NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
Aspen Wind Assisted Living Community	4010 North College Drive Cheyenne, WY 82001	5/12-13/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
A survey was conducted at your facility on May 12-13, 2008 by the Office of Healthcare Licensing and Surveys (OHLS). **Rules and Regulations for Licensure of Assisted Living Facilities** **Section 6.** Furnishings, Building, Physical Plant. **(i)** All drapery and curtains shall be flame retardant. *This regulation was NOT MET as evidenced by:* **A.** Based on observation and staff interview the facility failed to ensure window curtains were flame retardant in four of nine smoke compartments. The findings were: 1. Observation on 5/13/08 between 8 AM and 10 AM revealed the following locations had window curtains which were not flame retardant: a. Resident room #114. b. Resident room #201. c. Resident room #203. d. Resident room #204. e. Resident room #322. 2. Interview with the	Section 6. Furnishings, Building, Physical Plant. (i)All drapery and curtains shall be flame retardant. The facility will ensure that all drapery and curtains shall be flame retardant by: A) Maintenance Director, Donald Swenson will spray all drapery and curtains in noted Resident's apartments 114, 201, 203, 204, 322, and common areas with flame retardant. Maintenance Director will maintain a fire retardant treatment log and attach tags to curtains and drapery noting the date of application of the flame retardant. Administrator and quality audit team to monitor for compliance quarterly during quality audit reviews. POC ACCEPTED w/ DAVID LOWSTAD, ADMINISTRATOR ON 6/11/08.	6/16/08

Administrator JUN 02 2008 6/2/08

Provider Representative's Signature/Title Date

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maintenance director on 5/13/08 at 8:12 AM revealed he was unaware curtains were required to be flame retardant. **Rules and Regulations for Licensure of Assisted Living Facilities** **Section 10.** Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. **(ii)** Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. *This regulation was NOT MET as evidenced by:* **B.** Based on observation and staff interview the facility failed to ensure the fire sprinkler system was properly installed and maintained in five of nine smoke compartments. The findings were: 1. Observations on 5/13/08 between 9:30 AM and 10 AM revealed the following locations had sprinkler heads that were obstructed: a. The sprinkler head in the storeroom near resident room #303 was obstructed by the	**Section 10. Life Safety and Electrical Safety.** The facility will ensure that sprinklers shall be free of corrosion, foreign material, paint and physical damage and shall be installed in the proper orientation by: A) Maintenance Director, Donald Swenson in conjunction with Phoenix Fire will relocate the sprinkler heads noted to be obstructed, replace the sprinkler heads noted to be painted and corroded, and relocate the sprinkler heads noted that do not have complete coverage. Maintenance Director shall inspect from the floor level annually and maintain a sprinkler inspection log. Administrator and quality audit team to monitor for compliance annually during quality audit reviews.	7/10/08

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fluorescent light fixture. The light was located 6 inches away and 1 inch below the sprinkler head.

b. One of two sprinkler heads in the laundry was obstructed a fluorescent light fixture. The light was located 4 inches away and 1 inch below the sprinkler head.

2. Interview with the maintenance director on 5/13/08 at 9:30 AM revealed the sprinkler system was currently inspected annually.

3. Observation on 5/13/08 between 9:30 AM and 10 AM revealed the following areas had sprinkler heads that were covered by foreign material:
   a. The sprinkler in the corridor near the public restrooms was painted.
   b. Three of four sprinkler heads in the kitchen were corroded.

4. Observation on 5/13/08 between 9:30 AM and 10:30 AM revealed the following areas did not have complete sprinkler coverage:
   a. The back half of the mechanical room near the nurses' station did not have sprinkler coverage as the sprinkler head was obstructed by the fan unit.
   b. The sprinkler head in the kitchen near the oven was

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greater than 7-1/2 feet from the side wall. The sprinkler head was actually located 14 feet from the side wall.

c. The sprinkler heads in the housekeeping and activities storerooms were more than 7-1/2 feet from the back walls. The sprinkler heads were actually 10 feet from the walls.

*Reference **NFPA 101** Life Safety Code, 1994 Edition.*

*"**NFPA 101**, Chapter 32 Referenced Publications:"*

*"**NFPA 13**, Installation of Sprinkler Systems, 1994 edition."*

*"**5-6.5.1.2** Distance from sprinkler to side of obstruction.*
O-1 foot from obstruction...allowable distance above the bottom of the obstruction 0 inches."

*"**5-6.3.1** Maximum Distance from Walls.*
The distance from the sprinklers to walls shall not exceed one-half of the allowable distance between sprinklers as indicated in Table 5-6.2.2 (a) through (d)..."

*"**5-6.2.2 (b)** Protection areas and maximum spacing (Standard Spray Upright/Pendent) for Ordinary hazard: Maximum Spacing 15 feet."*

*"**NFPA 25**, Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1992 edition."*

*"**2.1.1*** Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign material, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendent, or*

