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 _____	**04/02/2025**

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 04/02/2025. 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 04/02/25. 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 53 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		4/24/25

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

Electronically Signed | 04/18/2025

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 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 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system, and could potentially affect all residents, staff, and visitors. The findings were: Document review on 04/02/25 starting at 2:50 PM revealed that the facility failed to perform all required testing of the fire alarm system. No documentation was available to demonstrate that the required 2-year smoke detector sensitivity test of the fire alarm system had been conducted in the last twenty-four (24) months. Documentation was available to demonstrate that the fire alarm notification devices had been tested as part of the annual test of the fire alarm system in January of 2025. The provided documentation did not include a list of all notification devices with a location and pass/fail for the testing of the device. Interview with maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement.	K 345	. _____ Plan of Correction – K345: Fire Alarm System – Testing and Maintenance Tag Number: K345 Survey Date: April 2, 2025 Plan of Correction Completion Date: 4/24/25 _____ 1. Corrective Action Taken for the Deficient Practice: Testing will be completed on 4/24/25, and full documentation—including test results, device locations, and pass/fail outcomes—proof will be obtained and filed in the facility's Life Safety documentation binder. _____ 2. How Other Residents Have the Potential to Be Affected and What Steps Were Taken: Because the fire alarm system serves the entire facility, all residents, staff, and visitors were potentially affected. However, there were no known malfunctions or incidents reported. As a precaution, a full audit on 4/24/25 of the fire alarm system will be conducted to verify proper operation and ensure all	

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K 345	Continued From page 2 Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2010 NFPA 72 Table 14.4.5(15)(i), Table 14.4.5(2), 14.6.2.4	K 345	devices are functioning within specifications. _____ _____ 3. Systemic Changes to Ensure the Deficient Practice Does Not Recur: • The Maintenance Supervisor was re-educated on 4/3/25 on the fire alarm system testing requirements. • A Life Safety Compliance Checklist was implemented, which includes reminders and scheduled deadlines for all periodic system testing and documentation. • The facility entered into a preventive maintenance agreement with a certified fire protection vendor to ensure all future testing is completed timely and in accordance with regulatory standards. _____ _____ 4. Monitoring Plan to Ensure Ongoing Compliance: • The Administrator or Designee will conduct quarterly audits of the Life Safety documentation binder to ensure: o All required testing is completed on schedule o Proper records are maintained • Audit results will be reviewed during the facility's Quarterly Quality Assurance & Performance Improvement (QAPI) meetings for at least two consecutive quarters. • The wall unit does it's own test each month and stores the data and company will print us hard copy to have in facility. _____	

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K 345	Continued From page 3	K 345	_____ 5. Title of the Person Responsible for Implementing the Plan: Maintenance Supervisor in coordination with the Administrator _____ _____	
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the HVAC system in accordance with the 2012 NFPA 101, Life Safety Code, and 2012 NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, and 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to properly test and maintain the HVAC system could result in a failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the HVAC system, and had the potential to affect all residents, staff, and visitors. The findings were:	K 521	_____ _____ Plan of Correction – K521: Fire Damper Inspection and Testing Tag Number: K521 Survey Date: April 2, 2025 Plan of Correction Completion Date: 4/24/25 _____ _____ 1. Corrective Action Taken for the Deficient Practice: On 4/24/25, licensed HVAC and fire protection service provider will conduct a full inspection and functional testing of all	4/24/25

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K 521	Continued From page 4 Document review on 04/02/2025 starting at 2:50 PM revealed that the fire dampers associated with the HVAC system had not been inspected and tested as required. No documentation was available at the time of the survey to determine when the fire dampers had last been inspected and tested. Fire damper shall be inspected and tested one (1) year after installation, and then every four (4) years after that. Interview with maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.5.2, 9.2.1, 2012 NFPA 90A 5.4.8.1; 2010 NFPA 80 5.2.1	K 521	fire dampers associated with the HVAC system. On 4/24/25 documentation including location, type, test results, and any corrective actions will be completed and is now maintained in the facility's Life Safety binder for regulatory compliance. _____ 2. How Other Residents Have the Potential to Be Affected and What Steps Were Taken: Because fire dampers are a critical life safety feature that prevent the spread of fire and smoke through HVAC systems, all residents, staff, and visitors were potentially affected. On 4/24/25 the licensed HVAC and fire protection provider will complete a full audit of HVAC fire and smoke control systems to ensure ongoing operational integrity. The maintenance supervisor was reeducated on fire damper requirements 4/3/25. _____ 3. Systemic Changes to Ensure the Deficient Practice Does Not Recur: • The Maintenance Supervisor was educated on the inspection frequency requirements: o Initial fire damper inspection/testing one year post-installation o Re-inspections and testing every four (4) years thereafter and has been added into our TELS reminder system • The facility added fire damper inspection schedules to the preventative maintenance calendar, with automated	

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K 521	Continued From page 5	K 521	reminders and annual QAPI oversight. _____ 4. Monitoring Plan to Ensure Ongoing Compliance: • The Maintenance Supervisor or Designee will review Life Safety documentation quarterly to ensure that fire damper inspection dates are up-to-date and scheduled appropriately. • Results of internal audits will be reported and reviewed during QAPI meetings for at least two quarters. • The facility will verify with the service provider annually that upcoming inspections are scheduled according to NFPA 80 and 90A requirements. _____ 5. Title of the Person Responsible for Implementing the Plan: Maintenance Supervisor in coordination with the Administrator _____	
K 918 SS=F	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	K 918		4/18/25

