STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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 23, 2018. The facility was a fully sprinklered, single story building of Type V (111) construction built in 1996. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and a zoned fire alarm system. The facility had a capacity of 50 licensed beds with a census of 43 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 Board and Care, 1994 Edition, unless otherwise noted.	S 000		
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 maintain egress doors in accordance with the 1994 NFPA 101, Life Safety	S8003		

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

Administrator 9-17-18

Talked to Mercedes Ortega, Administrator Per Phone on 9/24/18 @ 8:30 AM and Advised of Poc Acceptance.

RECEIVED
SEP 24 2018
Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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 1 Code. Failure to maintain egress doors as required could delay egress resulting in injury or death. The deficiency affected less than 10% of the facility, as well as the 70 residents and staff. The findings were: Observation on 8/23/2018 at 9:11 AM adjacent to suite 39 revealed that the doors were extremely hard to open. Further observation revealed that the doors required in excess of 30 pounds of force to set the doors in motion. Interview with the facility maintenance supervisor acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.2.2.2; 5-2.1.4.1	S8003		
S8030	NFPA Life Safety - Nfpa Miscellaneous 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 Wyoming Department of Health Chapter 3 Guidelines. Failure to maintain oxygen cylinders as required could result in injury or death. The deficiency affected less than 10% of the facility, as well as the 70 residents and staff. The findings were: Observation on 8/23/2018 at 9:27 AM in suite 39	S8030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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
S8030	Continued From page 2 revealed several B oxygen cylinders unsecured sitting on the floor. Further observation in suite 21 also revealed several B oxygen cylinders sitting unsecured 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)	S8030		

GARDEN SQUARE
ASSISTED LIVING OF CASPER

1950 South Beverly Street • Casper, Wyoming 82601
Tele. (307) 472-1153 • Fax (307) 472-1123

S8003 – NFPA Life Safety- NFPA 101 Means of Egress Components 1994 NFPA 101, Sections: 22.3.2.2.2; 5-2.1.4.4

(i) Who is responsible for the correction;

The Administrator, and Maintenance Director are responsible for all corrective

action related to S8003.

(ii) What was done to correct the problem;

The door was immediately altered to allow the door to be easy to open. This was corrected by 8.27.18.

(iii) Who will monitor to ensure that the situation does not reoccur,

The Administrator and Maintenance Director will monitor the exit doors during the monthly safety committee audits. A form has been put in place for the doors to be checked and signed of on monthly as part of the Monthly Safety Committee.

(iv) An appropriate date, not to exceed sixty (60) days after

This will be completed by 9.30.18

S8030 – NFPA Life Safety- NFPA 101 NFPA Miscellaneous WDH Guidelines Section: 5(a)(ii)

(i) Who is responsible for the correction;

The Administrator, and Maintenance Director are responsible for all corrective action related to S8030.

(ii) What was done to correct the problem;

Service providers were contacted immediately after survey and oxygen cylinder holders were requested. After oxygen was delivered, rooms were checked to ensure all cylinders were secured.

(iii) Who will monitor to ensure that the situation does not reoccur;

The Administrator and Maintenance Director will monitor the oxygen cylinders for secure holders as part of the Monthly Safety Committee. A form has been created to track this monthly.

(iv) An appropriate date, not to exceed sixty (60) days after

This will be completed by 9.30.18

Mercedes Ortega 9/17/18