PRINTED: 03/07/2011
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF006	A. BUILDING ______ B. WING ______	02/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

(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) COMPLETE DATE
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: A Life Safety Code survey was conducted at your facility on February 24, 2011 by the Office of Healthcare Licensing and Surveys, (OHLS). The facility was a one story fully sprinkled building of Type V (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 100 licensed beds with a census of 47 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4 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. All references are based on the requirements of NFPA 101, Life Safety Code, 1994 Edition, unless otherwise noted. This regulation was NOT MET as evidenced by:	SALF	POC ACCEPTED W/ SHEILA GREGO, B.D., DN 4/19/11. [signature]	

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

[signature] Eric Dericker, Aspen Wind — 02/28/2011

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	ALF006	A. BUILDING _____ B. WING _____	02/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

4/19/11

(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) COMPLETE DATE
SALF	Continued From page 1 A. Based on observation and staff interview the facility failed to ensure the means of egress corridors were clear and unobstructed in 1 of 7 smoke compartments. The findings were: Observation of the central corridor on 2/24/11 at 10:52 AM showed a pair of wing-backed chairs and a table were located at the corridor junction near resident rooms #202, 204, and 208. Observation revealed the furniture was not restrained to prevent any of it from obstructing the corridor. At the time of the observation the maintenance director reported he was not aware items in the corridor had to be maintained in such a way that the means of egress could not be obstructed. Reference: 22-3.2.1 All means of egress shall be in accordance with Chapter 5. 5-5.1.1 Exits shall be located and exit access shall be arranged that exits are readily accessible at all times.	SALF	A. Wing-backed chairs and table were removed from corridor junction near resident rooms # 202, 204 and 208. All means of egress will be monitored by the environmental services manager's quarterly quality assurance; and issues will be documented, corrected and reported to the QA program.	2/24/2011
	B. Based on observation and staff interview the facility failed to ensure hazardous areas were smoke resistant in 1 of 7 smoke compartments. The findings were: Observation of the 200 hall hot water heater room on 2/24/11 at 10:59 AM showed there were two unsealed pipe penetrations. The largest gap was ¾ of an inch wide. At the time of observation the maintenance director reported he was aware of the smoke resistant requirement. He also reported that he did not routinely inspect hazardous areas for penetrations.		B. Pipe penetrations for the hot water heaters were sealed with 3M Fire Barrier Sealant CP25WB. Pipe penetrations will be monitored by the environmental services manager's quarterly quality assurance; and issues will be documented, corrected and reported to the QA program.	2/25/2011

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SALF	Continued From page 2 Reference: 22-2.3.2 Hazardous Areas. Any hazardous area shall be protected in accordance with the following: (a) Any hazardous area that is on the same floor as, and is in or abuts a primary means of escape or a sleeping room, shall be protected by either: 2. Automatic sprinkler protection, in accordance with 22-2.3.5, of the hazardous area and a separation that will resist the passage of smoke between the hazardous area and the sleeping area or primary escape route. Any door in such separation shall be self-closing or automatic-closing in accordance with 5-2.1.8.	SALF		