PRINTED: 12/07/2015
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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 _____	11/23/2015

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
S 000	General Comments A Life Safety Code survey was conducted at your facility on November 23, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (111) construction built in 1998 and 2010. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 94 licensed beds, 48 beds were Level 1 and 46 beds were Level II. 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 Edition and New Health Care 2006 Edition, unless otherwise noted.	S 000		
S7008	NFPA Life Safety - Nfpa Arrange of Means of Egress NFPA 101 Arrangement of Means of Egress Based on observation and staff interview, the facility failed to arrange exit access so that exits	S7008	NFPA 101 Arrangement of Means of Egress	

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

ED 1/8/16

STATE FORM 6899 6KF911 If continuation sheet 1 of 5

RECEIVED
WY Dept of Health
JAN 08 2016
Healthcare Licensing and Surveys

modified POC Accepted via phone call with Jeff Skehan LSC 1/8/2016 9:26 Am

Modified POC Accepted via Phone Call w. Th Administrator Leslie Milliken on 1/8/16 @ 9:26 am

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S7008	Continued From page 1 are readily accessible at all times in 1 of 3 smoke compartments. The findings were: 1. Observation on 11/23/15 at 1:08 PM of the Memory Lane dining room exit door, and the manager's office revealed the locks required tight pinching, and more than one releasing operation to make the doors operable. At the time of the observations the Facility Maintenance Manager acknowledged the door lock required more than one operation. Ref: 2006 NFPA 101, Sections 18.2.2.2.1, 7.2.1.5.9, and 7.2.1.5.9.2 2. Observation on 11/23/15 from 10:05 AM to 10:22 AM of the Precious Memories north exit to the court yard, and the west exit revealed snow and ice on the walkways. At the time of the observations the Facility Maintenance Manager acknowledged the condition of the sidewalk exits. Ref: 2006 NFPA 101, Sections 18.2.5.1 and 7.5.1.1	S7008	NFPA 101 Arrangement of Means of Egress The facility will ensure readily means of egress at all times. A.)The Maintenance Director will inspect the Memory Lane dining room door and memory Care Manager Door and will replace to ensure single door lock operation competed by January 21, 2016. B.)The Maintenance Director will inspect all walkways noted by surveyor. The Precious Memory north exit to the courtyard and west exit and ensure cleared path from snowfall/ice and windy condition from blowing snow during all snowstorms. Maintenance Director, ~~Denald Swanson~~ will monitor for compliance during snowfall and windy conditions.	
S7012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting and exit signs in 3 of 3 smoke compartments. The findings were: 1. Observation on 11/23/15 from 10:20 AM to	S7012		

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S7012	Continued From page 2 1:30 PM of the Precious Memories Unit revealed when the power to the corridor was turned off the following emergency lighting and exit signs would not illuminate. Emergency lights #29, #30, #31, #33, and #41. Exit signs #32, #33, #35, #36, and #39. At the time of the observations the Facility Maintenance Manager stated that work is being preformed on the roof currently that may have loosened wiring. He did acknowledge at that time that the emergency lighting and exit signs were not working. 2. Observation on 11/23/15 from 12:55 PM to 1:20 PM of the Memory Lane Unit revealed when the power to the corridor was turned off the following emergency lighting and exit signs would not illuminate. Emergency lights #4, #7, TV room, and south memory lane exit. Exit signs #3, #5, and #50. At the time of the observations the Facility Maintenance Manager stated they have had work on the roof being done currently that may have loosened wiring. He did acknowledge at that time that the emergency lighting and exit signs were not working. Ref: 2006 NFPA 101, Sections 18.2.9.1, 18.2.10.1, 7.9.2.3, and 7.10.5.2.1	S7012	NFPA 101 Emergency Lighting The facility will ensure that all emergency lights and exit signs are working properly according to NFPA 101 Emergency Lighting. A.)Maintenance Director, Donald Swenson will inspect all emergency lighting and exit signs noted from survey. Emergency lights #29,#30,#31,#33, and #41.Exit signs#32,#33,35,#36, and #39 replace as needed. Maintenance Director will maintain an inspection log and inspect monthly 30seconds and 90 minutes annually audit will be done. Maintenance Director, ~~Donald Swenson~~ will monitor for compliance monthly. B.)Maintenance Director, ~~Donald Swenson~~ will inspect all emergency lighting and exit signs noted from survey. Emergency Lights #4, #7, TV room, and south memory lane exit. Exit signs #3, #5, and #50 and replace as needed. Maintenance Director, ~~Donald Swenson~~ will maintain an inspection log and inspect monthly 30 seconds and 90 minutes annually audit will be done. Maintenance Director, ~~Donald Swenson~~ will monitor for compliance monthly.	1/21/2016
S7020	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 exterior roof overhangs exceeding 4' constructed of	S7020	NFPA 101 Extinguishment Requirements	

