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 _____	06/09/2016

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 9, 2016 by Healthcare Licensing and Surveys. (HLS) The facility was a two story, fully sprinklered facility of TypeV (111) construction built in 1998 with remodel/construction in 2010 and 2012. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 167 licensed beds with a census of 91 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 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 the NFPA 101 Life Safety Code, New Board and Care, 1994 and 2006 Edition, unless otherwise noted.	S 000		
S7003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components This State Rule and Regulation is not met as	S7003	S7003 The facility will provide appropriate labeling for delayed egress doors/locks throughout the facility. The facility manager will order and place labels on egress doors not meeting the code requirements by	7/30/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 7/2/16

RECEIVED
WY Dept of Health
JUL 05 2016
Healthcare Licensing and Surveys

Spoke with Tiffany Malson the Director of Nursing letting her know I have accepted ~~three~~ there Plan of correction On 08/08/2016 at 11:13am

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 _____	06/09/2016

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
S7003	Continued From page 1 evidenced by: Based on observation and staff interview, the facility failed to maintain the labeling requirements for the delayed-egress locks. The findings were: 1. Observation on 06/09/2016 at 3:23 PM in the memory care 2 building revealed there was no indication on how to operate the door. Ref: 2006 NFPA 101, Section 18.2.2.2.4 and 7.2.1.6.1	S7003	Maintenance Supervisor will conduct monthly inspections of facility delayed egress doors to ensure proper labeling is maintained. Facility Maintenance Manager will report monthly results of monitoring to the Quality Assessment and Assurance Committee quarterly for review and suggestions.	
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 the exterior roof overhangs exceeding 4 feet constructed of combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 06/09/2016 at 3:28 PM located outside the west exit to the public way from memory 2 revealed an overhang over 4 feet of Type V construction. Interview with the Facility Maintenance Manager at the time of observation confirmed the area was not provided with sprinklers. 2. Observation on 06/09/2016 at 3:00 PM located outside in the courtyard between the Assisted Living and Memory 2 revealed two overhangs (facing east and west) over 4 feet of Type V construction. Interview with the Facility	S7020	S7020 The facility will ensure that all overhangs exceeding 4' will have sprinkler per the requirements of NFPA 13: The facility will ensure that outside the west exit to the public way from memory care 2 will have sprinkler per the requirements of NFPA 13. Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by The facility will ensure that in the courtyard between the Assisted Living and Memory 2 will have sprinkler per the requirements of NFPA 13. Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by	8/30/2016 8/30/2016

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 _____	06/09/2016

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
S7020	Continued From page 2 Maintenance Manager at the time of observation confirmed the area was not provided with sprinklers. Ref: 2006 NFPA 101, Sections 32.2.3.5.3 and 18.3.5.1 and 9.7 2002 NFPA 13, Section 8.14.7.1	S7020		
S8003	NFPA Life Safety - Nfpa Means of Egress Components 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 arrange exit access so that exits are readily accessible at all times. The findings were: 1. Observation on 06/09/2016 at 2:31 PM revealed that all business offices in the facility had dead bolts requiring more than one releasing operation to make the door operable to the means of egress. At the time of the observation the Facility Maintenance Manager acknowledged the door lock required more than one operation. 2. Observation on 06/09/2016 at 2:50 PM revealed that the kitchen entry door had a dead bolt requiring more than one releasing operation to make the door operable to the means of egress. At the time of observation the Facility Maintenance Manager acknowledged the door lock required more than on operation.	S8003	S8003 The facility will provide readily means of egress at all times. The facility maintenance manager will inspect the office, kitchen, break room doors and will replace to ensure single lock operation completed by The facility maintenance director will monitor for compliance quarterly during quality audit reviews.	7/30/2013

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 _____	06/09/2016

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 3 Ref: 2006 NFPA 101, Sections 32.3.2.2.1 and 7.2.1.5.4 3. Observation on 06/09/2016 at 2:31 PM revealed that the break room adjacent to the fire panel required tight pinching, and more than one releasing operation to make the door operable. At the time of observation 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	S8003		
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 ensure the storage room was rated for protection and maintained with NFPA 101. The findings were: 1. Observation on 06/09/2016 at 2:18 PM located outside the storage room adjacent to the kitchen revealed a penetration in the rate ceiling approximately 8x8 inches in the sheet rock next to the sprinkler head. At the time of the observation the Facility Maintenance Manager acknowledged that there was a penetration next to sprinkler head. Ref: 1994 NFPA 101, Sections 22-2.3.2	S8015	S8015 The facility manager will ensure that the storage room is rated for protection and maintained with NFPA 101 The facility maintenance director will repair area near the sprinkler head to maintain proper protection by The facility maintenance director will monitor for compliance quarterly during quality audit reviews.	7/30/2016

