 90 minutes

Est Hrs: 0 **Shutdown Required** No

Instructions:

Turn off power to light and check for 90 minute run time on battery

K046

10/15/2008 11:32:40 AM

Preventive Maintenance Work Order

WO # 25427 **Emergency light packs 90 minute load test**

PM Number: 437

Account:	8300 - Plant Operations	**Type:**	Preventive Mainte	**Date Orig:**	9/29/2008 4:00:
Site:		**Priority:**	PM / PE	**Time Orig:**	04:00:00
Buiding:		**Status:**	ACTIVE	**Date Avail:**	9/29/2008
Location:		**SubStatus:**	ISSUED, BEING	**Date Need:**	10/15/2008

Req Name: **Req Phone:** **Req Pager:**

Req Remarks:

Asset Data

Asset No: Emergency light pack **Desc:** Emergency light packs **Risk:** 0

Manuf:

Model No:

Serial No:

Warranty:

Start:

End:

Assignments

Resource No	Resource Name	Resource Phone
DW	Walsh, Dave	

Tasks

Seq: 1 **Task No:** 441 **Desc:** Load test Emergency lights 90 minutes

Skill: MAINTENANCE TECH 1 **Shut Down Required:** False

Est Time: 0

Instructions:

Turn off power to light and check for 90 minute run time on battery

Completed By: **Date:** **Hours:**

Comments:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 047	Continued From page 4 b. One of two light bulbs in the exit sign near room #1S was not illuminated. 2. Interview with the maintenance director on 9/23/08 at 9:12 AM revealed exit signs were only inspected quarterly.	K 046 (cont'd)	5. The Director of Plant Operations will monitor and have overall responsibility for compliance.	
		K 047	1. The facility will continue to ensure that exit signs are properly illuminated as required.	10/15/08
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 observation and staff interview the facility failed to ensure staff members were familiar with the necessary steps required during a fire drill on 1 of 3 shifts. The findings were: 1. Observation of the fire drill on 9/23/08 at 2:02 PM revealed the certified nurses assistant (CNA) that first found the simulated fire left the "fire" room without calling out "Code Red". She also did not close the door to the "fire" room when leaving. She was not able to find a pull station for 60 seconds. Once the alarm was activated other staff members acted appropriately. 2. Interview with the CNA that found the fire on 9/23/08 2:06 PM revealed that she was familiar with the needed steps during a fire but she did not		2. The following exit sign light bulbs were replaced on 9/25/08. (see attached) a. The exit sign in the northwest stairwell b. The exit sign near room #1S 3. Plant Operations staff will monitor exit lights during regular surveillance rounds on a monthly basis. 4. The Director of Plant Operations will report the results of the monthly monitoring of the exit lights to the EOC committee every other month, and the minutes of the EOC committee meeting will be provided to the organization-wide QI committee on a quarterly basis. 5. The Director of Plant Operations will monitor and have overall responsibility for compliance.	
		K 050	1. The facility will continue to ensure that staff members are familiar with the necessary steps required during a fire drill.	10/29/08

WestPark HOSPITAL
CODY, WYOMING

K049

9/24/2008 11:41:45 AM

Corrective Maintenance Work Order

WO #	25309	LTCC Life Safety 2008

Account:	8330 - LTCC Maintenance	**Type:**	Corrective Mainten	**Date Orig:**	9/24/2008 11:42:
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	11:42:00
Buiding:	Long Term Care Center	**Status:**	ACTIVE	**Date Avail:**	
Location:	1	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	1st Floor - 1st Floor				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:
NW Stairwell by SCU- Exit light out.

