

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/13/2017
FORM APPROVED
OMB NO. 0908-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 636034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01... MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 07/11/2017
NAME OF PROVIDER OR SUPPLIER WESTWARD HEIGHTS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 180 CARING WAY LANDER, WY 82820		
DOH 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)		(X4) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 07/11/17. Requirements for Long Term Nursing Homes Section 42 CFR 483.70 (a) 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, one-story building of Type V (111) construction built in 1878 with 2 additions built in 1996. 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 53.	K 000			
K 345 SS-D	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 documentation review and staff interview, the facility failed to test and maintain	K 345	Life Safety K345 Fire Alarm System Testing and Maintenance Measures taken to correct deficiency: Maintenance Supervisor has contacted the Alarm System Contractor to do a semi-annual inspection on the sealed lead acid batteries. Additionally, a semi-annual load voltage test will be performed by the Alarm System Contractor.		8/16/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Natalie Korcell

TITLE

Administrator

DATE

8/4/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be exempted from addressing provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are dischargeable 14 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 dischargeable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.

Spoke with Natalie Korcell on 08/08/17 at 10:52am to approve P.O.C.

Natalie Schaeffer

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NAME OF PROVIDER OR SUPPLIER WESTWARD HEIGHTS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 160 CARING WAY LANDER, WY 82520	
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K 345	Continued From page 1 the fire alarm system in accordance with the 2010 NFPA 72 National Fire Alarm and Signaling Code. The findings were: 1) Review of documentation on 07/11/17 at 2:50 PM revealed that the facility inspected the fire alarm sealed lead acid batteries once in the last 12 months. Failure to test and maintain the fire alarm system could lead to injury or death in the event of an emergency. Interview with facility personnel at the time of the observation revealed that the facility was unaware of the requirement that the fire alarm sealed lead acid batteries need to be inspected semi-annually. Ref: 2010 NFPA 72 Table 14.3.1.3 2) Review of documentation on 07/11/17 at 2:55 PM revealed that the facility performed the battery load voltage test on the fire alarm batteries once in the last 12 months. Failure to test and maintain the fire alarm system could lead to injury or death by not performing properly in the event of an emergency. Interview with facility personnel at the time of the observation revealed that the facility was unaware of the requirement that the fire alarm battery load voltage test needs to be conducted semi-annually. Ref: 2010 NFPA 72 Table 14.4.5.6	K 345	How problem is identified and correction to similar situations: Maintenance Supervisor will ensure that semi-annual testing is completed by the Alarm System Contractor to ensure safety of the alarm system. Measures/systemic changes to prevent recurrence: The Alarm System Contractor will be given the list of required annual and semi-annual test to be performed per regulation. Monitor permanent solution: The Maintenance Supervisor is responsible for checking the testing logs provided by the Alarm System Contractor and will ensure the semi-annual inspection for the batteries and load voltage test will be completed. Documentation will be the Life Safety binder.	
K 351 SS=D	NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection	K 351	K351 Sprinkler System -Installation Measures taken to correct deficiency: A sprinkler will be added in the walk-in refrigerator. The clean laundry room will be inspected to ensure that it reaches 11 feet and if it doesn't, and extended sprinkler head will be added. How problem is identified and correction to similar situations: The Maintenance Supervisor will have the	8/16/17

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K 351	Continued From page 2 measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 8 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a fire sprinkler system in accordance with the 2010 NFPA 13 Standard for the Installation of Sprinkler Systems. The findings were: 1) Observation on 07/12/17 at 11:45 AM revealed that the walk-in refrigerator in the Pantry Room of the Kitchen was not protected by a sprinkler. Observation also revealed that the Freezer directly adjacent was protected by a sprinkler. Failure to protect an area with a sprinkler could result in injury or death by allowing the propagation of fire. Interview with staff personnel at the time of the observation revealed that they were unaware that the refrigerator was unprotected. Reference: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 8.1.1 2) Observation on 07/12/17 at 11:30 AM revealed that the Clean Laundry room had 1 sprinkler head installed which was located 11 feet from the North wall of the room. Failure to adequate sprinkler coverage could result in injury or death by allowing the propagation of fire. Interview with	K 351	Sprinkler System Contractor check sprinkler heads to ensure they are providing appropriate coverage. Measures/systemic changes to prevent recurrence: Fire system contractor will inform the Maintenance Supervisor of any missing sprinklers or areas that do not have appropriate coverage. Monitor permanent solution: Once the sprinkler head is added in the walk-in refrigerator and the clean laundry area, the sprinklers will be tested by the Maintenance Supervisor to ensure proper function. The results of the test will be reported at the following IDT Safety Meeting.		

