STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING **01** B. WING _____	**11/02/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	**150 CARING WAY** **LANDER, WY 82520**

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 11/02/2022. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 11/02/2022. 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, New Health Care and 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 1978 with two additions built in 1996, and an addition of Type II (000) construction built in 2020. 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 66 certified Medicare and Medicaid beds with a census of 45 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking	K 324		12/18/22

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

Electronically Signed | 11/27/2022

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K 324	Continued From page 1 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 observation and staff interview, the facility failed to protect cooking facilities in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for the Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking facilities could result in the spread of smoke and fire, which could result in injury or death. The deficiency affected the kitchen and could impact all staff within the kitchen. The findings were: Observation on 11/02/2022 at 11:12 AM revealed	K 324	Submission of the plan of correction shall not be construed as a waiver of this provider's right to contest any and all deficiencies, nor is such submission an admission that the facts are as alleged, or that any regulatory violation occurred. The following is to be considered our Credible Allegation of Compliance. The Maintenance Supervisor has put tape down on the floor on 11/3/2022, marking where the wheels need to be secured so that the gas fire cook top under the commercial exhaust hood is always returned to the approved location after	

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K 324	Continued From page 2 a gas-fire cook-top under a commercial exhaust hood located in the facility's kitchen. Observation of the cook-top revealed that no means was provided to ensure it is returned to the approved location after being moved. Cooking appliances requiring fire-extinguishing protection shall be provided with a means of return to the approved location after being moved for cleaning or maintenance purposes. Interview with the maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.2.5.1, 9.2.3; 2011 NFPA 96 12.1.2.3	K 324	any kind of movement. The Maintenance Supervisor put tape down on the floor marking where the wheels need to be to secure the gas fire cook top under the commercial exhaust hood is always returned to the approved location after any kind of movement. The Maintenance Supervisor will order a mechanical devise that will lock the equipment in a permanent position after movement for cleaning or maintenance. The Maintenance Supervisor will audit weekly for four weeks and then monthly for two months that the gas fire cook top is in its approved and correct location. Any issues will be corrected immediately and those issues or necessary changes to this process will be reviewed in monthly QAPI meeting.	
K 345 SS=F	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 document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2012 NFPA	K 345	The Maintenance Supervisor will put the requirement for fire alarm system battery testing in TELS (online maintenance task	12/18/22

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K 345	Continued From page 3 101, Life Safety Code, and 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a failure of the system, which could result in injury or death in the event of a fire. The deficiencies affected one (1) of one (1) fire alarm system and has the potential to affect all residents, staff, and visitors. The findings were: Document review on 11/02/2022 starting at 12:50 PM revealed that the fire alarm system batteries had not been inspected and tested as required. Document review revealed that the fire alarm system batteries had been inspected and load voltage tested once in the last twelve (12) months. Fire alarm system batteries shall be inspected and load voltage tested once every six (6) months. Interview with maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.3.1(3)(d), Table 14.4.5(6)(3) Document review on 11/02/2022 starting at 12:50 PM revealed that the smoke detector sensitivity test had not been conducted as required. Document review revealed that the smoke detector sensitivity test had not been conducted in the last twenty-four months. The smoke detector sensitivity test shall be conducted once	K 345	manager) to set task due every six months instead of the current 12-month reminder. The batteries will be retested and documented that they were tested. Maintenance Supervisor found a sticker that was already placed on the batteries at each location and will start using that sticker to document testing and will sign off at each testing. Testing schedule will be reviewed monthly in safety committee and any concerns will be brought to the monthly QAPI meeting. The smoke detector sensitivity tested was completed by 11/17/2022 and currently waiting for the documentation from the company we contract with. The Maintenance Supervisor will put requirement of the smoke detector sensitivity test in TELS to be tested once every 24 months and documentation must be completed. The reminder in TELS will alert the maintenance supervisor to contact the testing contractor to be completed every 24 months. The maintenance supervisor will then get documentation to show completion. A reminder will be placed in TELS to provide documentation on testing completion and results. Testing and documentation reminders have been added to safety committee monthly and any issues will be corrected immediately and reviewed in monthly QAPI.	

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K 345	Continued From page 4 every twenty-four months. Interview with the maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.5(15)(i) Document review on 11/02/2022 starting at 12:50 PM revealed that testing of the alarm notification appliances had not been documented as required. Document review revealed that the alarm notification appliances had been tested in the last twelve months as required, however, the documentation provided by the fire alarm contractor did not include a list of all appliances tested with a location description. Interview with the maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.4.5(20), 14.6.2.4	K 345	Maintenance supervisor will audit contractors documentation after every service is complete. Appropriate documentation will be completed with a list of all appliances that were tested with a location description. Maintenance Supervisor will create a form that lists each alarm notification appliance with a location and assigned number where the contractor can document every appliance that is tested. The Maintenance Supervisor will educate his assistant on the documentation required when the contractor completes the testing. This will be completed each time contractor is required to test and maintenance supervisor will audit after every testing period. If any issues happen they will be corrected immediately and reviewed in monthly QAPI meeting.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing	K 918		12/18/22

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K 918	Continued From page 5 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 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 inspect and test the essential electrical system (EES) in accordance with the 2010 NFPA 110, Standard for Emergency and Standby Power System. Failure to properly	K 918	Retesting of batteries will occur on 11/28/2022 and be documented. The Maintenance Supervisor will document in TELS every time testing is	

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K 918	Continued From page 6 inspect and test the EES could result in a failure of system which could result in injury or death in the event of a power outage. The deficiency affected the EES and has the potential to affect all residents, staff, and visitors. The findings were: Document review on 11/02/2022 starting at 12:50 PM revealed that the facility failed to test the batteries associated with the EES generator as required. Document review revealed no record of the generator batteries being tested for specific gravity or conductance tested. Interview with the maintenance supervisor revealed that testing of the batteries was being conducted every six months, but the testing was not being documented. Generator batteries shall be tested monthly for specific gravity or conductance. Interview with maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2010 NFPA 110 8.3.7.1	K 918	done monthly. There is a section next to the battery voltage on TELS that leaves a line for comments, that is where the documentation will occur. The Maintenance Supervisor will educate his assistant on 11/28/2022 that documentation is required and where to document it at in TELS when the battery testing is complete. Audit compliance will be completed by administrator or designee for completion and documentation of generator batteries monthly for the next 4 months. Any issues will be resolved immediately and reviewed in monthly QAPI meeting.	