Assignments

Resource No	Resource Name	Resource Phone
DW	Walsh, Dave	

Completed By: D.A.W **Date:** 9-25-08 **Hours:** .5

Comments:

WestPark HOSPITAL
CODY, WYOMING

K017 K047

9/24/2008 11:35:12 AM

Corrective Maintenance Work Order

WO # 25306 | **LTCC Life Safety 2008**

Account:	8330 - LTCC Maintenance	**Type:**	Corrective Mainten	**Date Orig:**	9/24/2008 11:36:
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	11:36:00
Buiding:	Long Term Care Center	**Status:**	ACTIVE	**Date Avail:**	
Location:	1	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	1st Floor - 1st Floor				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:
Exit light out in Serenity House Apt area

Assignments

Resource No	Resource Name	Resource Phone
DW	Walsh, Dave	

Completed By: D.W. **Date:** 9.25.08 **Hours:** .5

Comments:

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K 050	Continued From page 5 activate the fire alarm system sooner because she had a headache and didn't want to hear the alarm.	K 050 (cont'd)	2. The CNA involved with the fire drill conducted on 9/23/08 at 2:02 PM was re-educated at 5:00 PM on 9/23/08 regarding the necessary steps and appropriate response during a fire drill. 3. Nursing staff will be provided a review at a staff meeting scheduled for 10/29/08 regarding the proper procedure for action during a fire drill. 4. The form utilized to evaluate fire drills within the facility was revised to include more comprehensive information regarding staff response to the drill. Copy attached. This form will be used to provide any necessary education to staff members at the conclusion of each fire drill. 5. The Director of Plant Operations will forward any necessary information regarding staff education that was conducted with nursing staff pertaining to fire drill response, to the long term care Administrator for further follow-up as appropriate.	
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 record review, observation, and staff interview the facility failed to ensure the fire alarm system was activated monthly and failed to synchronize the alarm notification appliances. The findings were: 1. Observation on 9/23/08 at 2:06 PM revealed the first floor E-wing was equipped with more than two strobe lights. The wing had four strobe lights in the same field of view, the lights were not synchronized. Further review revealed that the four first floor strobes and two strobes from the second floor are visible, because of the glass windows in the atrium, when standing at the nurses' station. Interview with the maintenance director at the time of observation revealed he was aware that more than two strobes in the same filed of view were required to be			

K050 + K052

FIRE DRILL REPORT

DRILL LOCATION:	FLOOR:	DEPARTMENT:
DATE:	SHIFT: 1ST 2ND 3RD	QUARTER: 1ST 2ND 3RD 4TH
TIME OF DRILL:		TIME ALL CLEAR:
WAS ALARM ACTIVATED: YES NO		NAME OF DISPATCHER:

1. GENERAL PARTICIPTATION	ACTIVE SUPPORT: YES NO	RELUCTANT TO ACT: YES NO	
	YES	**NO**	**N/A**
2. STAFF ACTIVATE R.A.C.E. PROCEDURE			
3. STAFF ACTIVATE ALARM			
4. FIRE ALARM AUDIBLE/VISUAL			
5. FIRE/SMOKE DOORS CLOSED			
6. CORRIDORS CLEARED			
7. OVERHEAD PAGE AUDIBLE			
8. CODE RED ANNOUNCED			
9. RESPONSE TEAM ON SCENE			
10. EMPLOYEES QUESTIONED KNOW R.A.C.E			
11. DID STAFF KNOW HORIZONTAL &VERTICAL EVACTUATION			

COMMENTS/CRITIQUE:

OVERALL RATING:	**SATISFACTORY: YES NO**	**UNSATISFACTORY: YES NO**
NAME OF PERSON CONDUCTING DRILL:		**TITLE:**
SIGNATURE:		**DATE:**

MONTHLY FIRE ALARM ACTIVATION

WAS ALARM AUDIBLE IN ALL AREAS: YES NO	**DATE: TIME:**
SIGNATURE:	**TITLE:**

SIGNATURES OF STAFF INVOLVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 052	Continued From page 6 synchronized, but he had only been working at the facility for four months. 2. Review of the fire alarm system testing records revealed the system had not been activated for the months of February and May 2008. Interview with the maintenance director on 9/23/08 at 2 PM revealed he was aware the system was required to be tested on a monthly basis. He reported the system was being tested with fire drills, but on the aforementioned months fire drill's were not conducted.	K 050 (cont'd)	6. The response to fire drills will be monitored on a monthly basis by the Director of Plant Operations, who will report the results of monthly monitoring to the EOC committee every other month. The minutes of the EOC committee meeting will be provided to the organization-wide QI committee on a quarterly basis for their review and oversight. 7. The Director of Plant Operations will monitor and have overall responsibility for compliance.	
K 062 SS=F	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 record review and staff interview the facility failed to ensure one of four sprinkler system components were tested. The findings were: Review of the sprinkler testing records revealed the backflow preventer had not been tested in the past year. Interview with the maintenance director on 9/23/08 at 2 PM revealed the facility did not have record of the last time the backflow preventer was tested. He further reported that he was unaware the backflow preventer was required to be tested on an annual basis.	K 052	1. The facility will to continue to ensure that the fire alarm system is activated monthly and that the alarm notification appliances are synchronized when required. 2. The contracted fire system vendor has been contacted and a work order placed to synchronize strobe lights in the East wing and any other areas where required within the facility. 3. Fire drills will be conducted monthly as required. A new form was created (copy attached) to log activation of alarms to ensure that the fire alarm system is activated monthly.	11/09/08
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all			

