

Healthcare Licensing and Surveys

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ALF014</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>11/14/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPRING WIND ASSISTED LIVING COMMUNITY</b> |                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1072 NORTH 22ND STREET<br/>LARAMIE, WY 82072</b>                             |                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                    | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                |
| {S 000}                                                                          | General Comments<br><br>A Life Safety Code revisit survey was conducted on 11/14/2019 for all previous deficiencies cited on 10/16/2019. All previous deficiencies have been corrected, and the facility is back in compliance. | {S 000}                                                                    |                                                                                                                          |                          |                                                                |

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

TITLE

(X6) DATE