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JAN 17 2018
Healthcare Licensing and Surveys

PRINTED: 01/05/2018
FORM APPROVED

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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 _____	12/20/2017

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 by Healthcare Licensing and Surveys on December 20, 2017. The facility was a two story, fully sprinklered 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 79 certified Medicare and Medicaid beds with a census of 78 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 the 1994 NFPA 101, Life Safety Code, New Board and Care, and the 2006 NFPA 101, Life Safety Code, New Board and Care unless otherwise noted.	S 000		
S7004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: .	S7004	S7004 NFPA Doors The community will ensure all doors in 2012 building is free of non-fire controlled magnets, allowing doors to shut. EVS Director has located all doors using non-fire controlled magnets to hold doors	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (X6) DATE 1/17/18

STATE FORM 6899 RN8C11 If continuation sheet 1 of 6

Talked To Jessica Stalter, Director of Nursing, To Inform her That The Poc Received On 1/17/18 HAS beed APPROVED. Talked To her On 1/18/18 at 1:33 PM.

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S7004	Continued From page 1 Based on observation and staff interview the facility failed to maintain doors in accordance with the 2006 International Building Code. The findings were: Observation on 12/20/2017 at 9:42 AM in the wing of the building with a plan approval date of 2012 revealed that all doors leading from the sleeping area of all residents rooms to the corridor were self closing, but were held open by a magnet. The doors were not connected to the fire alarm system, and would also not release upon power failure. Doors shall be self closing or automatic closing, and shall not be secured in the open position at any time. Failure to maintain doors in accordance with the requirements could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement, but thought the doors could be held open. REF: 2006 IBC 1017.1; 715.4.7	S7004	open. All non-fire controlled magnets will be removed and no longer be used installed.	1/17/18
S7010	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 provide a ramp in accordance with the 1994 NFPA 101, Life Safety Code. The findings were: Observation on 12/20/2017 at 11:04 AM at the front entrance ramp revealed that the metal base	S7010	**S7010** **NFPA Discharge from Exits** EVS Director has contacted appropriate outside services to repair or replace handrail. The facility will follow outside contractor's recommendation to replace/repair handrail. EVS Director will inspect handrails on a quarterly basis to ensure proper attention and maintenance occurs as needed.	2/16/18

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S7010	Continued From page 2 of the handrail had deteriorated to the point where the handrail were loose. Failure to provide handrails as required could result in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated awareness of the requirement. REF: 1994 NFPA 101, Section: 5-2.2.4	S7010		
S7013	NFPA Life Safety - Nfpa Marking of Means of Egress NFPA 101 Marking of Means of Egress This State Rule and Regulation is not met as evidenced by: . Base on observation and staff interview, the facility failed to provide marking for the means of egress in accordance with the 1994 NFPA 101, Life Safety Code. The findings were: 1. Observation on 12/20/2017 at 10:17 AM in the stairwell adjacent to the Beauty Shop revealed no exit sign indicating path of egress. Further observation indicated no exit sign at the bottom of the stairs below the Beauty Shop. Failure to provide exit signs as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 1994 NFPA 101, Sections 23.3.2.10; 5.10 2. Observation on 12/20/2017 at 10:30 AM at the south side exit revealed no exit sign above the door indicating it as an exit. Failure to provide exit	S7013	S7013 NFPA Marking of Means of Egress EVS Director has contacted outside contractor to install wiring needed for exit signs. Exit signs have been installed in 500 hall outside of beauty shop and main level by elevator. Exit sign with attached emergency lights have been installed at south end of 400 hall.	1/15/18

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S7013	Continued From page 3 signs as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 1994 NFPA 101, Sections 23.3.2.10; 5.10	S7013		
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 maintain extinguishment requirements in accordance with the 2006 NFPA 101, Life Safety Code, and the 2002 NFPA 13, Installation of Sprinkler Systems. The findings were: Observation on 12/20/2017 at 10:47 AM of the north interior courtyard adjacent to the 300 hall revealed the exterior of the exit was provided with a 73 inch overhang of Type V construction, and the overhang was not provided with sprinkler coverage. Further observation revealed that additional overhangs entering into the central interior courtyard, and the south interior courtyard were approximately 70 inches without sprinkler coverage. Failure to provide sprinkler coverage as required could result in injury or death during an emergency. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2006 NFPA 101 Sections 18.3.5; 9.7.1.1 2002 NFPA 13 Section 8.14.7.1	S7020	S7020 **NFPA Extinguishment Req** The facility will ensure that all overhang exceeding 4' will have sprinkler per the requirements of NFPA 13: The facility will ensure that interior courtyards with overhangs exceeding 4' will have sprinkler per the requirements of NFPA 13. EVS Director is acquiring bids from contractors and engineers and/or a FSES will be done, this project will be completed by. EVS Director will facilitate with contractor and engineer.	2/18/18

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S7034	NFPA Miscellaneous Life Safety - NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: . Based on observation and staff interview, the facility failed to maintain fire dampers in accordance with the 2002 NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. The findings were: Observation on 12/20/2017 at 12:38 AM in the bathroom adjacent to the copy room revealed a fire damper in the closed position. Failure to maintain fire dampers as required could result in fire spread resulting in injury or death. Interview with the Facility Maintenance Manager at the time of observation indicated he was unaware of the requirement. REF: 2002 NFPA 90A, Section: 5.4.7	S7034	~~S7034~~ **NFPA 101 Miscellaneous** EVS Director has inspected damper in main men's bathroom. Damper has been reset to open position. EVS Director will add fire damper inspection to quarterly checklist.	1/9/18
S7036	IPC Life Safety - Int'l Plumbing Code 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 accordance with the 2006 International Plumbing Code. The findings were: 1. Observation on 12/20/2017 at 9:49 AM in the wing of the building with a plan approval date of	S7036	S7036 **Int'l Plumbing Code** A) EVS Director has identified all sinks needing 1070 mixing valves installed to ensure satisfaction of code 2006 IPC, Section 416.5 EVS Director will gather quotes on possible labor and equipment. Once quotes are reviewed and equipment ordered, valves will be installed immediately.	2/18/18

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S7036	Continued From page 5 2012 revealed that the hand wash sinks in the resident's rooms were missing ASSE 1070 mixing valves. Failure to provide mixing valves as required could cause burns from extremely hot water resulting in injury. Interview with the Facility Maintenance Manager at the time of observation indicated he was aware of the requirement. REF: 2006 IPC, Section: 416.5 2. Observation on 12/20/2017 at 10:00 AM located in the resident laundry room revealed that the washing machines were not equipped with water-hammer arrestors. Failure to provide water-hammer arrestors as required may result in a catastrophic failure in the plumbing system. Interview with the facility maintenance manager at the time of the survey indicated that they were unaware of the requirement. Ref: 2006 IPC Section 604.9	S7036	B) ~~EVS Director has identified the~~ washing machines that do not meet the 2006 IPC section 604.9 code. EVS Director has installed water hammer arrestors on the washing machines.	1/15/18