

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

PRINTED: 10/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2022
NAME OF PROVIDER OR SUPPLIER WESTVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
E 000	Initial Comments	E 000			
E 041 SS=F	An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 09/20/2022. The findings that follow demonstrate noncompliance with 42 CFR 483.73. Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. 482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement	E 041		10/24/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/12/2022

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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E 041	Continued From page 1 the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. 482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. *[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012	E 041			

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E 041	Continued From page 2 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to inspect, test, and maintain the Essential Electrical System (EES) in accordance with §483.73(e)(2). Failure to inspect, test, and maintain the EES could result in a malfunction of the EES in the event of a power outage. The deficiency affected the emergency preparedness plan. The findings were: Document review on 09/20/2022 starting at 2:00 PM revealed that the facility did not have proof of low probability of interruption of their natural gas source for their emergency generator. Interview with maintenance director at the time of	E 041	1. Maintenance Director immediately contacted the office of Montana Dakota Utilities to obtain an updated letter to also include a low probability of interruption of the natural gas source for the emergency generator. 2. Letter will be placed in Emergency Management Manual 3. Maintenance Director and ED were educated on the requirement of obtaining evidence stating the probability of interruption is low which provides confidence that it will be available for the emergency generator according to NFPA 110 5.1.4 4. Letter will be reviewed at the following		

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E 041	Continued From page 3 the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the Administrator at the time of the exit acknowledge the deficiency.	E 041	Performance Improvement meeting		
K 000	Ref: 2012 NFPA 110 5.1.4 INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 09/20/2022. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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, one 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 a zoned fire alarm system. The facility had a capacity of 102 certified Medicare and Medicaid beds with a census of 60 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000			
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	K 918		10/24/22	

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K 918	Continued From page 4 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 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 document review and staff interview, the facility failed to test and maintain the essential electrical system (EES) accordance with the 2012 NFPA 99, Health Care Facilities Code and 2010 NFPA 110 Standard for Emergency and Standby Power Systems. Failure to properly test and maintain the EES could result in the EES working improperly which could result in injury or death in the event of a power outage. The	K 918	1. Maintenance Director has scheduled testing of the essential electrical system 2. Educated Maintenance Director of importance of testing and maintaining essential electrical system annually in accordance with 2012 NFPA 99 and 2010 NFPA 110. 3. Schedule has been developed to ensure testing will be completed annually		

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K 918	Continued From page 5 deficiency had the potential to affect all residents, staff, and visitors. The findings were: Document review on 09/20/2022 starting at 12:30 PM revealed that the facility failed to provide proof of low probability of interruption of their natural gas source for their emergency electrical generator. Document review revealed that the facility had received a letter from their natural gas provider stating, in the event of a natural gas service interruption, that restoration of the facility would be a high priority. However, the letter did not demonstrate evidence that the probability of interruption is low to provide confidence that it will be available for the emergency electrical generator in the event of a power outage. Interview with maintenance director at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the Administrator at the time of the exit acknowledge the deficiency.	K 918	on TELS 4. Results of testing will be reviewed at following Performance Improvement meeting.		
K 920 SS=D	Ref: 2012 NFPA 110 5.1.4 Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 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) assemblies that have been assembled by qualified personnel and meet the conditions of	K 920			10/24/22

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K 920	Continued From page 6 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 utilize power strips in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to properly utilize power strips could result in Patient Care Related Electrical Equipment (PCREE) working improperly which could result in injury or death in the event of a malfunction. The deficiency affected three (3) of fifty-two (52) resident rooms. The findings were: Observation on 09/20/2022 at 11:15 AM and 11:40 AM revealed power strips located in the patient care area while PCREE was present. Observation of resident rooms, 106, 111, and 205 revealed oxygen concentrators or CPAP machines that were either plugged directly into a power strip, or were located near a power strip. PCREE shall not be plugged into power strips,	K 920	1. Oxygen concentrators or CPAP machines in rooms 106, 11 and 205 were unplugged from power strip and relocated to a wall outlet. All surge protectors were removed from areas of patient care related electrical equipment (PCREE) in rooms 106, 111, and 205 2. 100 % audit was completed of all rooms to ensure no power strips were located within 6 ft of patient care related electrical equipment (PCREE) and were not plugged into a power strip. 3. Maintenance Director educated on the requirement that PCREE shall not be plugged into power strip and power strips shall not be located in the patient care area when PCREE is present 4. Maintenance Director will conduct monthly audits during room inspections to ensure PCREE is not plugged into a		

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K 920	Continued From page 7 and power strips shall not be located in the patient care area when PCREE is present. Interview with maintenance director at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the Administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 99 10.2.3.6, CMS S&C: 14-46-LSC	K 920	power strip and power strips are not located in the patient care areas when PCREE is present. This will be completed through the TELS program. 5. Results of this audit will be reviewed at the Performance Improvement meetings monthly for three months or until the committee is able to determine the process in place is effective.		