PRINTED: 08/21/2018
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
	ALF009	A. BUILDING: _____ B. WING _____	R 08/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ABSAROKA	2401 COUGAR AVENUE CODY, WY 82414

(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}	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 An on-site revisit to the 6/14/18 Initial Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 8/13/2018.	{S 000}		
{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 install the fire sprinkler system in accordance with the 2006 NFPA 101 Life Safety Code. Failure to correctly install the fire sprinkler system could result in injury or death in the event of a fire. The deficiency affected one (1) of three (3) smoke compartments on the main floor. The findings were: Observation on 8/13/18 at 9:30 AM revealed that a single sprinkler head was providing coverage for the Med room. The sprinkler head was 12" from the west wall of the room. Interview with maintenance staff at the time of the observation revealed they were aware of the deficiency and working with a contractor to install a second sprinkler head in the room.	{S8018}	A – The facility will contact licensed Fire Sprinkler Contractor for necessary installation of additional sprinkler head in med room in accordance with Life Safety Codes. B – Contractor has submitted bid for company approval to complete work on one additional sprinkler head in med room. C – Executive Director will monitor approval process to ensure licensed contractor completion in timely manner. D – Fire Sprinkler Contractor to receive copy of deficiency from Executive Director to ensure knowledge of Life Safety Codes. E – Completion Date: September 9, 2018	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kelly Browning — TITLE: Executive Director — (X6) DATE: 8-24-18

STATE FORM [illegible] YZU612 [illegible] Information sheet 1 of 2

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AUG 27 2018
Healthcare Licensing and Surveys

POC accepted with Kelly Browning, Administrator, via phone call on 08/28/18 at 9:00AM — Martha Thaemm

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{S8018}	Continued From page 1 Interview with the administrator at the time of exit acknowledged the deficiency, and revealed she has submitted an extension request to provide additional time for the work to be completed. Reference: 2006 NFPA 101 32.3.3.5.1, 9.7.1.1(1); 2002 NFPA 13 8.6.3.2.1	{S8018}		