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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING 01 B. WING _____	03/09/2021

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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on February 16, 2021. Based on the findings it was determined the facility was in compliance with all requirements.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on March 9, 2021. Requirements for Long Term Care Facilities Section 42 CFR 483.70(a) except as otherwise provided in this 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, single story building with a basement of Type II (111) construction built in 1968, 2006 and 2015. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had 58 certified Medicare and Medicaid beds with a census of 50 residents.	K 000		
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically	K 223		3/10/21

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

Electronically Signed | 03/31/2021

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 223	Continued From page 1 closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain fire doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain fire doors as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous fire doors in the facility. The findings were: Observation on 3/9/21 at 11:50 AM in the corridor adjacent to the activities room revealed a fire door that failed to fully close and latch when tested. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 7.2.1.15.2 2010 NFPA 80, Section: 5.2.4.2(8)	K 223	1.) WCHS maintenance is responsible for the correction of this deficiency. 2.) WCHS maintenance generated a work order to adjust the door for proper latching on 03/10/2021. 3.) WCHS maintenance will monitor this deficiency during monthly safety inspections and report to the QA Committee. 4.) Completed on 03/10/2021	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920		3/10/21

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K 920	Continued From page 2 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 70, National Electrical Code. Failure to maintain electrical systems as required could cause a fire resulting in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 3/9/21 at 12:40 PM in room 24L revealed a string of Christmas lights being used as an extension cord. Further observation revealed several sets of Christmas lights strung	K 920	1.) WCHS maintenance is responsible for the correction of this deficiency for all electrical equipment, power cords, and extension cords. 2.) WCHS maintenance generated a work order for this correction on 03/10/2021. Reconfiguring light string and plugged-in accessories. WCHS maintenance removed all but one string of lights and then we secured a child proof plug into the end of the light string so nothing else will get plugged into this light string. All other unnecessary items were taken home with	

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K 920	Continued From page 3 together with various lighted decorations plugged into the lights. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 9.1.2 2011 NFPA 70, Section: 400-8 .	K 920	family member. 3.) WCHS maintenance will monitor this deficiency during monthly safety inspection and report findings to the QA Committee. 4.) Completed on 03/10/2021	
K 929 SS=D	Gas Equipment - Precautions for Handling Oxyg CFR(s): NFPA 101 Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain medical gas cylinders in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to maintain medical gas cylinders as required could result in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were:	K 929	1.) WCHS maintenance and staff are responsible for this deficiency. 2.) WCHS maintenance removed O2 cylinder from location at time of inspection on 03/10/2021. Cylinder was verified to be a personal equipment prior to residing with WCHS. Cylinder was be returned to family member during their next visit to	4/8/21

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K 929	Continued From page 4 Observation on 3/9/21 at 12:47 PM in room 26R revealed an oxygen cylinder sitting on the floor unsecured. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. He also indicated that the facility did not use that type of oxygen bottle, and did not know where it came from. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 99, Section: 11.6.2.3	K 929	the facility. Staff will be educated on how to handle and report personal O2 cylinders that they may come across while unpacking a resident's belongings. This was communicated during staff meeting on 03/18/2021 and 04/08/2021. 3.) This will be monitored during monthly safety inspection and finding will be reported to the QA Committee. 4.) Completed 04/08/2021	