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 _____	**07/26/2018**

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 07/26/18. 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 National Fire Protection Association. The facility was a fully sprinklered, one-story building of Type V (111) construction built in 1978 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 132 SS=D	Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101 Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1	K 132		8/31/18

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

Electronically Signed | 08/15/2018

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.

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K 132	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the occupancy separating 2-hour fire barrier in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain occupancy separating fire barriers could result in injury or death in the event of a fire. The deficiency affected one (1) of three (3) smoke compartments. The findings were: Observation on 07/26/18 at 12:55 PM revealed an occupancy separating 2-hour fire barrier with two unprotected plumbing penetrations above the ceiling. Interview with the maintenance director at the time of the observation acknowledged the deficiency, but indicated he was unaware of the penetrations. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.1.3.4, 8.3.5	K 132	K132 Multiple Occupancies-Contiguous Non-Health The plumbing penetrations in the 2-hour fire barrier between Westward Heights and Mountain Vista have been sealed. Above-the-ceiling audits are completed monthly and after contractors complete above-the-ceiling work. The Maintenance Supervisor or designee will complete and document monthly above-the-celling audits. Audits will be reported by the Maintenance Supervisor at monthly Safety Meetings for review and recommendation.	
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies	K 293		8/31/18

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K 293	Continued From page 2 with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the marking of means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the marking of means of egress could result in injury or death in the event of an emergency requiring evacuation from an area. The deficiency affected one (1) of three (3) smoke compartments. The findings were: Observation on 07/26/18 at 12:39 PM revealed a 2-hour fire barrier which separates the nursing home from another occupancy. The 2-hour fire barrier had doors, which are always locked as they are not used as, or required to be, an exit for either occupancy. Observation revealed that the doors could be confused for a means of egress as they were not provided with a sign indicating "NO EXIT". Interview with the maintenance director at the time of the observation acknowledged the deficiency, but indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.2.10.1, 7.10.8.3	K 293	K239 Exit Signage A No Exit sign has been ordered to mark the egress door from Westward Heights to Mountain Vista. The sign will be checked monthly by the maintenance supervisor to ensure that it is visible. This will be double checked and documented at monthly Safety Meetings by the Maintenance Supervisor.	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101	K 324		8/31/18

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K 324	Continued From page 3 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview, the facility failed to test and maintain the kitchen extinguishing system in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the kitchen extinguishing system could result in injury or death in the event of a fire. The deficiency affected one (1) of three (3) smoke compartments. The findings were:	K 324	K324 Cooking Facilities The contractor has been asked to schedule the kitchen extinguishing system checks twice per year as required. The Maintenance Supervisor or designee will ensure that the contractor comes two times per year. The Maintenance Supervisor will report	

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K 324	Continued From page 4 Documentation review on 07/26/18 at 1:00 PM revealed that the facility had performed the inspection on the kitchen extinguishing system once in the last twelve months, and not once every six months as required. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated was aware of the requirement. The maintenance director believed the inspection had been completed twice in the last twelve months, but was unable to provide documentation. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.3.2.5.2, 9.2.3; 2011 NFPA 96 11.5	K 324	the kitchen extinguishing system checks twice per year at Safety Committee.	
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the fire alarm system could result in injury or	K 345	K345 Fire Alarm System□Testing and Maintenance A smoke detector sensitivity testing for the fire alarm has been scheduled and will be	8/31/18

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K 345	Continued From page 5 death in the event of a fire. The deficiency affected three (3) of three (3) smoke compartments. The findings were: Documentation review on 07/26/18 at 1:00 PM revealed that the facility had not performed the smoke detector sensitivity testing for the fire alarm system within the last 2 years as required. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.3.4.1, 9.6.2.10.1.1, 2010 NFPA 72 Table 14.4.5(15)(i)	K 345	performed every other year. The smoke detector sensitivity testing date has been added to the monthly Safety Agenda to track when previous testing has been performed. The Maintenance Supervisor will schedule the test and report the completed this year and the future testing every two years.	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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	K 353		8/31/18

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K 353	Continued From page 6 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 REQUIREMENT 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 2012 NFPA 101, Life Safety Code. Failure to maintain the fire sprinkler system could result in injury or death in the event of a fire. The deficiencies affected three (3) of three (3) smoke compartments. The findings were: Documentation review on 07/26/18 at 1:00 PM revealed that the facility had performed the water flow alarm device test quarterly as required. However, the test was being conducted through a 3 inch pipe that was not reduced to the smallest sprinkler head size to accurately mimic the water flow when a sprinkler head is activated. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.3.5.1, 9.7.5, 2011 NFPA 25 Table 5.1.1.2, 5.3.3.1	K 353	K353 Sprinkler System□ Testing and Maintenance The water flow alarm device will be tested with correct pipe size on a quarterly basis. The Maintenance Supervisor will monitor these quarterly water flow alarm tests to ensure completion and report to the Safety Committee on a quarterly basis.	
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101	K 372		8/31/18

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K 372	Continued From page 7 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 REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoke compartment barriers in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain smoke barriers could result in injury or death in the event of a fire. The deficiency affected two (2) of three (3) smoke compartments. The findings were: Observation on 07/26/18 at 12:45 PM revealed a smoke barrier with two unprotected wire penetrations above the ceiling in the "Activities" office. A smoke barrier wall must be maintained at a one-half hour rating and resist the passage of smoke from one smoke compartment to another. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the penetrations.	K 372	K372 Subdivision of Building Spaces□Smoke Barrier Construction The penetrations in the smoke barrier wall above the Activities office have been sealed. Above-the-ceiling audits are completed monthly and after contractors complete above-the-ceiling work. The Maintenance Supervisor or designee will complete and document monthly above-the-celling audits. Audits will be reported by the Maintenance Supervisor at monthly Safety Meetings for review and recommendation.	

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K 372	Continued From page 8 Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 Section 19.3.7.3, 8.5.6.2	K 372		
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power	K 918		8/31/18

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K 918	Continued From page 9 source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview, the facility failed to test and maintain the emergency electrical generator in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to maintain the emergency electrical generator could result in injury or death in the event of an emergency. The deficiency affected three (3) of three (3) smoke compartments. The findings were: Documentation review on 07/26/18 at 1:00 PM revealed that the facility had performed the annual load bank test of the emergency electrical generator, however the testing documentation revealed that the generator was run at only 145 kW of the 250 kW nameplate rating. That is a maximum load of 58 percent, which is less than the required 75 percent of nameplate kW rating. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 99 Section 6.4.4.1.3; 2010 NFPA 110 8.4.2.3	K 918	K918 Electrical Systems□Essential Electric Systems The generator will be tested to 75 percent of nameplate KW rating annually. This testing will be performed by the generator contractor and the documentation will be provided to the Maintenance Supervisor. The Maintenance Supervisor will check the annual testing documentation to ensure that the generator has been tested to 75 percent of the generator rating. The Maintenance Supervisor will report the testing the month it is done at the Safety Meeting.	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 07/26/2018. Based upon the findings of the survey team it was determined that the facility was in compliance with all requirements.	E 000		

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

Electronically Signed | 08/09/2018

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