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

PRINTED: 07/06/2017
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
	536027	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/27/2017

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 06/27/2017. 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 2012 Edition of the Life Safety Code, Existing Health Care, of the Nation 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 78	K 000		
K 131 SS=D	NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: * They are not intended to serve four or more inpatients. * They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8. * The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served.	K 131	The facility will ensure that a two hour separation will be maintained in accordance to the 2012 NFPA 101 Life Safety Code. 1. West Park maintenance staff sealed the penetration on 6/30/17. 2. The Director of Plan Operations will monitor during EOC rounds to ensure compliance is met. 3. The Director of Plan Ops will report out results of the EOC rounds at the Environment of Care Committee quarterly and to the facility-wide PI/QI Committee on a quarterly basis where solutions will be discussed if necessary	6/30/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski — TITLE: Administrator — (X6) DATE: 7/15/17

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
JUL 15 2017
Healthcare Licensing and Surveys

Spoke with Administrator Chris Szymanski on the phone on 07/19/17 to approve P.O.C.
Heather Shoemaker

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K 131	Continued From page 1 18.1.3.3, 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to maintain a 2-hour separating wall in accordance with the 2012 NFPA 101 LSC. The findings were: Observation on 06/26/17 at 5:10 PM revealed that the 2-hour separating wall in the 2nd floor Connector between the Long Term Care building and the Hospital had a 1 1/2" diameter hole penetration that was not protected in accordance with 2012 NFPA 101. Failure to properly protect all penetration could lead to injury or death by propagation of smoke or fire through the wall. Interview with facility personnel at the time of the observation revealed that they were aware of the requirements for protection of penetrations of fire barriers, but were unaware of the penetration in the wall. Reference: 2012 NFPA 101 19.1.3.5, 8.2.1.3, 2012 NFPA 221 4.9.2	K 131		
K 200 SS=D	NFPA 101 Means of Egress Requirements - Other Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2	K 200	The facility will ensure that NFPA 101 means of egress requirements are met. 1a. Signage was ordered on 6/30/17. 1b. West Park Hospital maintenance staff installed signage on 7/7/17. 1c. The Director of Plant Operations will monitor on Environment of Care (EOC) rounds to ensure compliance. 1d. The results of the EOC rounds will be reported to the EOC Committee and facility-wide PI/QA Committee on a quarterly basis where solutions will be discussed if necessary.	8/4/17

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K 200	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide means of egress in accordance with the 2012 NFPA Life Safety Code. The findings were: 1. Observation on 02/26/17 at 3:11 PM revealed that the delayed egress exit door from the first floor kitchen area to the south east courtyard was not provided with signage in accordance with the Life Safety Code. Failure to provide proper signage could result in injury or death if persons are unaware of how to egress through the exit door. Interview with staff personnel at the time of the observation revealed that they are aware that signage is required on delayed egress doors, but did not realize this door was missing it. Reference: 2012 NFPA 101 19.2.2.2.4(2), 7.2.1.6.1.1(4) 2. Observation on 02/26/17 at 4:40 PM revealed that Stair 6 on the first floor has panic hardware installed on the stairwell door instead of the required fire exit hardware. Failure to provide proper fire exit hardware could result in injury or death due to hardware not operating properly. Interview with staff personnel at the time of the observation revealed that they were unaware the hardware installed on the door was not fire exit hardware. Reference: 2012 NFPA 101 19.2.2.2.1, 7.2.1.7.2 3. Observation on 02/26/17 at 4:47 PM of the stairwell door in Stair 6 on the second floor could not establish that the door met the required 1-hour fire rating. Failure to provide a fire rated door could result in injury or death by allowing propagation of smoke or fire to the stairwell.	K 200	2a. New fire-rated hardware was ordered on 6/30/17. 2b. West Park Hospital lock smith will install hardware by 8/4/17. 2c. The Director of Plant Operations will monitor on EOC rounds to ensure compliance. 2d. The results of the EOC rounds will be reported to the EOC Committee and PI/QA Committee on a quarterly basis and solutions will be discussed if necessary. 3a. West Park Hospital maintenance staff cleaned paint off of door label verifying that it was 1-hour rated On 7/6/17. 3b. The Director of Plant Operations will monitor on EOC rounds to ensure compliance. 3c. The results of the EOC rounds will be reported to the EOC Committee and PI/QA Committee on a quarterly basis where solutions will be discussed if necessary.	

