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
	535034	A. BUILDING 01 - MAIN BUILDING 01 B. WING	04/20/2010

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

(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 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 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction built in 1976. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds.	K 000		
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 1 fire barrier wall was fire rated. The findings were: Observation of the fire barrier wall on 4/20/10 at 8:20 AM showed the fire barrier was not continuous from floor to ceiling. The barrier wall in the therapy office had an unsealed telephone cable penetration. The hole was 1-inch wide. At the time of observation the maintenance director	K 011	**K011** 1. The telephone cable penetration of the fire barrier wall in the therapy office has been sealed. 2. All fire barrier walls have been inspected by the maintenance staff to assure that wall penetrations have been sealed. 3. The maintenance staff will conduct random, monthly inspection and inspect after contract labor or repairmen have completed their work to assure that penetration in the fire barrier have been sealed. 4. The results of random monthly audits and post workman inspections will be reviewed by	6/04/10 5/21/10

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

Donna E. Schultz Administrator 5-11-2010

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.

PLAN ACCEPTED W/ DONNA SCHULTZ, ADMINISTRATOR, ON 5/20/10.

ADMINISTRATOR, DONNA SCHULTZ, REQUESTED DATE OF COMPLIANCE TO BE CHANGED TO 6/04/10 FROM 5/21/10 PER TELEPHONE CONVERSATION 5/26/10.

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K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 1 fire barrier wall was fire rated. The findings were: Observation of the fire barrier wall on 4/20/10 at 8:20 AM showed the fire barrier was not continuous from floor to ceiling. The barrier wall in the therapy office had an unsealed telephone cable penetration. The hole was 1-inch wide. At the time of observation the maintenance director	K 011	**K011** 1. The telephone cable penetration of the fire barrier wall in the therapy office has been sealed. 2. All fire barrier walls have been inspected by the maintenance staff to assure that wall penetrations have been sealed. 3. The maintenance staff will conduct random, monthly inspection and inspect after contract labor or repairmen have completed their work to assure that penetration in the fire barrier have been sealed. 4. The results of random monthly audits and post workman inspections will be reviewed by	6/04/10

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

Donna Schultz | 5-11-2010

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 011	Continued From page 1 reported he was aware of the requirement. He further reported that the wall was inspected annually and after any work was completed in the area. He could not explain why the telephone line had not been sealed after installation.	K 011	the Quality Assurance Committee for continued compliance and direct further corrective action as needed	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure 1 of 2 smoke barriers were smoke resistant. The findings were: Observation of the west smoke barrier on 4/20/10 at 10:42 AM showed the wall was not smoke resistant. The wall had two unsealed cable penetrations above the ceiling tile. The largest hole was 1-inch wide. At the time of observation the maintenance director reported he was aware smoke barriers were required to be continuous from floor to ceiling. He further reported the barrier walls were inspected semi-annually and after project were completed in the area. He could not explain why the holes had not been filled.	K 025	**K025** 1. The cable penetration in the smoke barrier wall above the ceiling line has been sealed. 2. All smoke partition walls will be inspected to assure that seals of wall penetrations remain intact. Any found not intact will be sealed. 3. The maintenance staff will conduct random, monthly inspection and inspect after workman or repairmen have completed their work to assure penetrations in the smoke barrier have been sealed. 4. The results of random monthly and post workman inspections will be reviewed by the Quality Assurance Committee for continued compliance and direct further corrective action as needed.	6/04/10 5/21/10

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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 sprinklers were unobstructed in 1 of 3 smoke compartments. The findings were: Observation on 4/20/10 at 9:21 AM showed one sprinkler head in resident room #220 was obstructed by a ceiling-mounted light. The light was installed 12 inches away and 8 inches below the bottom of the sprinkler. At the time of observation the maintenance director reported he was unaware that light installed 8 inches below sprinklers had to be installed a minimum of 36 inches away. He also reported that the sprinkler system was inspected annually to ensure the heads were not obstructed or damaged, by an outside contractor.	K 062	**K062** 1. The sprinkler head in resident room #220 will be lowered so that it is unobstructed by the light fixture. 2. All sprinkler heads will be inspected to assure there is no obstruction from light fixtures. Any found obstructed will be lowered. 3. Sprinkled heads are inspected as a part of the preventive maintenance program and are inspected by a licensed outside contractor annually. 4. The results of preventive maintenance audit and annual inspections by contractors will be reviewed by the Quality Assurance Committee for recommendation and continued compliance.	6/04/10 5/21/10
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 1 of 3 smoke compartments. The findings were:	K 147	**K147** 1. The extension cord in resident room 117 has been removed. 2. All resident rooms will be inspected for the presence of	6/04/10 5/21/10

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K 147	Continued From page 3 Observation of resident room #117 on 4/20/10 at 8:40 AM showed the television set was plugged into an extension cord, which was, itself, plugged into a surge protector. At the time of observation the maintenance director reported he was aware chaining electrical adapters was prohibited. He further reported that the electrical system was inspected monthly. He further reported that electrical adapters were discussed during the admissions conference with the resident, but family members sometimes add adapters without his knowledge.	K 147	extension cords. Any found will be removed. 3. Staff will be inserviced to observe for the presence of extension cords and report such for removal. Maintenance and Housekeeping staff will audit each room monthly for the presence of extension cords. Families of new admissions are instructed that extension cords are not allowed. Rooms of new admissions will be inspected for the family adherence to this rule. 4. Audits will be reviewed by the Quality Assurance Committee for continued compliance and direct further corrective action as needed	