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K 918	Continued From page 6 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 test and maintain the essential electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities Code. 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 on 04/02/2025 starting at 2:50	K 918	_____ Plan of Correction – K918: Essential Electrical System (EES) – Testing and Maintenance Tag Number: K918 Survey Date: April 2, 2025 _____ 1. Corrective Action Taken for the Deficient Practice: On 4/10/25, the facility contracted a	

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K 918	Continued From page 7 PM revealed that the facility failed to perform the inspection and testing of main and feeder circuit breakers. No documentation was available at the time of the survey to demonstrate that the facility had conducted the annual inspection of the main and feeder circuit breakers associated with the EES. No maintenance program was available for periodically exercising the components in accordance with manufacturer's recommendation. Interview with the maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2010 NFPA 99 6.4.4.1.2.1	K 918	qualified licensed electrical contractor to conduct a comprehensive inspection and testing of all main and feeder circuit breakers associated with the Essential Electrical System (EES). Electrical contractor will do annual test. The contractor provided documentation detailing: • Locations of each tested breaker • Results of functionality checks • Any required maintenance or adjustments All test results and related documentation were filed in the facility's Life Safety binder. _____ 2. How Other Residents Have the Potential to Be Affected and What Steps Were Taken: The EES supports critical life-safety systems including emergency lighting, fire alarms, and essential medical equipment. All residents, staff, and visitors could have been affected in the event of an electrical failure. To address this, the facility performed a system-wide EES review on 4/10/25 to confirm operational readiness and identify any additional maintenance needs. No active issues or malfunctions were identified during this review. _____ 3. Systemic Changes to Ensure the Deficient Practice Does Not Recur: • The Maintenance Supervisor was re-trained on NFPA 99 and related codes on 4/3/25, specifically:	

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K 918	Continued From page 8	K 918	o Annual inspection/testing of main and feeder circuit breakers • A Preventive Maintenance Program was developed to include: o Scheduled annual testing of circuit breakers o Documentation of results and corrective actions • The EES testing schedule was incorporated into the facility's TELS system with automatic reminders and oversight. _____ 4. Monitoring Plan to Ensure Ongoing Compliance: • The Maintenance Supervisor or Designee will conduct quarterly audits of the facility's EES maintenance records to ensure timely inspections and accurate documentation. • Audit results will be reviewed during QAPI meetings for two consecutive quarters to confirm sustainability and compliance. _____ 5. Title of the Person Responsible for Implementing the Plan: Maintenance Supervisor, with oversight from the Administrator _____	
K 923 SS=E	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet	K 923		4/18/25

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K 923	Continued From page 9 Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to properly store oxygen cylinders in accordance with the 2012 NFPA 99, Health Care	K 923	_____ _____	

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K 923	Continued From page 10 Facilities Code. Failure to properly store oxygen cylinders could result in damage to the cylinders and a release of oxygen gas, which could propagate the spread of smoke and fire. The deficiency affected one (1) oxygen storage room, and has the potential to affect all residents, staff, and visitors. The findings were: Observation on 04/02/25 at 2:50 PM revealed an oxygen storage closet with oxygen cylinders that were improperly stored. Observation of the oxygen storage closet revealed approximately 70 oxygen cylinders being stored. Observation revealed four (4) of the cylinders were stored freestanding on the floor without any means of support. Oxygen cylinders shall be protected from damage by being properly chained or supported in a stand or cart. Interview with maintenance supervisor at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of the exit confirmed the deficiency. Ref: 2012 NFPA 99 11.6.2.3	K 923	PLAN OF CORRECTION for K923 – Gas Equipment – Cylinder and Container Storage Tag Number: K923 Regulation: Gas Equipment – Cylinder and Container Storage _____ 1. Corrective Action Taken for the Affected Area: On 04/02/2025, immediately following the observation, the four (4) freestanding oxygen cylinders were properly secured using approved cylinder chains and wall-mounted brackets. The oxygen storage room was fully reviewed, and all oxygen cylinders were confirmed to be stored in compliance with NFPA standards. _____ 2. Measures Taken to Identify and Correct Other Potentially Affected Areas: A full facility-wide audit of all oxygen storage areas (including nurse stations, emergency kits, and portable storage carts) was completed by the Maintenance Director on 04/03/2025. No additional deficiencies were found. _____ 3. Measures/Systemic Changes to Prevent Recurrence: • All relevant staff (including maintenance, nursing, respiratory therapy, and housekeeping) received in-service training on proper oxygen cylinder storage on 04/17/2025.	

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K 923	Continued From page 11	K 923	• New signage was installed on 4/18/24 in oxygen storage rooms as a visual reminder of proper securing methods. _____ 4. Monitoring and Quality Assurance: • The Maintenance Director or designee will perform weekly inspections of all oxygen storage areas for the next 8 weeks. • Findings will be documented and reviewed during monthly QAPI meetings. • Any identified deficiencies will be corrected immediately and used for re-education purposes. _____ 5. Responsible Party: The Maintenance Director, in coordination with the Administrator, is responsible for implementing and maintaining this Plan of Correction. _____	