STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/15/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	**1124 WASHINGTON BLVD** **NEWCASTLE, WY 82701**

(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 3/15/2018. 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 2012 Edition of the Life Safety Code, Existing Health Care of the National Fire Protection Association. The facility was fully sprinkled, single-story building with Type II (III) construction built in 1968, 2006 and 2015. The building was equipped with a supervised automatic wet sprinkler with an addressable fire alarm system. The facility had a capacity of 58 certified Medicare and Medicaid beds with a census of 54.	K 000		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to provide the annual fire door assembly inspection in accordance with NFPA 80. The deficiency affected 4 of 47 door assemblies in the nursing facility. The findings were: Observation on 3/15/2018 at 9:45 AM during	K 211	a.) WCHS maintenance is responsible for this deficiency. b.) WHCS maintenance will contract a certified door inspector and will provide compliance reports on an annual basis. These reports will be logged and saved	4/27/18

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

Electronically Signed | 04/06/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/15/2018**

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WESTON COUNTY HEALTH SERVICES	**1124 WASHINGTON BLVD** **NEWCASTLE, WY 82701**

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K 211	Continued From page 1 document review was unable to establish that the facility is inspecting and testing their fire door assemblies on an annual basis. Interview with the facilities maintenance manager (I.B.) during document review indicated that they were unaware of the requirement. Further interview with the maintenance manager (I.B.) indicated that they acknowledged the deficient practice. Failure to inspect fire door assemblies in accordance with NFPA 80 may lead to injury or death due to a fire. Ref: 2012 NFPA 101, Section 7.2.1.15 (including assembly and healthcare occupancies as described in S&C 17-38-LSC) 2010 NFPA 80	K 211	for further inspections. c.) This will be an annual inspection report from the contractor inspector WCHS chooses. d.) This will be completed by 4/27/2018 and annually from there on.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 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 or 19.3.5.9. 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, 19.3.5.9 Area Automatic Sprinkler	K 321		4/27/18

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	535023	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/15/2018**

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WESTON COUNTY HEALTH SERVICES	**1124 WASHINGTON BLVD** **NEWCASTLE, WY 82701**

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K 321	Continued From page 2 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) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous area enclosures in accordance with 2012 NFPA 101, Life Safety Code. The deficient practice affected 1 of 4 smoke compartments of the nursing facility. The findings were: Observation on 3/15/2018 at 9:04 AM located at a storage room adjacent to room 31LR revealed a clean linen room that was greater than 50 square feet and was filled with combustible storage. Further observation revealed that there was no self-closing mechanism or automatic-closing device on the door, and therefore the door would not self-close or automatically-close when tested. Interview with the facility maintenance manager (I.B.) at the time of observation indicated that the area must have been overlooked during the construction phase and had not yet been identified. Further interview with the maintenance manager (I.B.) acknowledged the deficiency and indicated they are aware of the requirement. Failure to provide self-closing mechanisms or automatic-closing devices on doors to hazardous areas may result in injury or death due to a fire.	K 321	a.) WCHS maintenance is responsible for this deficiency. b.) WCHS maintenance had door closure installed on this door on March 16, 2018. c.) WCHS Maintenance Director or designee will audit all storage areas greater than 50 square feet to identify other doors that may not have self-closing mechanism or automatic closing device on the door. d.) All doors identified will be fixed to have the self-closing mechanism or automatic closing device on the door. e.) Audit of doors will be completed via the facility assessment tool and all findings will be brought to the QAPI meeting for review. Corrective actions will be taken where necessary until resolved.	

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K 321	Continued From page 3 REF: 2012 NFPA 101, Sections: 19.3.2.1.5, 19.3.2.1, 8.7.1, 8.7.1.3	K 321		

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E 000	Initial Comments A Emergency Preparedness survey was conducted by the Healthcare Licensing and Surveys on 3/15/2018. 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 2016 CFR 483.73, Requirements for Long Term Care Facilities. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements.	E 000		

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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.