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S7020	Continued From page 3 combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 11/23/15 at 10:05 AM of the Precious Memories north exit to the courtyard revealed the exterior of the exit was provided with a 60" overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 2. Observation on 11/23/15 at 10:21 AM of the Precious Memories west exit revealed the exterior of the exit was provided with a 60" overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 3. Observation on 11/23/15 at 12:50 PM of the Memory Lane south exit revealed the exterior of the exit was provided with a 70" overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. Ref: 2006 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 2002 NFPA 13, Section 8.14.7.1	S7020	The facility will ensure that all overhangs exceeding 4' will have sprinkler per the requirements of NFPA 13: A.)The facility will ensure that Precious Memories north exit with overhang exceeding 4' will have sprinkler per the requirements of NFPA 13. Maintenance Director, ~~Donald~~ Swenson is acquiring bids from contractors and engineer and will have this project completed by January 21, 2016. B.)The facility will ensure that Precious Memories west exit with overhang exceeding 4' will have sprinkler per the requirements of NFPA 13. Maintenance Director, ~~Donald~~ Swenson is acquiring bids from contractors and engineer and will have this project completed by January 21, 2016. C.)The facility will ensure that Memory Lane south exit with overhang exceeding 4' will have sprinkler per the requirements of NFPA 13. Maintenance Director, ~~Donald Swenson~~ is acquiring bids from contractors and engineer and will have this project completed by January 21, 2016 Maintenance Director, ~~Donald Swenson~~ will help facilitate with contractor and engineer by January 21, 2016.	
S7036	IPC Life Safety - Int'l Plumbing Code	S7036		

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	ALF005	A. BUILDING: _____ B. WING _____	11/23/2015

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S7036	Continued From page 4 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 emergency eyewash stations located in the Precious Memories Unit and Memory Lane Unit on 11/23/15 from 10:00 AM to 1:05 PM revealed that tepid water was not provided to the eyewash via an ASSE 1071 - Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment - mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. An interview with the Facility Maintenance Manager at the time of the observations confirmed the eyewash stations were not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. Ref: 2006 IPC, Section 411	S7036	NFPA Int'l Plumbing Code The facility will ensure proper eye wash station in the facility. A)Maintenance Director, ~~Donald Swenson~~ will remove faucet type eye wash station located in Precious Memories unit and Memory lane Unit and use existing OSHA approved eye wash wall station. Completed by January 21,2016. Maintenance Director will maintain an inspection log and inspect monthly for compliance. Maintenance Director, ~~Donald Swenson~~ will monitor for compliance quarterly during quality audit reviews.	

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S8008	NFPA Life Safety - Nfpa Arrange of Means of Egress NFPA 101 Arrangement of Means of Egress Based on observation and staff interview, the facility failed to arrange exit access so that exits are readily accessible at all times in 2 of 4 smoke compartments. The findings were: 1. Observation on 11/23/15 at 9:35 AM of the secured unit doors to Precious Memories adjacent to the front lobby revealed that the doors required special knowledge to access the exit from the unsecured side by a key pad located adjacent to the door on the egress side. At the time of the observation the Facility Maintenance Manager acknowledged the door required special knowledge to access the exit from the unsecured side. 2. Observation on 11/23/15 at 10:36 AM of the secured unit doors to Precious Memories on the west side of the building revealed that the doors required special knowledge to access the exit from the unsecured side by a key pad located adjacent to the door on the egress side. At the time of the observation the Facility Maintenance Manager acknowledged the door required special knowledge to access the exit from the unsecured side. Ref: 1994 NFPA 101, Sections 22-3.2.2.2 and 5-2.1.5.1 3. Observation on 11/23/15 at 11:26 AM of the	S8008	NFPA 101 Arrangement of Means of Egress The facility will ensure readily exit access at all times. A.)The facility will ensure access to Precious Memories door adjacent to the front lobby from the unsecured side without needing special knowledge to enter Precious Memories secured unit. Maintenance Director, ~~Donald Swanson is~~ acquiring bids from contractors schedule to give by January 4, 2016 for door access control. Project will be completed by January 21, 2016. B.)The facility will ensure access to Precious Memories door on the west side from the unsecured side without needing special knowledge to enter Precious Memories secured unit. Maintenance Director, ~~Donald Swanson is~~ acquiring bids from contractors schedule to give by January 4, 2016 for door access control. Project will be completed by January 21, 2016. C.)Maintenance Director will inspect all walkway noted by surveyor. The 200A exit and ensure cleared path after snowfall/ ice and windy condition from blowing snow during all snowstorms.	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

