STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S 000	General Comments A Life Safety Code Survey was conducted at your facility on April 22, 2015 by the office of Healthcare Licensing and Surveys (HLS). The facility was a two-story, fully sprinkled building of Type V (111) construction built in 1998 and 2012. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 94 licensed beds, 73 beds were Level I and 21 beds were Level II. The facility had a census of 57 Level I and 15 Level II 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 operation 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, New Board and Care, 1994 and 2006 editions and New Health Care 2006 edition, unless otherwise noted.	S 000		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by:	S8004	**S8004** **NFPA Doors** EVS Director checked all doors to be sure they would completely close and latch.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 5/7/15

RECEIVED
WY Dept of Health
MAY 11 2015
Healthcare Licensing and Surveys

POC Accepted via Phone Call with the Administrator Ron Schriner on 5/14/15 at 10:27 AM. 34354 LSC.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8004	Continued From page 1 Based on observation and staff interview, the facility failed to provide doors that resist the passage of smoke in 1 of 4 smoke compartments. The findings were: Observation of the Resident Room #411, the Chapel, and the Sprinkler Riser Room on 04/22/15 from 10:35 AM to 11:00 AM revealed that the doors would not latch and close completely into the door frame. At the time of the observations, the Facility Manager acknowledged the doors would not latch into the frame. Ref: 1994 NFPA 101, Section 22-2.2.5.6 and 5-2.1.5.3	S8004	EVS Director adjusted hinges and or latches to ensure that all doors will freely and completely close and latch. EVS Director will perform safety checks monthly. Resident rooms, offices and common areas are divided in to 6 sections, allowing every area to be checked semiannually.	4/23/2015
S8008	NFPA Life Safety - Nfpa Arrange of Means of Egress NFPA 101 Arrangement of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to arrange exit access so that exits are readily accessible at all times. The findings were: Observation of Clinical Services Office, Marketing Director's Office, and all exit doors in the Kitchen on 04/22/15 from 11:45 AM to 12:30 PM revealed door locks that required special knowledge or effort for operation from the egress side. When locked, all doors in these areas required more than one releasing operation. At the time of the observations, the Facility Maintenance Manager acknowledged the locking mechanisms on the	S8008	**S8008** **NFPA Arrange of means of Egress** EVS Director has inspected all door locks. The purchase has been made to change out all locks not in compliance with locks having a one release operation. Once we receive shipment all locks will be keyed and installed immediately. All lock purchases and replacements in the future will have a one release operation.	05/20/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8008	Continued From page 2 doors. 1994 NFPA 101 Section 5-2.1.5.1	S8008		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the facility had complete sprinkler coverage in 1 of 4 smoke compartments. The findings were: Observation of the Main Sprinkler Riser room in the basement on 04/22/15 at 1:53 PM revealed that two sprinkler heads on the left side of the room were obstructed by water supply lines. At the time of the observation, the Facility Maintenance Manage acknowledged the obstructed sprinkler heads. 2002 NFPA 25, Section 5.2.1.2	S8018	**S8018** **NFPA Extinguishment Requirement** EVS Director has contacted Phoenix Fire Protection to schedule them in relocating obstructed sprinkler heads. Phoenix fire will be contacted prior to the installation of equipment or any other device that could cause obstruction to a sprinkler head from performing its proper function.	05/13/2015
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: Observation of resident rooms #319, #500, and	S8022	**S8022** **NFPA Electric** EVS Director communicated with resident and contacted family members to remove extension cords and replace them with power strips. EVS Director will perform safety checks monthly. Resident rooms,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8022	Continued From page 3 #507 on 04/22/15 from 11:10 AM to 11:45 AM revealed extension cords being utilized in resident rooms. The Facility Maintenance Manager at the time of the observations acknowledged the use of the extension cords. Ref: 1994 NFPA 101, Sections 22-3.6.1 and 7-1.2 Ref: 1993 NFPA 70, Article 305	S8022	Offices and common areas are divided in to 6 sections, allowing every area to be checked semiannually. EVS Director will place a small article semiannually in the newsletter going out to residents and families as a safety reminder of our building policies.	
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: Observation of the Janitor Closet in the basement on 04/22/15 at 10:30 AM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which had the ability to be under constant pressure. This can disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Facility Maintenance Manager at the time of the observation acknowledged that the connection was not provided with an acceptable means of backflow prevention. Ref:	S8032	**S8032** **NFPA Int'l Plumbing Cod** EVS Director has inspected all dispensing units on the property for backflow prevention devices. Ecolab the company who installed the dispensing unit was contacted and provided the backflow device. EVS Director installed device on dispensing unit in basement janitor's closet. We will install backflow devices on any type of dispensing units we may install. In addition all outside companies installing dispensing units in the future will be instructed that a backflow device must also be installed with the equipment.	05/15/2015 `04/23/2015

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8032	Continued From page 4 2006 IPC, Sections, 411, 608.6, and 608.13	S8032		