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 _____	08/04/2016

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 A Life Safety Code survey was conducted at the facility on 08/03/16 by the office of Healthcare Licensing and Surveys. The facility is a fully sprinkled single story building of Type V (111) construction built in 1988. The building is equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility has a capacity of 102 certified beds with a census of 79 residents.	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 facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the state and federal 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 the State Operations Manual	
K 038 SS=E	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: Observation and interview on 08/03/16 at 1:45 PM revealed that the facility failed to provide proper signage for exit access doors with delayed-egress. Observation on all exit egress doors throughout the facility revealed that signage for delayed egress was provided but not as required in the LSC. Interview with the facility maintenance personnel revealed they were aware signage is required for delayed-egress but installed it in small letter above the door so patients would not be able to read it and thus try to leave. Ref: 2000 LSC 19.2.2.2.4 Ex. No. 2, 7.2.1.6.1.	K 038	**K038 Exits access is arranged so that exits are readily accessible at all times.** **The Maintenance Director will remove current signage on all delayed egress doors and new signage will be installed in accordance with Life Safety Code Standard 7.1 19.2.1**	9-15-16
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit	K 047	**K 047 Exit and directional signs are displayed in accordance with 7.10 with continuous lamination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1** **The Maintenance Director removed the current signage from all non-exiting doors and replaced it with signage that states "NO Exit" in accordance with Life Safety Standard.**	9-15-16

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

Tonya M — Executive Director — 8-26-16

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
AUG 29 2016
Healthcare Licensing and Surveys

Spoke with Tanya Murner on 9/12/2016 accepting the POC.

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 _____	08/04/2016

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 047	Continued From page 1 travel is obvious.) This STANDARD is not met as evidenced by: Observation and interview on 08/03/16 at 3:39 PM revealed that the facility failed to provide exit signs in accordance with Chapter 7 of the 2000 LSC. Observation of the Conference room revealed non-exiting doors with signs displayed reading "Not An Emergency Exit ." Interview with facility maintenance personnel revealed that they were unaware of the required language on signs for non-exiting doors. Ref. 2000 LSC 7.10.8.1	K 047		
K 147 SS=E	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: Observation and interview on 08/03/16 at 3:05 PM revealed that the facility failed to provide electrical equipment in accordance with NFPA 70. Observation of patient sleeping room 308 and in multiple locations throughout the survey could not establish that wall-mounted power strips were in compliance with NFPA 70 and CMS requirements. Interview with maintenance personnel revealed that the facility did not know the specific requirements for the power strips and believed the wall-mounted power strips provided were satisfactory to the code. Ref: CMS S&C 14-46-LSC	K 147	K147 Electrical wiring and equipment shall be in accordance with National Electrical Code 9-1.2 1. The Maintenance Director removed the wall mounted power strips in room 308 and various other locations throughout the facility in accordance with NFPA 70. 2. The Maintenance Director will conduct a 100% audit to ensure no other wall mounted power strips are in use throughout the facility and if so they will be replaced with approved surge protectors immediately. 3. Random audits will be conducted monthly for three months to ensure wall mounted power strips are not in use. 4. Audits will be reviewed in the Performance Improvement meetings monthly for three months or until substantial compliance has been met.	9-15-16