PRINTED: 08/31/2018
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
	ALF003	A. BUILDING: _____ B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	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 by Healthcare Licensing and Surveys on August 22, 2018. The facility was a two story, fully sprinklered facility of Type V (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 155 licensed beds with a census of 89 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 NFPA 101, Life Safety Code, New Health Care, 1994 and 2006 Edition, unless otherwise noted.	S 000		
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 sprinkler systems in accordance with the 2006 NFPA 101, Life Safety	S7020		

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

Kandu Brooks Executive Director 9/7/18

Called Kandu Brooks on 9/10/17 @ 9:25AM and informed her of the PoC Acceptance. Will P. Alley 38735

RECEIVED
SEP 07 2018
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S7020	Continued From page 1 Code and the 2002 NFPA 25, Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected 1 of 1 sprinkler systems, as well as the 174 residents and staff. The findings were: Observation on 8/22/2018 at 10:39 AM at the sprinkler riser in the memory care mechanical room revealed that the sprinkler gauges had not been replaced or recalibrated during the last 5 years. The gauges were last tested in 7/2012. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 18.3.5.1; 9.7.5 2002 NFPA 25, Section: 5.3.2	S7020		
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 oxygen cylinders in accordance with the 2005 NFPA 99, Health Care Facilities, and the Wyoming Department of Health Chapter 3 Guidelines. Failure to maintain oxygen	S7034		

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S7034	Continued From page 2 cylinders as required could result in injury or death. The deficiency affected less than 10% of the memory care unit, as well as the 174 residents and staff. The findings were: Observation on 8/22/2018 at 9:27 AM in room 104 revealed several B oxygen cylinders unsecured sitting on the floor. Interview with the facility maintenance manager at the time of observation acknowledged the unsecured oxygen cylinders, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Guidelines, Section: 5(a)(ii) 2006 NFPA 99, Section: 9.7.2.3(11)	S7034		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain corridor doors in accordance with the 2006 NFPA 101, Life Safety Code. Failure to provide fire doors as required increases the risk of injury or death during an emergency. The deficiency affected less than 10% of the facility, as well as the 174 residents and staff. The findings were: Observation on 8/22/2018 at 11:08 AM at the fire doors adjacent to room 269 revealed the fire	S8004		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3965 EAST 12TH STREET CASPER, WY 82609

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S8004	Continued From page 3 barrier doors would not latch when tested. Interview with the facility maintenance manager at the time of observation acknowledged the door failing to close, and indicated he was aware of the requirement. Interview with the facility administrator at the exit acknowledged the deficiency. REF: 2006 NFPA 101 Section 8.3.3.1 1999 NFPA 80 Section 2-1.4.1	S8004		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain fire detection systems in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain fire detection systems as required could result in injury or death during an emergency. The deficiency affected 1 of 1 fire detection systems, as well as the 174 residents and staff. The findings were: Observation on 8/22/2018 at 9:39 AM at the fire alarm annunciator panel revealed that the Underwriter's Laboratory (UL) certification for the fire alarm had expired in March 2017. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was unaware of the requirement.	S8017		

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EDGEWOOD MEADOW WIND	3956 EAST 12TH STREET CASPER, WY 82609

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S8017	Continued From page 4 Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 9.6.1.3	S8017		

Plan of Correction for Meadow Wind Assisted Living, August 22, 2018 survey date.

Tag #S7020

Mountain West Fire Protection will install new gauges on the ones that were identified in the survey that were tested on 7/2012. Date of installation will be tagged on gauges. Maintenance Director will be responsible for monitoring thru TELS on a yearly basis starting January 2019.

Complete date 10/15/18

Tag #S7034

Oxygen companies were contacted and have put in place holders for oxygen bottles. They were educated by Maintance director on what is required for our community. Maintenance director, housekeeping, and nursing responsible for monitoring on weekly basis to make sure holders are in place for all residents with oxygen bottles.

Complete date 9/03/18

Tag #S8004

Fire door adjacent to room 269 has been adjusted to close and latch properly, this was completed on 9/4/18. Maintence Director will be responsible for monthly monitoring through TELS to test all Fire doors for proper function. Maintenance Director to complete the NFPA 80 (2016) ITM for Swinging Fire Doors On Line Training so he can become certified to do the inspections.

Complete date 10/15/2018

Tag #S8017

The Underwriter's Laboratory certification for the fire alarm was received on 8/24/18. Going forward Maintenance Director responsible for monitoring through TELS on yearly basis to start 3/31/19 to make sure certificates are received.

Complete date 8/24/18