Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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 June 08, 2015 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a fully sprinklered building of Type V (111) construction. The original single story building was constructed in 1998 with a single story addition in 2010, and a two-story addition in 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 109 Level I licensed beds, and 46 Level II licensed beds. The current facility census was 57 Level I residents, and 24 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 in 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 Edition for the 1998 building addition. New Board and Care 2000 Edition for the 2010 and 2012 building additions, and NFPA 101 Life Safety Code, New Health Care, 2000 Edition for both Memory Care Units, unless otherwise noted.	S 000		
S8003	NFPA Life Safety - Nfpa Means of Egress Components	S8003		

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

RECEIVED
WY Dept of Health
JUN 29 2015
Healthcare Licensing and Surveys

6/26/15

POC Accepted VIA Phone Call with Administrator Christopher Mahoney on 6/30/15 at 8:58 AM. 34354

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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
S8003	Continued From page 1 NFPA 101 Means of Egress Components This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure delayed egress locks were per NFPA 101. The findings were. Observation on 06/08/15 at 2:11 PM revealed the north west delayed egress door in Meadow #2 did not function. Upon applying pressure to the panic bar, a signal was not activated and the irreversible process of unlocking the door did not initiate. At the time of the observation the facility maintenance manager acknowledged the door did not function, and immediately had the doors locking mechanisms disabled until an outside contractor could complete the repairs. Ref: 1994 NFPA 101, Sections 22-3.2.2.2 and 5-2.1.6.1	S8003	The environmental services manager will contact and work with contractors, Atlantic Electric and RFT Technology, to address the delayed egress door so that it will operate with the properly with the stated 15 second egression. This will be completed by 7/17/2015	
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 ensure doors were operable with no more than one releasing operation. The findings were: 1. Observation on 06/08/15 at 1:05 PM revealed	S8008		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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 the door to the kitchen manager's office was provided with a second locking mechanism (dead bolt) approximately 48 inches above the floor. The addition of the dead bolt required two releasing operations to open the door. At the time of the observation the facility maintenance manager acknowledged the second locking mechanism on the door. Ref: 1994 NFPA 101, Sections 22-3.2.2.2 and 5-2.1.5.3 2. Observation on 06/08/15 at 1:39 PM revealed the door to the file room in Memory Care #2 was provided with a locking mechanism requiring more than one releasing operation. At the time of the observation the facility maintenance manager acknowledged the locking mechanism requiring more than one action. Ref: 2000 NFPA 101, Sections 18.2.2.2.1 and 7.2.1.5.4	S8008	1.) Environmental services manager will remove the secondary dead bolt lock from the kitchen manager's office door. This will be completed by 07/01/2015 2.) Environmental service manager will change locking mechanism to a one release mechanism on the door to the file room in memory care #2. This will be completed by 07/17/2015	
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide protection of hazardous areas from adjacent corridors and non-hazardous rooms. The findings were: 1. Observation on 06/08/15 at 12:56 PM revealed a 3 inch round penetration in the ceiling of the	S8015	1.) Environmental service manager will install cover for the 3' round penetration in the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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
S8015	Continued From page 3 kitchen laundry room. At the time of the observation the facility maintenance manager acknowledged the penetration. 2. Observation on 06/08/15 at 12:57 PM revealed the door to the kitchen area was equipped with a self-closing device, but when activated would not fully close and latch the door into the frame. At the time of the observation the facility maintenance manager acknowledge the door would not fully close. 3. Observation on 06/08/15 at 2:07 PM revealed the corridor door to the activities room was equipped with a self-closing device, but was blocked open with a rubber door stop. At the time of the observation the facility maintenance manager acknowledged the door being blocked open. Ref: 1994 NFPA 101, Sections 22-3.3.2.2 and 22-3.3.6.6 exception #2	S8015	ceiling of the laundry room. This will be completed by 07/01/2015 2.) Environmental services manager will fix the kitchen area door to self-close and latch. This will be completed by 07/17/2015 3.) Environmental services manager will remove the rubber door stop holding the door open leading into the activities area. This will be completed by 07/01/2015	
