STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/06/2008

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 Requirements for the 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 2000 edition of the Life Safety Code, existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered single story building of Type V(III) construction built in 1988. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system.	K 000		
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure one corridor wall was a	K 017	K017 NFPA 101 LIFE SAFETY CODE STANDARD 1) The corridor wall above the false ceiling between the hallway and resident room 115 has been repaired so there is no longer a penetration in the wall. The penetration is now sealed. 2) The Maintenance Director will check for penetrations in all other corridor walls; if any are found they will be sealed. 3) The Maintenance Director will check for penetrations monthly as part of his preventive maintenance program. 4) The results of these audits will be presented monthly for the next three months and until substantial compliance is met. Any problems and/or trends will be monitored and acted upon.	12/17/08

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

Catherine L. Rankin BS, CHA, NHA | Executive Director | 12-3-08

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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Licensing and Surveys

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K 017	Continued From page 1 continuous smoke partition in one of four smoke compartments. The findings were: The corridor wall above the false ceiling between the hallway and resident room 115 had two unsealed cable penetrations in the wall. Interview with the maintenance manager on 11/05/08 at 10:48 AM confirmed the two penetrations should be sealed.	K 017		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the fire sprinkler system was properly maintained. The findings were: Observation on 11/05/08 between at 9:22 AM and 1:11 PM revealed a half inch gap between the escutcheon and the ceiling in the following locations: 1. One of four sprinkler heads in the restorative room opposite the main nurse's station. 2. One of twelve sprinkler heads in the vaulted ceiling of the rehabilitative room. 3. One of two in resident room 102. 4. One of one in resident bathroom 202. Observation on 11/05/08 between at 9:22 AM and 1:11 PM revealed two missing escutcheons: one in the soiled laundry room and one in resident	K 062	K062 1) The gaps between the escutcheon and the ceilings in the restorative room, the rehab gym, in resident room 102 and in resident room 202 have been eliminated. 2) The Maintenance Director will check all other sprinkler heads in the facility to ensure there are no gaps between the escutcheons and the ceilings. 3) The sprinkler heads will be checked monthly by a member of the safety committee to ensure that there are no gaps. If any gaps are found they will be reported to the Maintenance Director immediately. 4) The results of this audit will be reported at the monthly Performance Improvement Meeting for a period of three months and until substantial compliance is met. Any problems and/or trends will be acted upon.	12/17/08

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K 062	Continued From page 2 room #207. The maintenance manager verified all findings at the time of the observation. Observation on 11/05/08 between at 9:22 AM and 1:11 PM revealed decorative tinsel hanging from the sprinkler head in the "clean" laundry room. The laundry room supervisor confirmed the observation and stated she did not know "how the tinsel got there."	K 062		
K 145 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD The Type I EES is divided into the critical branch, life safety branch and the emergency system in accordance with NFPA 99. 3.4.2.2.2. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain and identify separate essential electric circuits in two of two medical storage rooms in accordance with NFPA Section 3-4.2.2.2. The findings were: Observation on 11/06/08 at 1:33 PM revealed the medication refrigerators in both the medicine storage rooms were plugged into white covered electrical outlets. Neither plate was labeled as part of the emergency electrical branch. Interview with the facility DON on 11/6/08 at 1:30 PM confirmed the above. The DON stated, "In the event of an emergency, the two refrigerators would need to be moved from their location and plugged into emergency outlets." Interview with the facility maintenance manager on 11/05/08 at 10:48 AM, however, revealed he thought the two outlets were part of the emergency circuits but were just not labeled in red as being emergency outlets.	K 145	K145 1) The electrical outlet in the Central Medication room and the outlet in the North Forty Medication room have been labeled in red as emergency outlets. 2) The Maintenance Director will ensure that all other emergency outlets are appropriately labeled. 3) The results of that audit will be presented at the January Performance Improvement Meeting.	12/17/08

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