

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

PRINTED: 02/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2024
NAME OF PROVIDER OR SUPPLIER WESTWARD HEIGHTS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 01/09/2024. Based on the findings of the survey team, 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 01/09/2024. 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 55 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000			
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	K 345		2/9/24	

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

TITLE

(X6) DATE

Electronically Signed

02/03/2024

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.

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

PRINTED: 02/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2024
NAME OF PROVIDER OR SUPPLIER WESTWARD HEIGHTS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 345	Continued From page 1 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 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, resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system, and has the potential to affect all residents, staff, and visitors. The findings were: Document review on 01/09/2024 starting at 12:47 PM revealed that the testing of the alarm notification appliances had not been documented as required. Document review revealed that the alarm notification appliances had been tested within the past twelve months as required, however, no documentation was available at the time of the survey to include a list of all appliances tested with a location description and pass/fail indication. Interview with the maintenance supervisor at the time of observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency.	K 345	The maintenance supervisor requested the proper documentation from contracted vendor on 1/9/24 that shows the location of the horns and strobes on the original side of the building with a pass or fail status. The contracted vendor is currently working on getting the documentation of pass/fail on the horns and strobes on the original building to us, the contracted vendor understands what is needed and will continue to provide the documentation two times a year. The maintenance supervisor added an audit into the monthly safety meeting to ensure proper documentation from contracted vendor is received. Maintenance supervisor or designee will audit that the documentation was received when contracted company does the inspection during safety meeting, if it is not provided then maintenance supervisor will follow up with contracted company to get the proper documentation if not received within 30 days.		

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

PRINTED: 02/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535034		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2024	
NAME OF PROVIDER OR SUPPLIER WESTWARD HEIGHTS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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 345	Continued From page 2			K 345			
K 918 SS=F	Ref: 2012 NFPA 101 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Table 14.4.5(20), 14.6.2.4 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 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.			K 918			2/9/24

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

PRINTED: 02/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2024
NAME OF PROVIDER OR SUPPLIER WESTWARD HEIGHTS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 918	Continued From page 3 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) in accordance with the 2012 NFPA 99, Health Care Facilities, and 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to properly test and maintain the EES could result in a failure of the system, resulting in injury or death in the event of an emergency. The deficiency affected the EES, and could potentially affect all residents, staff, and visitors. The findings were: Document review and staff interview on 01/09/2024 starting at 12:47 PM revealed that the facility failed to perform the weekly inspection of the emergency generator. Documentation was not available at the time of the survey to demonstrate that the facility was conducting inspections of the emergency generator every week for the last twelve (12) months. There were multiple weeks in the months of February, May and November where no documentation was available to demonstrate that inspections had been completed. Inspections of the emergency generator shall be conducted weekly. Interview with maintenance supervisor at the time of observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency.	K 918	The maintenance supervisor had a meeting on 1/31/2024 with the maintenance assistant and provided education about the documentation of generator readings. The maintenance supervisor will have quarterly meetings with maintenance assistant to provide continued education about documentation and regulations to ensure maintenance assistant continues to understand the regulation about documenting generator readings. The administrator added audit of generator readings to QAPI under safety tab to ensure the readings are being done and the maintenance supervisor or designee will complete audit and provide the information in QAPI to be documented. Maintenance Supervisor will audit documentation of generator readings for accuracy and competition weekly for four weeks and monthly for twelve months. Any issues will be addressed immediately and will be taken to the monthly QAPI meeting for trends and adjustments.		

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

PRINTED: 02/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2024
NAME OF PROVIDER OR SUPPLIER WESTWARD HEIGHTS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 918	Continued From page 4 Ref: 2010 NFPA 110 8.4	K 918			