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 automatic sprinkler systems are continuously maintained per the requirements of NFPA 13. The findings were: 1. Observation and staff interview on 06/08/15 at 12:30 PM revealed no special sprinkler wrench was provided and kept in the cabinet to be used	S8018	1.) Environmental services manager will purchase special sprinkler wrench for Memory	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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
S8018	Continued From page 4 in the removal and installation of sprinklers in Memory Care #1. At the time of the observation the facility maintenance manager stated he was not aware of this requirement. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 3-2.9.2 2. Observation and staff interview on 06/08/15 from 12:52 PM to 1:30 PM revealed missing or loose escutcheons in the following locations: Room #118 in Memory Care #2, the corridor adjacent to Room #203, and in the reception office closet. At the time of the observations the facility maintenance manager acknowledged the missing or loose escutcheons. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1994 NFPA 101, Sections 22-3.3.5.1 and 7-7.1.1 1999 NFPA 13, Section 3-2.7.2 1994 NFPA 13, Section 2-2.5.2	S8018	Care 1 cabinet. This will be completed by 07/17/2015 2.) Environmental services manager will fix and/or correct the missing and/or loose escutcheons in room 118, 203, and reception office closet. This will be completed by07/17/2015	
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide doors in corridors that resist the passage of smoke. The finding were: 1. Observation on 06/08/15 at 1:14 PM revealed the smoke barrier doors adjacent to room #200 when activated would not fully close and resist	S8021	1.) Environmental services manager will adjust and fix smoke barrier doors adjacent to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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
S8021	Continued From page 5 the passage of smoke. At the time of the observation the facility maintenance manager acknowledged the doors would not fully close. 2. Observation on 06/08/15 at 1:46 PM revealed the double doors to the chapel were equipped with self-closing devices, but were blocked open with a rubber door stop preventing them from closing. At the time of the observation the facility maintenance manager acknowledged the doors were blocked open. 3. Observation on 06/08/15 at 2:05 PM revealed the door to the fire place room in Meadow #2 was equipped with a self-closing device, but was blocked open with a rubber door stop preventing it from closing. At the time of the observation the facility maintenance manager acknowledged the door was blocked open. Ref: 1994 NFPA 101, Section 22-3.3.6.4	S8021	room 200 to fully close and resist the passage of smoke. This will be completed by 07/17/2015 2.) Environmental services manager will remove rubber door stop to the chapel. This will be completed by 07/01/2015 3.) Environmental services manager will remove rubber door stop to the door leading to the fireplace room in meadow 2. This will be completed by 07/01/2015	
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 equipment was in accordance to NFPA 70 in 2 of 11 smoke compartments. The findings were: 1. Observation on 06/08/15 at 12:58 PM revealed the 36" workspace area for the kitchen electrical panel was being used for storage. At the time of the observation the facility maintenance manager	S8022	1.) Environmental services manager will clear work space area for the kitchen electrical panel and not allow any items	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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 6 acknowledged the items being stored within the area. Ref: 2000 NFPA 101, Sections 18.5.1 and 9.1.2 1999 NFPA 70, Table 110.34(a) 2. Observation of resident room #171 on 06/08/15 at 1:55 PM revealed an extension cord plugged into a lamp. The facility maintenance manager at the time of the observations acknowledge the use of the extension cord. Ref: 1994 NFPA 101, Sections 22-3.6.1 and 7-1.2 Ref: 1993 NFPA 70, Article 305	S8022	to be stored in front of said panel. This will be completed by 07/01/2015 2.) Environmental services manager will remove extension cord in room 171 and will train the resident about extension cord usage. Environmental services manager will also check all resident's' rooms for extension cords and remove. This will be completed by 07/01/2015	
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure that racks are provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were: Observation of Memory Care #1 chart room, and resident room #271 on 06/08/15 at 12:32 PM and 2:20 PM revealed oxygen cylinders being stored on the floor without racks or fastenings. At the time of the observations the facility maintenance manager acknowledged the unsecured cylinders. Ref: 1999 NFPA 99, Sections 8-3.1.11.2(g) and	S8030	Environmental services manager will provide racks of fasteners for oxygen cylinders for room 271. This will be completed by 07/15/2015	

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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
S8030	Continued From page 7 4-3.5.2.1(27) 1993 NFPA 99, Sections 8-3.1.11 and 4-6.2.2.1	S8030		