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 _____	06/09/2016

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	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 the exterior roof overhangs exceeding 4 feet constructed of combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 06/09/2016 at 2:52 PM located outside in the middle courtyard adjacent to the dining room revealed two overhangs (facing east and west) over 4 feet of Type V construction. Interview with the Facility Maintenance Manager at the time of observation confirmed the area was not provided with sprinklers. 2. Observation on 06/09/2016 at 2:54 PM located outside in the courtyard between Assisted Living and Memory 1 revealed two overhangs (facing east and west) over 4 feet of Type V construction. Interview with the Facility Maintenance Manager at the time of observation confirmed the area was not provided with sprinklers. 3. Observation on 06/09/2016 at 2:23 PM located outside the exit adjacent to medication room revealed an overhang (facing south) over 4 feet of Type V construction. Interview with the Facility Maintenance Manager at the time of observation confirmed the area was not provided with sprinklers. 4. Observation on 06/09/2016 at 3:05 PM located outside the exit adjacent to the	S8018	S8018 The facility will ensure that all overhangs exceeding 4' will have sprinkler per the requirements of NFPA 13: The facility will ensure that middle court-yard adjacent to the dining room will have sprinkler per the requirements of NFPA 13. Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by The facility will ensure that courtyard between Assisted Living and Memory 1 will have sprinkler per the requirements of NFPA 13. Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by The facility will ensure that the exit adjacent to medication room will have sprinkler per the requirements of NFPA 13 Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by The facility will ensure that courtyard between Assisted Living and Memory 1 will have sprinkler per the requirements of NFPA 13. Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by	8/30/2016 8/30/2016 8/30/2016 8/30/2016

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 _____	06/09/2016

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 5 greenhouse revealed an overhang (facing south) over 4 feet of Type V construction. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 5. Observation on 06/09/2016 at 2:56 PM located outside the east exit memory 1 revealed an overhang over 4 feet of Type V construction. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. Ref: 1994 NFPA 101, Section 22-3.3.5.1 and 12-3.5.1 and 7-7.1.1 1994 NFPA 13, Section 4-5.7.2	S8018	The facility will ensure that the exit adjacent to the green house will have sprinkler per the requirements of NFPA 13. Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by The facility will ensure that outside the east exit of memory 1 will have sprinkler per the requirements of NFPA 13. Maintenance Director is acquiring bids from contractors and engineer and will have this project completed by	8/30/2016 8/30/2016
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide portable fire extinguishers in accordance with NFPA 10. The findings were: 1. Observation on 06/09/16 at 1:09 PM, 1:13 PM, 1:15 PM, and 1:44 PM in the garage, resident garage, west exit adjacent to garage and laundry in the new building revealed a fire extinguisher mounted on the wall with the top of the fire extinguisher approximately 72 inches from the floor. At the time of the observation the Facility Maintenance Manager acknowledged the	S8019	S8019 The facility will provide portable fire extinguishers in accordance with NFPA 10 The facility will ensure that in the garage, resident garage, west exit adjacent to garage and laundry in the new building will move the fire extinguishers to ensure are in accordance with NFPA 10 by The facility maintenance director will monitor for compliance quarterly during quality audit reviews.	7/30/2016

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 _____	06/09/2016

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
S8019	Continued From page 6 height of the extinguisher. Ref: 2006 NFPA 101, Sections 32.3.3.5.6 and 9.7.4.1 2002 NFPA 10, Section 1.5.10	S8019		
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 Rules and Regulations for healthcare facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: 1. Observation on 06/09/2016 at 1:20 PM and 1:43 PM in the activities room and the laundry room in the new building revealed that the public hand wash sink was missing a ASSE 1070 mixing valve. Interview with the Facility Maintenance Manager at the time of the observation revealed he was unaware of the requirement. Ref: 2006 IPC, Section 416.5 2. Observation on 06/09/2016 at 2:17 PM in the coffee shop revealed that a vacuum breaker was missing on the coffee machine. Interview with the Facility Maintenance Manager at the time of the interview revealed he was unaware of the requirement. Ref:	S8032	S8032 The facility will ensure they maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Rules and Regulation for healthcare facilities. The facility maintenance manager will install a ASSE 1070 mixing valve in the activities room and the laundry room in the new building hand washing sinks by The facility maintenance director will install a vacuum breaker to the coffee machine in the coffee shop by The facility maintenance director will monitor for compliance quarterly during quality audit reviews.	7/30/2016 7/30/2016

PRINTED: 06/23/2016
FORM APPROVED

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 _____	06/09/2016

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
S8032	Continued From page 7 2006 IPC, Section 608.1	S8032		