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

PRINTED: 07/07/2016
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
	535027	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/29/2016

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 Nursing Homes 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, two-story building of Type II (111) construction built in 1982 and renovated in 1992 with an addition in 2010. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 94 certified Medicare and Medicaid beds with a census of 79.	K 000		
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2 Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1 Boiler rooms, heater rooms, and mechanical	K 021	The facility will ensure that all doors provide protection from hazards in accordance with National Fire Protection Association 101. 1. A self-closer device was installed on the door of the ambulance department storage room on 7/6/2016. 2. The Director of Plant Operations will monitor all doors on a quarterly basis by conducting Environment of Care (EOC) rounds in the building.	8/7/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeanne Kaiser, NHA | TITLE: Administrator | (X6) DATE: 7/13/2016

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.

Phone call with Jeanne Kaiser accepting these Plans of correction on 08/01/2016.
POC has been Accepted.

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K 021	Continued From page 1 equipment rooms doors are kept closed. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide protection from hazards in accordance with NFPA 101. The findings were: Observation on 06/29/2016 at 9:08 AM located in the EMT Storage room revealed the entry door was not equipped with a self closer device. Interview with Facility Maintenance Manager at the time of observation acknowledged the door was out of compliance with the requirements of NFPA 101. Ref: 2000 NFPA 101, Section 19.3.2.1	K 021	3. The results of EOC rounds will be reported to the EOC Committee quarterly and the minutes of those committee meetings are provided to the facility-wide Performance Improvement/Quality Improvement (PI/QI) Committee for advisement. 4. The Director of Plant Operations will monitor.	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain the fire alarm system in accordance with NFPA 72. The findings were: Document review on 06/29/2016 at 11:25 AM revealed that the facility was not testing all detectors for their fire alarm system. Interview with Facility Maintenance Manager at the time of observation acknowledged there were several detectors that were not tested annually.	K 052	The facility will ensure that the fire alarm system will be tested at least annually and records kept regarding the testing. 1. Any detectors that have not been tested in the past 12 months will be tested no later than 8/7/2016. 2. Director of Plant Operations will monitor all testing of the fire alarm system through quarterly EOC rounds, and the results reported to the EOC committee and the facility-wide PI/QI Committee quarterly.	8/7/2016

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K 052	Continued From page 2 Ref: 1999 NFPA 72, Section 7-5.2.2	K 052	3. The Director of Plant Operations will monitor.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: 1. Observation on 06/29/2016 at 8:37 AM located in the Women's Locker Room Toilet Room revealed an outlet next to the hand washing sink that was not provided with a ground-fault circuit-interrupter. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the outlet was not wired according to NFPA 70. 2. Observation on 06/29/2016 at 9:07 AM located in the EMT Kitchen revealed two outlets above the kitchen counter top that were not provided with a ground-fault circuit-interrupter. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the outlet was not wired according to NFPA 70. Ref: 1999 NFPA 70, Section 210.8	K 147	The facility will ensure that the electrical wiring and equipment is in accordance with NFPA 70. 1. A ground-fault circuit interrupter (GFI) was installed 6/29/2016 in the women's locker room toilet next to the handwashing sink. 2. A GFI was installed on 6/30/2016 on the two outlets above the kitchen counter-top in the EMT kitchen. 3. The Director of Plant Operations will monitor all electrical wiring and equipment through quarterly EOC rounds. The results of these rounds will be reported to the EOC Committee and the facility-wide PI/QI Committee on a quarterly basis. 4. The Director of Plant Operations will monitor.	8/7/2016