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

FORM APPROVED
OMB NO. 0938-0391

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 B. WING _____	02/14/2007

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 K7 SURVEY UNDER: EXISTING K8 NF TYPE OF STRUCTURE: ONE STORY, TYPE V (111) STRUCTURE. THE BUILDING WAS FULLY SPRINKLERED.THE FACILITY HAD A CAPACITY OF 60 BEDS. DURING A ROUTINE RECERTIFICATION SURVEY CONDUCTED ON FEBRUARY 13-14, 2007, THE FACILITY WAS FOUND NOT IN COMPLIANCE WITH 42 CFR 483.70(a), AS EVIDENCED BY THE FOLLOWING DEFICIENCIES OF NFPA 101 LIFE SAFETY CODE (LSC) AND CODES REFERENCED BY THE LSC. THE FOLLOWING DEFICIENCIES WERE OBSERVED BY THE LIFE SAFETY CODE SURVEYOR WHILE ACCOMPANIED BY THE MAINTENANCE SUPERVISOR AND THE FACILITY ADMINISTRATOR. THE DEFICIENCIES NOTED WERE AS FOLLOWS:	K 000	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 violations occurred. K018 The facility strives to provide smoke barriers in corridor doors. The top portion of the doors into the corridor for rooms #104, #107, #108 and #111 will be fitted with smoke barriers to resist any smoke entering the corridor.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	Maintenance Director will include the smoke resistant barrier for all doors leading to the corridor in the weekly facility inspection rounds. The facility inspection rounds will be reviewed with the Maintenance Director by the Administrator.	X 3/23/07

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

X [signature] X NHA X 3-2-07

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 018	Continued From page 1 This Standard is not met as evidenced by: Based on observation it was found that the facility failed to provide corridor doors that would resist the passage of smoke. The findings include: 1. During a tour of the facility with the maintenance supervisor corridor doors were observed for the ability to resist the passage of smoke in the event of a fire in resident rooms. The following room doors had gaps at the top portion of the doors that would not resist the passage of smoke: 104, 107, 108 and 111.	K 018	K018 Cont'd: The results of the facility inspection rounds will be brought to the QA Committee at least quarterly. K050 The facility strives to conduct fire drills in accordance with the code. The Maintenance Director will conduct fire drills for the evening shift and night shift at times other than those listed in the observation. The fire drill log will be reviewed by the Administrator on a monthly basis for 12 months. 3/23/07 The fire drill log will be brought to the QA Committee at least quarterly. K056 The facility strives to have a routine inspection sprinkler system in accordance with the code.	
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Based on record review it was determined that the facility failed conduct fire alarm drills at varying and unexpected times on each shift	K 050		

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K 050	Continued From page 2 during each quarter. The findings include: 1. During record review on 2/13/07 it was found that the facility had conducted fire drills for the day shift of each quarter in 2006 at regular times consistently between 9:25AM and 10:00 AM (lst quarter 2006 - 9:56 AM, 2nd quarter 2006 - 9:25 AM, 3rd quarter 2006 9:53 AM, 4th quarter 2006 - 10:00 AM). Drills for the evening shift of each quarter in 2006 were conducted at times consistently between 2:45 PM and 3:04 PM (1st quarter 2:50 PM, 2nd quarter 3:04 PM, 3rd quarter 2:45 PM, and the 4th quarter NO DRILL CONDUCTED). The drills were not conducted at varying times during these shifts of the each quarter and no drill was conducted the evening shift of the 4th quarter 2006.	K 050	K056 Cont'd: The backflow prevention ability of the system will be inspected by a certified inspection agency. The inspection of the backflow prevention of the system will be added to the certified inspection requirement log by the Maintenance Director. The inspection log will be reviewed each month for twelve months by the Administrator. K 3/23/07 The inspection log will be brought to the QA Committee at least quarterly.	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is 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 This Standard is not met as evidenced by: Based on observation, record review and staff interview it was determined that the facility failed to inspect and maintain the automatic sprinkler	K 056		

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K 056	Continued From page 3 system as required. The findings include: 1. Record review was conducted on 2/13/07 inspection reports for the facility's automatic sprinkler system. The facility was noted to have a partial anti-freeze system installed for the automatic sprinkler system located in the area over the front entrance and canopy. The reports did not indicate any inspection of a back flow device that would prevent the anti-freeze from backing up into the facility's or community's water supply. 2. A tour of the facility was taken with the facility's maintenance supervisor on 2/13/07. During this tour observation was made of the facilities automatic sprinkler risers and the location of a check valve for the anti-freeze system portion of the of automatic sprinkler system. At both the back flow device at the main riser and the check valve at the location of the anti-freeze riser, neither device had information indicating that a test had been made. 3. The maintenance supervisor was interviewed during the tour on 2/13/07. He stated that he did not believe that any tests had been completed for the backflow prevention devices installed on the sprinkler system since he had been the maintenance supervisor. At the time of the tour the company representative of the automatic sprinkler inspection service was present in the building and was also interviewed regarding the anti-freeze system and was questioned about the inspection of the backflow prevention ability of the system. The inspection company representative stated that the company did not do an inspection and the backflow prevention devices.	K 056		