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
	535034	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/09/2016

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 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, one-story building of Type V (111) construction built in 1978. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 55.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the	K 018	K018 The cross-corridor doors in the kitchen smoke compartment were adjusted on 8/10/16 by the Maintenance Supervisor. There is no longer a gap on the bottom and top of the doors. All smoke compartment doors will be tested for secure closure each month. If they do not close correctly to resist the passage of smoke through the corridor doors, the doors will be adjusted to correct the closure. The monthly cross-corridor door checks will be reported monthly at Safety Meeting by the Maintenance Supervisor.	9/23/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Natalie Powell — TITLE: Administrator — (X6) DATE: 9/13/16

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
WY Dept of Health
SEP 16 2016
Healthcare Licensing and Surveys

POC accepted via telephone with Natalie Powell 9/31/16

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 _____	08/09/2016

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 018	Continued From page 1 facility failed to maintain doors in 1 of 5 smoke compartments in accordance with NFPA 101. The findings were: Observation on 08/09/2016 at 9:21 AM located between the kitchen corridor smoke compartment and nurses station smoke compartment revealed cross-corridor synchronized doors that did not close correctly and would not resist the passage of smoke due to large gaps on the bottom and top of the doors. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the doors were out of sync creating gaps in the doors. Ref: NFPA 101, Section 19.3.6.3.1	K 018		
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, observation, and staff interview, the facility failed to ensure that the fire alarm system was tested and maintained per the requirements of NFPA 72. The findings were: Document review on 08/09/2016 at 11:32 AM of the testing and maintenance of the fire alarm system revealed that the documentation was not available to demonstrate the following tests: a) Monthly Activation - NFPA 72, table 7-3.2,	K 052	K052 Testing and maintenance of the fire alarm system will be done according to NFPA 101 Life Safety Code Standard. The following tests have been scheduled with the contract fire system testing service: a) MonthlyActivation b) Annual - Annunciator Panels c) Annual - Sealed lead acid battery inspection d) Annual - alarm notification appliances	9/23/16

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 _____	08/09/2016

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 23 b) Annual - Annunciator Panel(s) - NFPA 72, Table 7-3.2, 14 c) Annual - Sealed Lead Acid Battery Inspection - NFPA 72, Table 7-32, 6 d) Annual - Alarm Notification Appliances - NFPA 72, Table 7-3.2, 19 e) Annual - Manual Fire Alarm Boxes - NFPA 72, Table 7-3.2, 15 f) Annual - Heat Detectors - NFPA 72, Table 7 -3.2, 15 g) Annual - Smoke Damper Operation - NFPA 90A, 4-4.1 h) Annual - Smoke Detector (in place, smoke entry) - NFPA 72, Table 7-3.2, 15 i) Bi-annual - Smoke Detector sensitivity, NFPA 72, Table 7-3.2, 15 j) Quarterly - Water flow Alarm Devices (less than 90 sec.) - NFPA 25, 9-2.7 and NFPA 72, 2-6.2 k) Quarterly - Supervisory Signal Devices (valves, hi/low air) - NFPA 72, Table 7-3.2, 15 Interview with the Facility Maintenance Manager at the time of review confirmed there were no documents available for review. Ref: 2000 NFPA 101, Sections 19.3.4.1 and 9.6.1.4	K 052	e) Annual - manual fire alarm boxes f) Annual - heat detectors g) Annual - smoke damper operation h) Annual - smoke detector sensitivity i) Bi-annaul - smoke detector sensitivity j) Quarterly - water flow alarm devices k) Quarterly - supervisory signal devices The tests have been scheduled. Maintenance Supervisor will report the monthly, quarterly, semi-annual, and annual tests at the monthly Safety Meetings. The Maintenance Supervisor will keep all records of the tests in the Maintenance Department.	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to inspect and/or clean the commercial kitchen hood in accordance with NFPA 96. The findings were: 1. Document review on 08/09/2016 at 11:20 AM	K 130	K130 The semi-annual kitchen hood tests have been scheduled for October and March with the contractor who cleans the kitchen hood. The Maintenance Supervisor will report the semi-annual test at the Safety Meeting and keep the documentation in the Maintenance Department.	9/23/16

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 _____	08/09/2016

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 130	Continued From page 3 revealed that the facility could not provide documentation of a semi-annual kitchen hood inspection requirement. Interview with Facility Maintenance Manager acknowledged they were unaware of the semi-annual inspection requirement. Ref: 1998 NFPA 96, Section 8-3.1.1 2. Document review on 08/09/2016 at 11:25 AM revealed that the facility could not provide documentation of a semi-annual kitchen hood fire suppression system inspection. Interview with the Facility Maintenance Manger acknowledged they were unaware of the semi-annual requirement. Ref: 1998 NFPA 96, Section 8-2.1	K 130		
K 145 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD The Type I EES is divided into the critical branch, life safety branch and the emergency system and Type II EES is divided into the emergency and critical systems in accordance with 3-4.2.2.2, 3-5.2.2 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to demonstrate emergency powered lighting at the generator in accordance with NFPA 99. The findings were: Observation on 08/09/2016 at 11:30 AM located at the outside generator revealed that the facility could not demonstrate if the generator was provided with emergency battery powered lighting unit(s). Interview with the Facility Maintenance	K 145	K145 The facility has a generator that provides emergency battery powered lighting in the unit panel. The Maintenance Supervisor has been shown by the generator contractor where that lighting is located and how it operates. The Maintenance Supervisor has contracted to have battery operated lighting installed next to the generator. Once the lighting is installed, the Maintenance Supervisor will report completion at the monthly Safety Meeting. The battery will be checked quarterly and results will be reported at the quarterly Safety Meeting by the Maintenance Supervisor.	9/23/16

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	08/09/2016

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 145	Continued From page 4 Manager at the time of observation acknowledged that the facility could not demonstrate if the generator was provided with emergency battery powered lighting. Ref: 1999 NFPA 99, Section 3-4.2.2.2 (b)5	K 145		
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: Based on observation and interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70 in 4 of 5 smoke compartments. The findings were: Observation on 08/09/2016 from 8:36 AM to 11:30 AM located in the dinning room, room 202, room 108 and throughout the facility revealed an outlet adjacent to a sink that was not provided with a ground-fault circuit-interrupter at the receptacle or in the panelboard. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the receptacles were not wired accordance with NFPA 70. Ref: 1999 NFPA 70, Section 210.8	K 147	K147 The GFCIs located in room 202, room 108 and throughout the facility were checked by the electricians to ensure they were wired in accordance with NFPA 70 on August 29 and August 30. The GFCIs located throughout the facility will be checked through a monthly audit by the Maintenance Supervisor. Any GFCI that is not working, will be fixed by the electrician as needed. Results of the monthly checks will be reported at the Safety Committee meeting monthly.	9/23/16