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 _____	05/24/2005

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 PRECEEDED 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	K 000		
	Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) with a wet sprinkler system. The building is one story with direct ground level access. K6: Date of Plan Approval: 1988 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=102;SNF/NF=102 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections "NFPA" National Fire Protection Association		Preparation and execution of this response and plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or conclusions set forward in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and State law. This response and plan of correction constitutes the Facility's allegation of compliance. K056 Standard will be corrected by calling for bids. We will then ask for a plan design. date of completion 60 days or Sept 8, 2005 We will then ask corporate for a plan approval. date of completion 60 days or Nov 8, 2005 We will then plan for construction of the design so that all areas that need to be sprinkled will be completed. date of completion 180 days or May 2006. B. Westview plans on meeting all Life Safety codes and will rely on Corportate Life Care to keep us informed of all changes to code. C. Measures to ensure compliance will be yearly visits from Corporate and email notices from Corporate on any code changes.	TIME EXTENSION FROM WYOMING DEPARTMENT OF HEALTH SUBMITTED 6/30/05
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056		

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

Administrator 6/20/05

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.

ACCEPTANCE OF PLAN WITH STIPULATIONS, DON, ON 6/30/05 @ 10 AM VIA TELECONFERENCE.

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K 056	Continued From page 1	K 056		
	This STANDARD is not met as evidenced by: Based on observations and staff interview on 5/23/05 between 2 PM and 5 PM, the facility was constructed of combustible material and not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The findings were: 1. The two walk-in refrigerator units in the kitchen did not have sprinkler coverage as required by the Code. 2. The exterior roof above the front entrance was wider than 4 feet and did not have sprinkler coverage as required by the Code. 3. The exterior roof above the exits near resident rooms #201, #210, and the exterior roof above the exits near the electrical room were all wider than 4 feet and did not have sprinkler coverage as required by the Code. 4. Maintenance staff verified the above findings.		K064 Standard was met by contract company coming in to maintain and test the K portable fire extinguisher to meet standard B. Contract company was inserviced on the need to properly take care of our fire extinguisher's. Maintenance aware that the contract company's work needs to be checked for accuracy. C. Measures to be put in place will be for Maintenance to call contract company for yearly maintenance and to check dates for service on all extinguishers on a monthly basis to assure accuracy. D. Monitoring of contract company's work will be done by maintenance by the monthly checks on dates for the fire extinguishers. date of completion 7/8/05	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, 9.7.4.1, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/23/05 between 2 PM and 3 PM, the facility failed to maintain and test 1 of 1 K-type portable fire extinguisher in accordance with NFPA 10 Table 5-2. The findings were:. 1. The K-type portable fire extinguisher in the kitchen was manufactured in 1999 and had not	K 064		

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K 064	Continued From page 2	K 064		
	received a five-year hydrostatic test as required by the Code for wet chemical extinguishers. The last annual inspection of the portable fire extinguishers was performed during December of 2004. Maintenance staff verified the finding.			
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on record review, observations, and staff interview on 5/23/05 between 5 PM and 7 PM, the facility failed to ensure an electrical system installed in accordance with NFPA 70 Section 384-13, 517-20 and NFPA 99 Section 3-5.2.2 respectively. The findings were: 1. Electrical panel EMN did not have a panel directory as required by the Code. 2. The ice maker in the kitchen was located less than 6 feet from a sink and was not equipped with a GFCI outlet as required by the Code. 3. Review of the facilities electrical blue prints shows the emergency electrical system was a type 2 system. The fire alarm panel was receiving power from the Critical panel ES#1 circuit #2 and not from the Emergency panel as required by the Code. Maintenance staff verified the above findings.	K 130	K130 This standard was met by Directory was placed on the EMN electrical panel. GFCI outlet was placed on the ice maker in the kitchen. The fire alarm panel is receiving power from the life safety panel. B. Westview plans on meeting all Life Safety codes and will rely on Corporate Life Care to keep us informed of all changes to code. C. Measures to ensure compliance will be yearly visits from Corporate and email notices from Corporate on any code changes. D. Westview will adhere to new code plans needed to ensure safety to our residents and staff. date of completion 7/8/05	
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility	K 143		

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K 143	Continued From page 3	K 143		

wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;

(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and

(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2

This STANDARD is not met as evidenced by:
Based on observation and staff interview on 5/23/05 between 230 PM and 3 PM, The facility failed to provide a liquid oxygen storage location in accordance with NFPA 99 Section 8-6.2.5.2. The finding was:

1. The corridor wall for the liquid oxygen transfer room terminated above the ceiling tile and was not continues to the roof as required by the Code. Maintenance staff verified the finding.

K143
Standard was met by continuing the corridor wall to the10' fire cieling as required by code. SUPERVISED BY MAINTENANCE STAFF.
B. Westview plans on meeting all Life Safety codes and will rely on Corporate Life Care to keep us informed of all changes to code.
C. Measure to ensure compliance will be yearly visits from Corporate and email notices from Corporate on any chode changes.
D. Westview will adhere to new code plans needed to ensure safety to our residents and staff.
date of completion 7/8/05