PRINTED: 08/06/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

(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 1988. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 102 certified beds with a census of 68 residents.	K 000		
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 3 cross-corridor smoke barrier doors were smoke resistant. The findings were: Observation of the Saddle Ridge cross-corridor	K 027	K027 Saddle Ridge cross-corridor smoke barrier doors have been repaired and close in accordance with NFPA 19.3.7.5. The Maintenance Director will monitor and conduct random audits to ensure proper closure and latching of cross-corridor smoke barrier doors on a monthly basis for three months then quarterly thereafter. Audits will be reviewed in the Performance Improvement meetings monthly for three months or until substantial compliance has been met.	07/27/15

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

Tonya M | Executive Director | 8-14-15

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 V:A Phone Call with Administrator Tonya Murner on 8/20/15 4:19pm

24354

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K 027	Continued From page 1 smoke barrier doors on 07/23/15 at 8:50 AM revealed when the doors were activated they would not fully close, leaving an approximate 1 inch gap between the doors. At the time of the observation the Facility Maintenance Manager acknowledged the doors would not fully close. Ref: 2000 NFPA 101, Section 19.3.7.5	K 027		
K 074 SS=E	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 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 observation, document review, and staff interview, the facility failed to demonstrate compliance with flame propagation performance	K 074	K074 . All draperies, curtains and full length window coverings were sprayed with flame retardant spray and tagged with identifying flame spread information in accordance with NFPA 19.7.5.1 and 10.3.1 Maintenance Director will keep records/logs accordingly. Maintenance director will conduct monthly random audits for three months and quarterly thereafter to ensure any new decorative items or window coverings have been sprayed and tagged appropriately. Audits will be reviewed in the Performance Improvement meetings for three months or until substantial compliance has been met.	08/04/15

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K 074	Continued From page 2 per NFPA 701 in 3 of 3 smoke compartments. The findings were: Observation and document review of flame spread data for draperies, curtains, and full length window coverings on 07/23/15 from 8:35 AM to 9:35 AM revealed that flame spread documentation was not available at the time of the survey, nor were the items provided with an identifying tag indicating the flame spread information. Interview with the Facility Maintenance Manager at the time of the observations revealed that this documentation was not available. Ref: 2000 NFPA 101, Sections 19.7.5.1 and 10.3.1	K 074		