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K 200	Continued From page 3 Interview with facility personnel at the time of the observation revealed they were aware of the fire rating requirement but were unaware that the door was not labeled. Reference: 2012 NFPA 101 19.2.2.3, 7.2.2.5.1.1, 7.1.3.2.1(1), Table 8.3.4.2	K 200		
K 227 SS=D	NFPA 101 Ramps and Other Exits Ramps and Other Exits Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to to provide handrails for a ramp used as a component in a means of egress as required in the 2012 NFPA 101 Life Safety Code. The findings were: Observation on 06/26/17 at 2:45 PM revealed that no handrails were installed along a ramp used as a component of egress from the south west exit enclosure next to the generator room. The ramp had a slope of 1:14 with a rise of over 6". Failure to provide proper handrails could result in injury or death in the event of a fall. Interview with facility personnel revealed that they were unaware that the existing ramp was required to have handrails. Reference: NFPA 101 19.2.2.6.1, 7.2.5.4.2, 7.2.5.4.4	K 227	The facility will ensure ramps and other exits are within safety compliance. 1. Hand rails will be installed on ramp located at the Southwest exit. 2. Contractor will install by 8/4/17. 3. The Director of Plant Operations will monitor on EOC rounds to ensure compliance. 4. The results of the EOC rounds will be reported to the EOC Committee and PI/QA Committee on a quarterly basis where solutions will be discussed if necessary.	8/4/17

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K 345 SS=D	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation, documentation review and staff interview the facility failed to conduct fire alarm tests as required by 2011 NFPA 25 and 2010 NFPA 72. The findings were: Review of documentation on 06/27/17 at 10:45 AM revealed that the facility was conducting quarterly water flow alarm tests as required by 2011 NFPA 25 but not to the requirement of 2010 NFPA 72. Observation of flow test pipe revealed that no orifice was installed to simulate the flow of the smallest sprinkler head installed in the facility. Failure of the water flow alarm to detect the flow of a single sprinkler could result in injury or death if the fire alarm system is not notified of flow in the fire sprinkler system. Interview with facility personnel at the time of the observation revealed that the water flow alarm tests were being performed with the observed flow test pipe and that no orifice was being installed to simulate sprinkler head flow. Reference: 2011 NFPA 25 13.2.6; 2010 NFPA 72	K 345	The facility will ensure compliance with the 2010 NFPA 72 Fire Alarm Systems Testing and Maintenance. 1. The sprinkler contractor installed an orifice to simulate flow on test pipe on 6/27/17. 2. The Director of Plant Operations will monitor on EOC rounds to ensure compliance. 3. The results of the EOC rounds will be reported to the EOC Committee and PI/QA Committee on a quarterly basis where solutions will be discussed if necessary.	6/27/17

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K 345	Continued From page 5 17.12.2	K 345		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and staff interview, the facility failed to conduct all testing in accordance with the 2011 NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The findings were: Review of documentation on 6/27/17 at 9:30 AM revealed that the full flow test has never been conducted on the dry fire sprinkler system protecting the front entrance porte cochere. Failure to conduct the full flow test could result in injury or death if water pressure in the system is determined to be insufficient through testing.	K 353	The facility will ensure Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested and maintained in accordance with NFPA 25. 1. The Director of Plant Operations contacted the sprinkler contractor to perform a flow test on 6/27/17. 2. The sprinkler contractor will complete the test by 7/14/17. 3. The Director of Plant Operations will monitor on EOC rounds to ensure compliance. 4. The results of the EOC rounds will be reported to the EOC Committee and PI/QA Committee on a quarterly basis where solutions will be discussed if necessary.	7/14/17

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K 353	Continued From page 6 Interview with facility maintenance staff and fire protection contractor at the time of observation revealed that only partial flow tests have been conducted on the system. Reference: 2011 NFPA 25 13.4.4.2.2.2	K 353		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to provide electrical equipment in accordance with the 2012 NFPA 101 and the 2011 NFPA 70. The findings were: 1. Observation on 06/26/17 at 2:51 PM in the housekeeping room on the first floor, west side of the building revealed that storage was being kept within 36" of electrical panels. Failure to provide clearance to the electrical panels could result in injury or death if access is restricted in the event of an emergency. Interview with facility personnel at the time of the observation revealed they were unaware that housekeeping items were being stored next to the electrical panels. Reference: 2012 NFPA 101 19.5, 9.1.2, 2011 NFPA 70 110.26 (A)	K 511	The facility will ensure that electrical equipment will meet 2012 NFPA 101 and 2011 NRPA 70 codes. 1a. West Park Hospital staff removed items from room on 6/30/17. 1b. West Park Hospital maintenance staff taped off area of clearance on 7/5/17. 1c. The Director of Plant Operations will monitor on EOC rounds to ensure compliance. 1d. The results of the EOC rounds will be reported to the EOC Committee and PI/QA Committee on a quarterly basis where solutions will be discussed if necessary.	7/5/17

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K 511	Continued From page 7 2. Observation on 06/26/17 at 3:31 PM in the janitors closet within the Special Care Unit on the second floor revealed that storage was being kept within 36" of electrical panels. Failure to provide clearance to the electrical panels could result in injury or death if access is restricted in the event of an emergency. Interview with facility personnel at the time of the observation revealed they were unaware that housekeeping items were being stored next to the electrical panels. Reference: 2012 NFPA 101 19.5, 9.1.2, 2011 NFPA 70 110.26 (A)	K 511	2a. West Park Hospital staff removed items being stored in room on 6/30/17. 2b. The Director of Plant Operations will monitor on EOC rounds to ensure compliance. 2c. The results of the EOC rounds will be reported to the EOC Committee and PI/QA Committee on a quarterly basis where solutions will be discussed if necessary.	