

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/23/2021
NAME OF PROVIDER OR SUPPLIER ASPEN WIND ASSISTED LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 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 March 23, 2021. The facility was a single story fully sprinklered 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 64 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 Healthcare 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 the 1994 and 2006 Editions of the Life Safety Code, NFPA 101, New Health Care, of the National Fire Protection Association, and the Wyoming Department of Health Chapter 3 Construction Rules for Health Care Facilities. Based on the findings of the survey team, it was determined the facility was in compliance with all requirements.	S 000		

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

TITLE

(X6) DATE