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 _____	09/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST PARK LONG TERM CARE CENTER	707 SHERIDAN AVENUE CODY, WY 82414

10/28/08

(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 064	Continued From page 7 health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to ensure portable fire extinguishers were accessible in 1 of 12 smoke compartments. The findings were: 1. Observation on 9/23/08 at 11:50 AM revealed the K-type fire extinguisher near the back range top in the kitchen was not accessible. The extinguisher was blocked by a seven foot tall aluminum food preparation rack. Interview with the dietary manager at the time of observation revealed the cart was left in that position on a permanent basis. 2. Review of the extinguisher inspection records revealed the extinguisher has been inspected monthly.	K 052 (cont'd)	4. The Director of Plant Operations will report modifications made to the fire alarm system, and the completion of monthly fire drills to the EOC committee every other month. The minutes of each EOC committee meeting will be provided to the organization-wide QI committee on a quarterly basis for review and oversight. 5. The Director of Plant Operations will monitor and have overall responsibility for compliance.	
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure two of two kitchen hood fire protection systems were properly tested. The findings were: Review of the kitchen hood testing records revealed the gas and electric shut off switch had	K 062	1. The facility will continue to ensure that required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 2. Backflow preventers are regularly tested annually by an outside contractor in November of each year however this testing was conducted on 9/26/08. (see attached) The sprinkler backflow preventer has been added to the regular schedule for annual testing. 3. The annual testing of the automatic sprinkler systems, including the backflow preventer, will be reported to the EOC Committee on an annual basis by the Director of Plant Operations. The minutes of each EOC committee meeting will be provided to the organization-wide QI committee on a quarterly basis for review and oversight.	09/26/08

K062 K062

West Park Hospital

Corrective Maintenance Work Order Work Order

Print Date: 10/13/2008

WO#:	25312	LTCC Life Safety 2008

Account: 8330 - LTCC Maintenance
Type: Corrective Maintenance Work Order
Date Orig: 9/24/2008 6:47:0
Site: Main Campus
Priority: ROUTINE
Time Orig: 18:47:00
Building: Long Term Care Center
Status: COMPLETED
Date Avail:
Location: B
Sub-Status:(CHANGES ARE ALLOWED)
Date Needed:
Basement - Basement
Skill: MAINTENANCE TECH 1

Req Name: Inspection
Req Phone:
Req Pager:

Req Remarks:
Backflow prevention testing/inspection needs to be completed.

Assignments

Resource #	Resource Name	Resource Phone
TW	Waldner, Tim	

Time Charges

Resource #	Resource Name	Date	Hours	Cost
CR	Candee Ragsdale	10/6/2008 11:	0.5	$7.80
CK	Curtis Kelstrom	10/6/2008 11:	2	$31.20
CR	Candee Ragsdale	9/24/2008 11:	0.25	$3.90

Problem Code:
Cause Code:
Total Time: 2.75
Action Code: Miscellaneous
Item Code:
Labor Cost: $42.90
Material Cost: $0.00
Total WO Cost: $42.90

Completed By: _____ **Date:** 9/26/2008 7:00:00 AM

Comments: (TC 9/23/2008, CR) Call John Pinter Master Plumbing to schedule Backflow prevention test/inspection. Scheduled for Thursday Sept 25, 2008
(TC 9/26/2008, CK) Inspection completed
(TC 9/26/2008, CR) Prepared for Inspection