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

12/10/2016

Modified POC Accepted via phone call with Jeff Shuhan LSC 1/8/2016 9:26 AM
Modified POC Accepted via phone call with Administrator Leslie Miller on 1/8/16 @ 9:26 am 34554

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S8008	Continued From page 1 200A Exit revealed snow and ice on the walkway. At the time of the observation the Facility Maintenance Manager acknowledged the condition of the sidewalk exit. 4. Observation on 11/23/15 at 11:36 AM of the 100C Exit revealed snow and ice on the walkway. At the time of the observation the Facility Maintenance Manager acknowledged the condition of the sidewalk exit. Ref: 1994 NFPA 101, Sections 22-3.2.1 and 5-5.1.1 5. Observation on 11/23/15 at 1:27 PM of the kitchen food storage/pantry door revealed the lock required tight pinching, and more than one releasing operation to make the door operable. At the time of the observations the Facility Maintenance Manager acknowledged the door lock required more than one operation. Ref: 1994 NFPA 101, Sections 22-3.2.2.2 and 5-2.1.5.3	S8008	D.)Maintenance Director will inspect all walkway noted by surveyor. The 100C exit and ensure cleared path after snowfall/ice and windy condition from blowing snow during all snowstorms. E.)Maintenance Director will inspect kitchen storage /pantry door and replace door to ensure single operation door lock competed by January 21, 2016. Maintenance Director, ~~Donald Swenson~~ is acquiring bid from contractor for door access control and will have this project completed by January 21, 2016. Maintenance Director, ~~Donald Swenson~~ will monitor for compliance quarterly during quality audit reviews.	
S8010	NFPA Life Safety - Nfpa Discharge from Exits NFPA 101 Discharge from Exits This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that all exit discharges were provided with direct access to the public way in 1 of 10 exits. The findings were: Observation on 11/23/15 at 11:36 AM of the 100C	S8010	NFPA 101 Discharge of exits The facility will ensure that there will be direct access to an exit discharge to a public way. A.)The facility will ensure that the exit 100C will provide direct access by means of a sidewalk to a public way. The sidewalk will not exceed 21" in elevation change there will be a	

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S8010	Continued From page 2 exit discharge revealed the side walk from the exit did not provide direct access to the public way. Further observation revealed the sidewalk lead back into the building through the north east courtyard. Access to the public way required crossing the facility lawn and going up a hill that exceeded 21 inches in elevation change. At the time of the observation the Facility Maintenance Manager acknowledged the the sidewalk did not terminate at the public way. Ref: 1994 NFPA 101, Sections 22-3.2.1 and 5-2.3.5	S8010	direct access to an exit discharge to a public way. Maintenance Director ~~Donald Swenson~~ is acquiring bids from contractors and complete project by January 21, 2016.	1/21/2016
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting and exit signs in 4 of 4 smoke compartments. The findings were: Observation on 11/23/15 from 1:15 PM to 1:20 PM of the 100 and 200 halls and the kitchen revealed when the power to the corridor was turned off the following emergency lighting and exit signs would not illuminate. Emergency lights #11, #12, #20, and the kitchen. Exit signs #11, #15, #17, #18, #20, #22, #25, #27, and #46. At the time of the observations the Facility Maintenance Manager stated that work is being performed on the roof that may have loosened wiring. He did acknowledge at that time that the emergency lighting and exit signs were not working.	S8012	NFPA 101 Emergency Lighting The facility will ensure that all emergency lights and exit signs are working properly according to NFPA 101 Emergency Lighting. A.)Maintenance Director ~~Donald Swenson~~ will inspect all emergency lights and exit signs noted from survey Emergency lights #11, #12, #20 and kitchen. Exit signs#11, #15, #17, #18, #20, #22, #25, #27 and #46 replace as needed. Maintenance Director will maintain an inspection log and inspect monthly 30 second and 90 minutes annually audit will be done monthly. Maintenance Director, ~~Donald Swenson~~ will monitor for compliance.	