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sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation." C. Based on observation and staff interview the facility failed to ensure temporary flexible wiring was not used in place of permanent fixed wiring in three of nine smoke compartments. The findings were: 1. Observation on 5/13/08 between 8 AM and 10 AM revealed the following locations had temporary flexible wiring being used instead of permanent wiring: a. The lamp in resident room #112 was plugged into a 3-way adapter. b. The lamp in resident room #114 was plugged into an extension cord. c. The clock in resident room #125 was plugged into a 3-way adapter. d. The lamp in resident room #323 was plugged into a 3-way adapter. 2. Interview with the maintenance director on 5/13/08 at 8:05 AM revealed the electrical system was inspected monthly. *Reference **NFPA 101** Life Safety Code, 1994 Edition:* *"**NFPA 101**, Chapter 32 Referenced Publications:"* *"**NFPA 70**, National Electrical Code, 1993 edition:"*	**Section 10. Life Safety and Electrical Safety.** The facility will ensure that temporary flexible wiring will not be used in place of fixed wiring by: A) Maintenance Director, Donald Swenson will inspect Resident apartments, offices, and common areas for temporary flexible wiring monthly. Maintenance Director will remove temporary flexible wiring from noted resident's rooms 112, 114, 125, 323. Maintenance Director to maintain an inspection log for temporary flexible wiring. Administrator and quality audit team to monitor for compliance quarterly during quality audit reviews.	6/6/08

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"400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: *(1) As a substitute for the fixed wiring of a structure..."* **D.** Based on observation and staff interview the facility failed to ensure 2 of 30 smoke barrier doors were smoke resistant. The findings were: *1.* Observations on 5/13/08 between10 AM and 10:30 AM revealed the following smoke barrier doors did not latch into the frames with three attempts each: a. One of two smoke barrier doors near resident room #208. b. One of two smoke barrier doors near resident room #117. 2. Interview with the maintenance director on 5/13/08 at 10:21 AM revealed all smoke barrier doors were inspected monthly. *Reference **NFPA 101** Life Safety Code, 1994 Edition:* *"**31-1.3.2** Existing life safety features such as, but not limited to, automatic sprinklers, fire alarm systems, standpipes, and horizontal exits, if not required by the Code, shall be either maintained or removed."* **E.** Based on observation and staff interview the facility failed to	**Section 10. Life Safety and Electrical Safety.** The facility will ensure that smoke barrier doors are smoke resistant by: A) Maintenance Director, Donald Swenson will repair barrier doors noted that do not latch into the frames. Maintenance Director will maintain a smoke barrier door inspection log. Administrator and quality audit team to monitor for compliance quarterly during quality audit reviews.	6/13/08

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ensure 2 of 15 smoke barrier walls were smoke resistant. The findings were: 1. Observation on 5/13/08 between 10 AM and 11 AM revealed the following locations had unsealed penetrations in smoke barrier walls in the attic cavity: a. The smoke barrier wall near the laundry room had one unsealed pipe penetration. b. The smoke barrier wall near resident room #200 had one unsealed pipe penetration. 2. Interview with the maintenance director on 5/13/08 at 10:29 AM revealed the smoke barrier walls were not routinely inspected. *Reference **NFPA 101** Life Safety Code, 1994 Edition:* *"**31-1.3.2** Existing life safety features such as, but not limited to, automatic sprinklers, fire alarm systems, standpipes, and horizontal exits, if not required by the Code, shall be either maintained or removed."* F. Based on observation and staff interview the facility failed to ensure hazardous areas were separated from areas frequented by residents in one of nine smoke compartments. The findings were:	**Section 10. Life Safety and Electrical Safety.** The facility will ensure that smoke barrier walls are smoke resistant by: A) Maintenance Director, Donald Swenson will repair unsealed pipe penetrations in noted areas. Maintenance Director to maintain log of smoke barrier wall inspections and will perform inspections annually. Administrator and quality audit team to monitor for compliance annually during quality audit reviews.	6/16/08

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Observation on 5/13/08 at 9:51 AM revealed both the laundry room doors were obstructed by rubber wedges placed under the doors while in the open position. Interview with the maintenance director at the time of observation revealed he was aware the doors were required to close with the fire alarm, and he further stated that it was the responsibility of the kitchen staff to remove the wedges once the fire alarm system was activated. *Reference **NFPA 101** Life Safety Code, 1994 Edition: "**31-1.3.2** Existing life safety features such as, but not limited to, automatic sprinklers, fire alarm systems, standpipes, and horizontal exits, if not required by the Code, shall be either maintained or removed."* **G.** Based on observation and staff interview the facility failed to properly install fire alarm indicating appliances in one of nine smoke compartments. The findings were: Observations on 5/13/08 at 10:46 AM revealed the front lobby had 5 fire alarm indicating device/strobes in the same field of view and they were not synchronized. Interview with the maintenance director at the time of observation revealed he was	**Section 10. Life Safety and Electrical Safety.** The facility will ensure hazardous areas are separated from areas frequented by residents by: A) Maintenance Director, Donald Swenson will remove rubber door wedges that are under the doors to the laundry room. Staff will be in serviced on maintaining closure of the door. Maintenance Director and Administrator along with quality audit team to monitor for compliance.	6/02/08

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unaware the strobes had to be synchronized. *Reference **NFPA 101** Life Safety Code, 1994 Edition* ***"NFPA 101, Chapter 32** Referenced Publications:"* ***"NFPA 72**, National Fire Alarm Code, 1993 edition."* *"**4-4.4.1.1** Strobe Spacing shall be:* ***4.** More than two strobes in the same field of view shall be synchronized."*	**Section 10. Life Safety and Electrical Safety.** The facility will ensure fire alarm indicating device/strobes that are in the same field of view are synchronized by: Efficiency Integrated Systems, LLC. Will synchronize the fire alarm indicating devices located in the front lobby via programming software remotely. Maintenance Director to monitor alarm indicating devices monthly during fire drills and maintain a log of the indicating devices monitoring. Administrator and quality audit team to monitor for compliance quarterly.	6/10/08

JANO LOVATO Administrator
6/11/08

RECEIVED
JUN 11 2008
Wyoming Department of Health

Hand Delivered
Susan