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 _____	09/23/2008

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 069	Continued From page 8 not been tested in the past six months. Further review showed that the switches had not been tested in the past year. Additional review showed that the sprinkler heads had not been replaced in the past year. Interview with the maintenance director on 9/23/08 at 2 PM revealed he was unaware of how to test the system as it is a water based system that is a branch of the sprinkler system.	K 062 (cont'd)	4. The Director of Plant Operations will monitor and have overall responsibility for compliance.	
		K 064	1. The facility will continue to ensure that portable fire extinguishers are accessible in all smoke compartments.	~~11/15/08~~ 9/29/08
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 staff interview the facility failed to ensure flexible wiring did not replace permanent wiring in 1 of 12 smoke compartments. The findings were: Observation on 9/23/08 at 9:37 AM revealed a surge protector was attached to the wall in the storeroom near resident room #18. Five Hoyer lift rechargeable batteries were plugged into the surge protector. Interview with the maintenance director at the time of observation revealed the electrical system was inspected quarterly.		2. The K-type fire extinguisher near the back range top in the kitchen was relocated on 9/29/08 to an accessible location within the smoke compartment. (see attached) 3. Plant Operations staff will monitor the accessibility of all fire extinguishers during regular hazardous surveillance rounds on a monthly basis. 4. The results of regular hazardous surveillance rounds will be reported to the EOC committee every other month by the Director of Plant Operations, and the minutes of each EOC meeting will be provided to the organization-wide QI Committee on a quarterly basis. 5. The Director of Plant Operations will monitor and have overall responsibility for compliance.	
		K 069	1. The facility will continue to ensure that kitchen hood fire protection systems are property tested on a regular basis.	11/0708

K064 K064

9/24/2008 10:55:47 AM

Corrective Maintenance Work Order

WO #	25299	LTCC Life Safety 2008

Account:	8020 - Nutritional Services Hospital	**Type:**	Corrective Mainten	**Date Orig:**	9/24/2008 10:56:
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	10:56:00
Buiding:	West Park Hospital	**Status:**	ACTIVE	**Date Avail:**	
Location:	1	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	1st Floor - 1st Floor				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:

Move Fire Extinguisher in Dietary Main Kitchen. See Tim for location

Assignments

Resource No	Resource Name	Resource Phone
JSL	Linton, Jeff	
TW	Waldner, Tim	

Completed By: JSL **Date:** 9-29-08 **Hours:** .5

Comments:

10/28/08

K 069 (cont'd)	2. The gas and electric shut off switch for the kitchen hood will be tested every six (6) months, and the sprinkler heads in the hood will be replaced at least annually or when a build up of grease or foreign material is present. A regular recurring Preventive Maintenance work order was activated (copy attached) to ensure this occurs.	
	3. Plant Operations staff will monitor the kitchen hood during regular hazardous surveillance rounds on a semi-annual basis.	
	4. The results of regular hazardous surveillance rounds will be reported to the EOC committee every other month by the Director of Plant Operations, and the minutes of each EOC meeting will be provided to the organization-wide QI Committee on a quarterly basis.	
	5. The Director of Plant Operations will monitor and have overall responsibility for compliance.	
K 147	1. The facility will continue to ensure that flexible wiring does not replace permanent wiring.	10/15/08
	2. The surge protector attached to the wall in the storeroom near resident room #18 was removed on 9/24/08.	

K062 K069

West Park Hospital

Corrective Maintenance Work Order Work Order

Print Date: 10/13/2008

WO#:	25313	LTCC Life Safety 2008

Account: 8020 - Nutritional Services Hospital
Site: Main Campus
Building: West Park Hospital
Location: 1
1st Floor - 1st Floor

Type: Corrective Maintenance Work Order
Priority: ROUTINE
Status: COMPLETED
Sub-Status:(CHANGES ARE ALLOWED)

Date Orig: 9/24/2008 6:53:3
Time Orig: 18:53:00
Date Avail:
Date Needed:
Skill: MAINTENANCE TECH 1

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:
Schedule Sprinkler test on Dietary Hood in Main Kitchen area.
Place in TMS for Semi Annual Inspection/Testing

