AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF006	A. BUILDING: _____ B. WING _____	12/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

(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 5, 2018. The facility was a fully sprinklered, single story building of Type V (111) construction built in 1998 and 2010. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 94 licensed beds with a census of 66 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 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 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		
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	S7034	S7034 NFPA 101 Miscellaneous The facility will ensure that racks will be used to protect oxygen cylinders by:	12/5/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 12/14/2018

FORM CMS-2567(02-99) 8OWU11 If continuation sheet 1 of 3

Talked To Leslie Milliken, Administrator By Phone On 12/19/18 @ 8:20 AM and advised her of the POC Acceptance.

Well P.A.
38730

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF006	A. BUILDING: _____ B. WING _____	12/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

(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
S7034	Continued From page 1 accordance with the 2005 NFPA 99, Health Care Facilities, and 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 memory care unit, as well as the 128 residents and staff. The findings were: Observation on 12/05/2018 at 9:41 AM in room 122 revealed an oxygen cylinder sitting unsecured on the floor. Interview with the resident indicated her daughter left the oxygen bottle unsecured. Interview with the facility maintenance manager at the time of observation acknowledged the unsecure bottle, and indicated awareness 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) 2005 NFPA 99, Section: 9.7.2.3(11)	S7034	A) Maintenance Director, will inspect resident apartments from unsecured oxygen cylinders from noted rooms #122. Maintenance Director to maintain a monthly inspection log for oxygen cylinders. Administrator and Quality audit team to monitor for compliance quarterly during quality audit reviews.	
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an emergency. The deficiency affected 2 of 4 smoke compartments as well as the 128 residents and	S8012	S8012 NFPA 101 Emergency Lighting The facility will ensure that all emergency lights are working properly according to NFPA 101 Emergency Lighting.	1/10/19

Hand delivered-RC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF006	A. BUILDING: _____ B. WING _____	12/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

(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
S8012	Continued From page 2 staff. The findings were: Observation on 12/5/2018 at 10:08 AM adjacent to room 308 revealed an emergency light that when tested failed to operate. Further observation revealed another 2 emergency lights throughout the facility failed to operate when tested. Interview with the facility maintenance manager at the time of observation acknowledged the lights failed to operate when tested, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.2.9; 5-9.1; 31-1.3.7	S8012	A) Maintenance Director will inspect all emergency lights noted from survey Emergency lights adjacent from room 308 #36A, 36C and 44. Maintenance Director will maintain an inspection log and inspect monthly for 30 seconds and 90 minutes annually audit will be done monthly. Maintenance Director will monitor for compliance.	