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FORM APPROVED

Healthcare Licensing and Surveys

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/20/2018
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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)	(X6) COMPLETE DATE
{S 000}	General Comments A Life Safety Code revisit of the December 20, 2017 Life Safety Code survey was conducted by Healthcare Licensing and Surveys on February 20, 2018. 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 and Regulations for Healthcare 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 and Assisted Living Facility. All references are based on the requirement of the 1994 NFPA 101, Life Safety Code, and the 2006 Life Safety Code, New Board and Care unless otherwise noted.	{S 000}		
{S7036}	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Based on review of follow-up documentation, the facility failed to maintain the existing plumbing systems in accordance with the 2006 International Plumbing Code. The findings were: Phone conversation on 2/20/2018 with the Facility Maintenance Manager indicated that the 1070 mixing valves had not been installed on the sinks as required. Subsequent conversations revealed that the facility was having trouble obtaining the proper fittings for the mixing valves, and they	{S7036}	S7036 Int'l Plumbing Code A) EVS Director has Identified all areas in need of 1070 mixing valves installed to ensure satisfaction of code IPC Section 16.5	03/15/2018

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8999

RN8C12

6-14-18
If continuation sheet 1 of 2

Per Conversation with Ron Schriener, by Phone Advised
of POC Approval. Will P. Allen
30730

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/20/2018
NAME OF PROVIDER OR SUPPLIER SPRING WIND ASSISTED LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 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	
{S7036}	Continued From page 1 were working on getting the proper parts. 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 the original observation acknowledged the deficiency, and that he was aware of the requirement. REF: 2008 IPC, Section: 416.5	{S7036}			