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

PRINTED: 07/20/2015
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 01 - MAIN BUILDING 01 B. WING _____	07/08/2015

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 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 54.	K 000		8/22/15
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 staff interview, the facility failed to arrange the means of egress so that exits are readily accessible at all times. The findings were: Observation on 07/08/15 at 1:59 PM revealed the bathroom door located in room #212 was equipped with two locking/latching devices where two releasing operations were required to operate the door. Doors in the means of egress are required to be operable with not more than one releasing operation. At the time of the observation	K 038	K038 Life Safety Code Standard **Measures taken to correct deficiency:** The additional locking mechanism was removed from the bathroom door in 212. **How problem is identified and correction to similar situations:** Education will be provided to the maintenance department staff regarding exit access being arranged so that exits are readily accessible at all times. **Measures/systemic changes to prevent recurrence:** Additional locking mechanisms will not be added to doors that already have existing locks. **Monitor permanent solution:** Maintenance supervisor will check for additional locking mechanisms on monthly safety walk throughs and report to the Safety Committee quarterly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Natalie Korell — TITLE: Administrator — (X6) DATE: 7/31/15

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.

RECEIVED
WY Dept of Health
JUL 31 2015
Healthcare Licensing and Surveys

DOC Accepted via phone Call with Administrator Natalie Korell on 8/20/2015 @ 3:45pm

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

PRINTED: 07/20/2015
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 01 - MAIN BUILDING 01 B. WING _____	07/08/2015

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 038	Continued From page 1 the Facility Maintenance Manager acknowledged the additional locking mechanism on the door. Ref: 2000 NFPA 101, Section 19.2.1, 7.2.1.5.4	K 038		8/22/15
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 documentation review and staff interview, the facility failed to ensure that the fire alarm systems were tested and maintained. The finding were: Documentation review on 07/08/15 at 2:30 PM revealed the semi-annual battery load voltage testing had been completed in 04/2014 and 04/2015, and was on an annual schedule. Interview with the Facility Maintenance Manager at the time of the review acknowledged the testing was only being completed annually. Ref: 2000 NFPA 101, Sections 19.3.4.1 and 9.6.1.4	K 052	**K052 Life Safety Code Standard** The facility will ensure the fire alarm system is maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. **Measures taken to correct deficiency:** The facility has contacted the fire system contractor and changed the battery load voltage test to a semi-annual schedule. **How problem is identified and correction to similar situations:** The Maintenance Supervisor is responsible for ensuring the semi-annual testing is performed on the system and will maintain documentation of each semi-annual test. **Measures/systemic changes to prevent recurrence:** The testing logs will be audited during safety walk throughs to ensure timely testing has occurred. **Monitor permanent solution:** The Maintenance Supervisor will report the dates of the semi-annual testing at the monthly Safety Meetings.	

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

PRINTED: 07/20/2015
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 01 - MAIN BUILDING 01 B. WING _____	07/08/2015

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 052	Continued From page 2 1999 NFPA 72, Table 7-3.2.6, c, 3	K 052		
K 069 SS=D	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 observation and staff interview, the facility failed to ensure that the kitchen hood was maintained in accordance with NFPA 96. The findings were: Document review on 07/08/15 at 2:40 PM revealed the Ansul System was not being inspected on a semi-annual basis. The last inspection was completed October of 2014. At the time of the review, the Facility Maintenance Manager acknowledged the hood was out of compliance. Ref: 2000 NFPA 101, Sections 19.3.2.6 and 9.2.3 1998 NFPA 96, Section 8-2	K 069	**K069 Life Safety Code Standard** **Measures taken to correct deficiency:** Maintenance Supervisor has contacted the contractor on 7/10/15 who provides the Ansul System inspections to request they come to inspect both systems. **How problem is identified and correction to similar situations:** The maintenance supervisor will maintain a log of the two times per year the contractor needs to come and when those inspections are completed each year. **Measures/systemic changes to prevent recurrence:** Maintenance supervisor will create a log for the dates the system must be inspected and ensure the contractor performs the inspections two times per year to the Ansul System in the kitchen. **Monitor permanent solution:** The maintenance supervisor will ensure the Ansul System is inspected semi-annually and will report the semi-annual inspections at the Safety Committee meetings.	8/22/15