

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

*Revised report
POC 10/16
5/24/16*

PRINTED: 05/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
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NAME OF PROVIDER OR SUPPLIER WESTHILLS VILLAGE HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 255 TEXAS ST RAPID CITY, SD 57701
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(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
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<p>K 000 INITIAL COMMENTS</p> <p>Stories: 1 Construction: Type V(111) Constructed: 1984 K0180: Fully Sprinkled</p> <p>Certified Beds: 44 Capacity: 44 Census: 41</p> <p>K 038 NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the means of egress as required.</p> <p>Findings include:</p> <p>On 5/11/16 the following doors were found be equipped with locks in the direction of egress. Doors in the means of egress are not permitted to be equipped with a lock or latch that requires the use of a key, a tool, or special knowledge or effort for operation from the egress side. Exit door between nursing home and independent living- secured with keypad lock requiring special knowledge and effort</p> <p>The Plant Operations Manager was present when the deficiency was identified.</p> <p>Failure to maintain the means of egress as required increases the risk of death or injury due to fire.</p>	<p>K 000</p> <p>The creation and submission of this plan of correction does not constitute admission by this provider of any conclusions set forth in the statement of deficiencies or any violation of regulation.</p> <p>HEALTH CARE POC Westhills Village Health Care operates in a capacity ensuring quality of care and services to our residents. Facility adheres to the State and Federal guidelines by staying within regulatory compliance under the direction in which we are licensed.</p> <p>Items listed in this report have a coinciding correction listed in the right hand column.</p> <p>K038 <u>Facility does have exits arranged so that they are readily accessible at all times.</u></p> <p>The door in question is located in the connecting corridor between the health care facility and the independent living area and is secured with a keypad lock as described.</p> <p>The facility had been in contact with the State Department of Health</p>
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4/12/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Andra Sawyer</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/18/16</i>
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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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NAME OF PROVIDER OR SUPPLIER WESTHILLS VILLAGE HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 255 TEXAS ST RAPID CITY, SD 57701	
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K 038	Continued From page 1 The deficiency affected one of seven exit doors. Ref: 2000 NFPA 101 Section 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4	K 038	regarding the door in question prior to the date of this survey. Photos and options had been provided to DOH. An outside vendor provided quote on 05/09/2016 and was directed to install required parts on the door in question.	
K 048 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a fire plan as required. Findings include: On 5/11/16, the fire plan did provide for evacuation of smoke compartment as required. The Plant Operations Manager was present when the deficiency was identified. Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected one of eight required provisions of a fire plan.	K 048	Delayed egress lock will be tied into the Fire Alarm system, have required signage and alarms as required by NFPA 101, Life Safety Code 2000 Edition, 7.2.1.6.1. Plant Operations Manager will be responsible for follow up and completion. Findings will be reported to QA Committee for recommendations and follow up.	
K 061 SS=D	Ref: 2000 NFPA 101 Section 19.7.1.1, 19.7.2.2 NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 061	<u>KO48</u> <u>Facility does have a written plan for the protection of all patients and for their evacuation in the event of an emergency.</u> Facility fire plan has been updated to define what smoke compartment areas are and how residents should be evacuated. Smoke compartment	6/12/16

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K 061	<p>Continued From page 2</p> <p>failed to provide a supervised automatic fire sprinkler system as required.</p> <p>Findings include:</p> <p>On 5/11/16 the automatic sprinkler control valve at the following locations would not provide distinctive supervisory signal as required.</p> <ul style="list-style-type: none"> Automatic Fire Sprinkler system Post Indicating Valve <p>The Plant Operations Manager was present when the deficiency was identified.</p> <p>Failure to provide automatic fire sprinkler supervision as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected one of numerous valves of the automatic fire sprinkler system.</p> <p>Ref: 2000 NFPA 101 Sections 18.3.5.1, 9.7.2.1</p>	K 061	<p>information will be incorporated into our fire and disaster plan. Education will be provided to all departments on or before 6/12/2016. Health Care Administrator or designee will audit fire drills once per month for the next three months and as needed thereafter. Findings will be reported to QA Committee for recommendations and follow up.</p> <p><u>K061 Facility does have an automatic sprinkler system.</u></p> <p>Plant Operations Manager has contacted an outside vendor to acquire the automatic fire sprinkler system post indicating valve. Vendor has been on-site to evaluate and vendor was directed to install required parts. The valve would signal and display at a continuously attended location if sprinkler operation is impaired.</p> <p>The Plant Operations Manager will confirm completion with the vendor.</p> <p>Findings will be reported to QA Committee for recommendations and follow up.</p>	6/12/16	