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K 351	Continued From page 3 staff personnel at the time of observation revealed that they were unsure whether the sprinkler head was extended coverage.	K 351			
K 352 SS=D	Reference: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 8.5.3.2.1, 8.6.3.2.1 NFPA 101 Sprinkler System - Supervisory Signals Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for Integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on documentation review and staff Interview, the facility failed to maintain and test the fire alarm system as required by the 2010 NFPA 72 National Fire Alarm and Signaling Code. The findings were: Review of documentation on 07/11/17 at 2:45 PM revealed that the facility conducted the supervisory signal device test twice in the last 12 months. Failure to properly maintain and test the fire alarm system could result in injury or death if the fire alarm system fails to properly perform in the event of an emergency. Interview with facility personnel at the time of the observation revealed they were unaware that the supervisory signal devices must be tested quarterly.	K 352	K352 Sprinkler System- Supervisory Signals Measures taken to correct deficiency: The supervisory signal check has been scheduled by the Maintenance Supervisor. How problem is identified and correction to similar situations: The Maintenance Supervisor has been educated on the testing requirement and reviewed the requirements with the contractor. Measures/systemic changes to prevent recurrence: The maintenance supervisor will ensure the testing company understands the regulation and schedules quarterly tests on the supervisory system. Documentation will be requested on the quarterly testing. Monitor permanent solution: The quarterly system checks will be reported at quarterly safety meetings by the Maintenance Supervisor.	8/16/17	
K 353	Ref: 2010 NFPA 72 Table 14.3.1.9(1) NFPA 101 Sprinkler System - Maintenance and	K 353			

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K 353 SS=D	Continued From page 4 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 test and maintain the fire sprinkler system 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 07/11/17 at 2:30 PM revealed that the facility conducted the water flow test of the fire sprinkler system twice in the last 12 months. Failure to properly test the fire sprinkler system could result in injury or death if the system does not properly operate in an emergency. Interview with facility staff at the time of the observation revealed they were unaware that the waterflow test must be performed quarterly.	K 353	K353 Sprinkler System Maintenance and Testing 8/16/17 Measures taken to correct deficiency: Sprinkler system water flow testing will be scheduled quarterly with the Fire Testing Contractor instead of semi-annually. How problem is identified and correction to similar situations: Water flow testing will be scheduled quarterly. Measures/systemic changes to prevent recurrence: Maintenance Supervisor will provide quarterly schedule requirement to the contractor. Monitor permanent solution: Maintenance supervisor will report the quarterly tests at safety meetings quarterly.		

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K 353	Continued From page 5	K 353			
K 372 SS=D	Ref: 2011 NFPA 25 13.2.6 NFPA 101 Subdivision of Building Spaces - Smoke Barrier Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a smoke barrier in accordance with the 2012 NFPA Life Safety Code. The findings were: Observation on 07/11/2017 at 12:39 PM revealed unprotected penetrations of copper pipes through the smoke barrier wall above the ceiling in the Living Room/ Library. Failure to properly protect all penetrations could lead to injury or death by allowing propagation of smoke and fire through the smoke barrier. Interview with facility personnel at the time of the observation revealed that they were unaware of the unprotected penetrations of the smoke barrier wall. Ref: 2012 NFPA 101 19.3.7.3, 8.5.6	K 372	K372 Subdivision of Building Spaces Measures taken to correct deficiency: The area above the library that had open penetration has been filled by the Maintenance Supervisor. How problem is identified and correction to similar situations: An above the ceiling audit for open penetrations will be completed by the Maintenance Supervisor. Measures/systemic changes to prevent recurrence: Any time any above the ceiling work is completed by a contractor, maintenance supervisor will inspect after completion. Monitor permanent solution: The Maintenance Supervisor will complete a monthly audit for three months to check for open penetrations above the ceiling. Results of the audits will be reported during monthly safety meetings.	8/16/17	