Assignments

Resource #	Resource Name	Resource Phone
TW	Waldner, Tim	

Time Charges

Resource #	Resource Name	Date	Hours	Cost
BM	Ben Mrozinsky	10/13/2008 2:	1	$10.00
CK	Curtis Kelstrom	10/13/2008 2:	1	$15.60
JSL	Jeff Linton	10/13/2008 2:	1	$0.00
DW	Dave Walsh	10/13/2008 2:	2	$31.20
CR	Candee Ragsdale	10/13/2008 2:	0.5	$7.80
GEN	General Outside Contractor	10/13/2008 2:	4	$80.00
GEN	General Outside Contractor	9/28/2008 2:4	3	$60.00
JSL	Jeff Linton	9/28/2008 2:4	1	$0.00
CR	Candee Ragsdale	9/24/2008 1:2	0.5	$7.80

Problem Code:
Action Code: Miscellaneous
Cause Code:
Item Code:

Total Time: 14
Labor Cost: $212.40
Material Cost: $0.00
Total WO Cost: $212.40

Completed By: _____ **Date:** 10/3/2008 7:00:00 AM

Comments: (TC 9/24/2008, CR) Worked with Terry from Western State Fire Protection and scheduled sprinkler inspection/test for Friday September 26, 2008
(TC 10/3/2008, GEN) 2ND PHASE DROP HEADS
(TC 10/3/2008, CR) 2ND PHASE DROP HEADS
(TC 10/3/2008, DW) PREPARE FIRE SYSTEM FOR 2ND PHASE DROP HEADS
(TC 10/3/2008, JSL) 2ND PHASE DROP HEADS
(TC 10/13/2008, CK) 2ND PHASE DROP HEADS
(TC 10/3/2008, BM) 2ND PHASE DROP HEADS

WestPark HOSPITAL
CODY, WYOMING

K069 K069

9/26/2008 9:33:48 AM

Corrective Maintenance Work Order

WO #	25346	LTCC Life Safety 2008

Account:	8300 - Plant Operations	**Type:**	Corrective Mainten	**Date Orig:**	9/26/2008 9:35:0
Site:	Main Campus	**Priority:**	ROUTINE	**Time Orig:**	09:35:00
Buiding:	West Park Hospital	**Status:**	ACTIVE	**Date Avail:**	
Location:	B	**SubStatus:**	ISSUED, BEING	**Date Need:**	
	Basement - Basement				

Req Name: Inspection **Req Phone:** **Req Pager:**

Req Remarks:
Main Kitchen Hood: PM438
Create PM for Annual Inspection of Sprinkler Heads on Kitchen Hood + Quarterly Hospital Flow 440 CMC ~~CMC~~ OTC
Create PM for Semi Annual Flow switch test on Kitchen Hood 439 LTCC

Assignments

Resource No	Resource Name	Resource Phone
TW	Waldner, Tim	

Completed By: _____ **Date:** 9/26/08 **Hours:** .5

Comments:

PM438

PM439 Flow switch (Hoods)

K069

West Park Hospital
PM Template Detail

Print Date: 10/13/2008 9:31:03

PM #: 438 **Inspect sprinkler heads in all hoods of main kitchen**

Account: Nutritional Services Hospital
Type: Active
Skill: Maintenance tech
Priority: PM / PE
Frequency: Annual
Shop:

Last Complete Date:
Last Generated Date:
Next Due Date: 9/1/2009
Allow Repeats? True
WO Status: ACTIVE
WO Sub-Stat: Flags WO to Print

Instructions: Inspect h sprinkler heads
If build up of grease or foreign material is present replace heads

Asset Information

Asset #	Description	Manufacturer	Model	Serial #
Site	Building	Location		
Kitchen Hoods	Wet sprinkler heads located in hoods			
Main Campus	1st Floor	1st Floor		

Assignments

Resource #	Resource Name	Resource Phone
sj	Jensen, Sean	

Tasks

10/28/08

K 147 (cont'd)

3. Plant Operations staff will monitor the use of any flexible wiring devices during regular hazardous surveillance rounds on a monthly basis.

4. The results of regular hazardous surveillance rounds will be reported to the EOC committee every other month by the Director of Plant Operations, and the minutes of each EOC meeting will be provided to the organization-wide QI Committee on a quarterly basis.

5. The Director of Plant Operations will monitor and have overall responsibility for compliance.