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

PRINTED: 09/27/2017
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
	538039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/27/2017

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 by the office of Healthcare Licensing and Surveys on 07/27/2017. Requirements for Long Term Care Facilities Section 42 CFR 483.70 (2) 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 National Fire Protection Association. The facility is a fully sprinklered 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 72 residents.	K 000		
K 291 SS=E	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9, 18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on documentation review and interview, the facility failed to test emergency lighting in accordance with the 2012 NFPA 101 Life Safety Code. The findings were: Documentation review on 07/27/17 at 2:40 PM revealed that not all emergency lights in the facility were being tested for the required annual 90 minutes. Failure to test and maintain emergency lighting as required could result in injury or death if the emergency lights do not work correctly in the event of an emergency. Interview	K 291	K291 1. 90 minute emergency exit light testing was completed on 8/3/17. 2. Maintenance Director will audit by continuing to conduct the 30 second testing each week and schedule the annual 90 minute test every year in accordance with NFPA 7.9, 18.2.9.1, 19.2.9.1 3. Results of this testing will be discussed at the monthly Performance Improvement meetings for three months or until the committee is able to determine the process in place is effective.	8.3.17

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

Tonya Nurner — Executive Director — 9-28-17

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.

SEP 28 2017

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P.O.C accepted over the phone with Executive Director Tonya Nurner. 09/28/17 Matthew Shem

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K 291	Continued From page 1 with facility personnel revealed that they were performing the annual tests on all emergency lights, but believed performing 30 minute tests every month would be an acceptable equivalent. Ref. 2012 NFPA 101 19.2.9.1; 7.9.3	K 291		
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)	K 321	K321 1. The door of the food storage room has been repaired to ensure the door is able to close completely with self-closing device when released from an open position. 2. Maintenance Director will conduct a 100% audit of all doors in the facility with self- closure devices to ensure these doors are able to close completely when released from open position. Maintenance Director will also conduct random monthly audits of these doors to ensure the facility is in compliance with NFPA 19.3.2.1.3 3. Results of these audits will the discussed at the monthly Performance Improvement meetings for three months or until the committee is able to determine the process in place is effective.	8-14-17

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K 321	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to maintain hazardous areas in accordance with the 2012 NFPA 101 Life Safety Code. The findings were: Observation on 07/27/17 at 1:39 PM revealed that the food storage room in the kitchen had a door with a self-closing device installed but the door would not completely close when released from the open position. Failure to maintain hazardous areas in accordance with the 2012 NFPA 101 could result in injury or death by allowing the propagation of smoke and fire. Interview with facility personnel revealed that they were having difficulty with the door consistently closing with the self-closing device. Ref. 2012 NFPA 101 19.3.2.1.3	K 321		
K 372 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Barrie 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 interview the facility	K 372	K372 1. Penetration in the smoke barrier was repaired with fire calking on 7/31/17. 2. A 100% audit will be completed by the Maintenance Director of all smoke barriers and fire walls to ensure there are no further penetrations. Maintenance Director will immediately audit any area that is effected by construction or repairs to ensure the facility is in accordance with NFPA 19.3.7.3, 8.6.7.1 3. Results of this audit will be discussed monthly at the Performance Improvement meetings for three months or until the committee is able to determine the process in place is effective. 7-31-17	

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K 372	Continued From page 3 failed to maintain 1 of 5 smoke barriers in accordance with the 2012 NFPA 101 Life Safety Code. The findings were: Observation on 07/27/17 at 2:05 PM of the smoke barrier adjacent to the main dining room revealed unprotected penetrations due to electrical wiring, piping, and an open vent. Failure to provide smoke barriers as required could result in injury or death by allowing the propagation of smoke and fire from one smoke compartment to another. Interview with facility personnel revealed that they were aware of the requirements for protection of smoke barriers but were unaware of these unprotected penetrations. Ref. 2012 NFPA 101 19.3.7.3, 8.5.6.2	K 372		