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S8012	Continued From page 3 Ref: 1994 NFPA 101, Sections 22-3.2.9, 22-3.2.10, 5-8.1.2, and 5-10.3.1	S8012		
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 exterior roof overhangs exceeding 4' constructed of combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 11/23/15 at 11:10 AM of the west 200 hall exit revealed the exterior of the exit was provided with a 60" overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 2. Observation on 11/23/15 at 11:25 AM of the 200A exit adjacent to the electrical room revealed the exterior of the exit was provided with a 60" overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 3. Observation on 11/23/15 at 11:35 AM of the 100C exit revealed the exterior of the exit was	S8018	NFPA 101 Extinguishment Requirement The facility will ensure that all overhangs exceeding 4' will have sprinklers per the requirements of NFPA 13: A.)The facility will ensure that the west 200 hall exit with overhang exceeding 4' will have a sprinkler per the requirements of NFPA13. Maintenance Director is acquiring bids from contractor and engineer and will have this project completed by January 21, 2016. B.)The facility will ensure that the 200A exit with an overhang exceeding 4'will have sprinkler per the requirements of NFPA13. Maintenance Director is acquiring bids from contractor and engineer and will have this project completed by January 21, 2016. C.)The facility will ensure that the 100C exit with an overhang exceeding 4' will have sprinkler per the requirements of NFPA13. Maintenance Director is acquiring bids from contractor and engineer and will have this project completed by January 21, 2016. Maintenance Director, Donald Swensen will help facilitate with contractor and engineer by January 21, 2016 monitor for compliance annually during quality audit reviews.	

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S8018	Continued From page 4 provided with a 60" overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. Ref: 1994 NFPA 101, Sections 22-3.3.5.1 and 7-7.1.1 1994 NFPA 13, Section 4-5.7.2	S8018		1/21/2016
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 #200 and #211 on 11/23/15 from 10:55 AM to 11:20 AM revealed extension cords in use in the resident rooms. At the time of the observations the Facility Maintenance Manager acknowledged the extension cords in the resident rooms. Ref: 1994 NFPA 101, Sections 22-2.5.1 and 7-1.2 1993 NFPA 70, Article 305	S8022	NFPA 101 Electric The facility will ensure that all temporary cords will not be used in place of fixed wiring by: A.) Maintenance Director, ~~Donald Swenson~~ will Insect resident apartments, offices, and common areas for temporary wiring from noted resident room #200and #211. Maintenance Director will maintain an inspection log and inspect monthly for temporary wiring. Maintenance Director, ~~Donald Swenson~~ will monitor for compliance quarterly during quality audit reviews.	
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by:	S8032		

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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
S8032	Continued From page 5 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 emergency eyewash station located in the kitchen on 11/23/15 at 1:35 PM revealed that tepid water was not provided to the eyewash via an ASSE 1071 - Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment - mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. An interview with the Facility Maintenance Manager at the time of the observation confirmed the eyewash station was not provided with a tempering valve in compliance with the requirements of ANSI Z358.1. Ref: 2006 IPC, Section 411	S8032	NFPA Int'l Plumbing Code The facility will ensure proper eye wash station in the facility. A.)Maintenance Director, ~~Donald Swanson~~ will remove faucet type eye wash station located in the kitchen and be using existing OSHA approved eye wash wall station. Completed by January 21, 2016. Maintenance Director will maintain an inspection log and inspect monthly for compliance. Maintenance Director, ~~Donald Swanson~~ will monitor for compliance monthly.	