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

PRINTED: 02/20/2007
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 01 B. WING ______	02/06/2007

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

3/2/07

(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 Surveyor #18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a 2-hour barrier separating the attached apartment complex. The facility had a complete automatic supervised wet sprinkler system and fire alarm system. K6: Date of Plan Approval: 1976 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=60;SNF/NF=60 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	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.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations the facility failed to	K 029	**K029** The facility strives to provide door closers as per the code. The door closure between the clean and dirty laundry rooms will be adjusted to ensure the door fully latches into the frame. The medical records office door will be equipped with a closure that ensures self closure. Maintenance will inspect door closures when completing daily facility inspection rounds. The result of the inspections will be brought to the QA Committee on at least a quarterly basis. PoC ACCEPTED WITH ... NHA, ... 3/2/07 @ 11:40AM	3-23-07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: NHA | (X6) DATE: 2-28-07

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.

RECEIVED
MAR 01 2007
Wyoming Dept of Health
Licensing and Surveys

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K 029	Continued From page 1 separate 2 of 15 hazardous areas from other spaces by smoke-resistant assemblies. The findings were: 1. Observation on 02/06/07 at 9:07 AM revealed the door between the clean and dirty laundry rooms was equipped with a self-closing device that did not fully latch the door into its frame. 2. Observation on 02/06/07 at 10:01 AM revealed 6 cardboard file boxes filled with paper records were stored in the medical records office. The corridor door was not equipped with a self-closing device as required by the Code.	K 029	**K045** The facility strives to ensure illumination of means of egress. K045 Cont'd: The south exit bulbs have been replaced. The dining room exit bulbs have been replaced. Charge Nurses on the night shift will verify that the illumination is appropriate each night. The Charge Nurse will document in the maintenance log at the nurses station that the illumination is working or not working. The Maintenance Director and/or designee will correct any problems that have been logged. The Maintenance Director will bring the results of the Charge Nurse verification to the QA Committee at least Quarterly. 3-23-07 **K046** The facility strives to provide testing of the emergency battery light.	
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations the facility failed to provide exit discharge lighting fixtures that would prevent the loss of illumination if a single bulb failed for 2 of 5 exits. The findings were: Observation on 02/05/07 between 8 PM and 8:30 PM revealed the following exit discharge lighting fixtures had one of two lights that were not illuminated: a. The south exit. b. The dining room exit.	K 045		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is	K 046		

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K 046	Continued From page 2 provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review, the facility failed to test the emergency battery light system. Finding were: Review of the emergency battery light records revealed the monthly 30 second emergency battery light tests were not done December 2006.	K 046	**K046 Cont'd:** The emergency battery light test will be completed by Maintenance Director. The emergency batter light test will be completed monthly by the Maintenance Director. The Maintenance Director will review the testing log monthly with the Administrator The log for the completion of the testing will be brought to the QA Committee at least quarterly.	3-23-07
K 050 SS=D	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 the facility failed to conduct all required fire drills during one of four quarters reviewed. Findings were: Review of the fire drill records revealed the second shift had not conducted a fire drill during the fourth quarter of 2006.	K 050	**K050** The facility strives to provide monthly fire drills. The fire drill for the second shift will be completed by the Maintenance Director. Fire drills for each shift on at least a quarterly basis will be completed by the Maintenance Director. Maintenance Director will review the log listing drills with the Administrator by the 28th of each month. Logs will be brought to the QA Committee by the Maintenance	3-23-07
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA	K 052		

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K 052	Continued From page 3 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review the facility failed to test the installed fire alarm system as required. The findings were: 1. Review of the fire alarm system testing records revealed the monthly fire alarm receiver test had not been performed for the month of December 2006. 2. Review of the fire alarm system testing records revealed the fire sprinkler system supervisory signal device in the lobby furnace room had not been tested in the past year.	K 052	**K050 cont'd:** Director at least of a quarterly basis. **K052** The facility strives to provide appropriate testing of fire alarm system. The Maintenance Director will test the fire alarm receiver. The fire sprinkler system supervisory signal device in the lobby furnace room will be tested. Maintenance Director will review the monthly logs with the Administrator on a monthly basis. The Maintenance Director will bring the logs to the QA Committee at least quarterly.	3-23-07
K 062 SS=E	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 the facility failed to adequately maintain the installed fire sprinkler system. The findings were:	K 062	**K062** The facility strives to maintain the fire sprinkler system. 1. The ceiling tile in the dining room closet will be replaced. 2. The escutcheon plate for the sprinkler head in the activity store closet will be replaced.	

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K 062	Continued From page 4 1. Observation on 02/06/07 at 9:25 AM revealed the dining room closet did not have a complete ceiling membrane; a ceiling tile was missing. 2. Observation on 02/06/07 at 9:09 AM revealed the sprinkler head in the activity department's storage closet did not have an escutcheon plate. 3. Observation on 02/06/07 at 10:09 AM revealed the deflector for the sprinkler head located in the corridor near resident room #117 was less than one inch from the ceiling. 4. Observation on 02/06/07 between 9 AM and 9:30 AM revealed the following locations had items stored within 18 inches of the ceiling sprinkler heads: a. The two walk in freezers. b. The dining room closet. 5. Observation on 02/06/07 at 9:30 AM revealed there were no spare extended coverage sidewall dry sprinkler heads, which were used under the canopy outside the dining room.	K 062	**K062 Cont'd:** 3. The deflector for the sprinkler head located in the corridor near Resident room #117 will be more than one inch from the ceiling. 4. Items stored within 18 inches of the ceiling sprinkler heads in the two walk in freezers and the dining room closet will be removed. 5. Spare extended coverage sidewall dry sprinkler heads under the canopy outside dining room will be available. Maintenance Director include these areas and these types of observation in facility rounds on a weekly basis. Results of rounds will be reviewed by the Administrator. Maintenance Director will bring the results of the rounds to the QA Committee meeting at least quarterly.	3-23-07
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 observations the facility failed to ensure a safety maintained electrical system. The findings were: 1. Observation on 02/06/07 at 11:45 AM revealed the fire alarm junction box above the ceiling tile	K 147	**K147** The facility strives to provide electrical wiring and equipment in accordance with code.	

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K 147	Continued From page 5 near resident room #220 did not have a cover. 2. Observation on 02/06/07 at 9:47 AM revealed an extension cord supplied power to the lamp in the Director of Nursing's office. 3. Observation on 02/06/07 at 10:15 AM revealed the television in resident room #105 Bed "B."	K 147	**K147 Cont'd**: 1. fire alarm junction box near Resident room #220 will be covered. 2. Extension cord for DON lamp will be removed. 3. Television in Resident room #105 Bed B will be reviewed. Maintenance Director will include these observations and similar items in the weekly facility rounds. The results of the rounds will be reviewed by the Administrator. The Maintenance Director will bring the results of the facility rounds to the QA Committee at least quarterly.	3/23/07