PRINTED: 10/26/2023
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
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 licensure survey was conducted by Healthcare Licensing and Surveys on October 11, 2023. The facility was a two story, fully sprinklered building of Type V (111) construction build in 1998 and 2012, with an additional remodel in 2012. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 117 licensed beds with a census of 88 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 operating 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 NFPA 101, Life Safety Code, New Board and Care, and the 2006 NFPA 101, Life Safety Code, New Board and Care unless otherwise noted.	S 000		
S8000	NFPA Life Safety - Nfpa General Requirements NFPA 101 General Requirements This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the	S8000		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director (X6) DATE 11/3/23

POC accepted 11/20/2023 @ 11:00am via Phone call w/ Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8000	Continued From page 1 facility failed to maintain a fire resistance-rated assembly door in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain a fire resistance-rated assembly door as required could delay egress resulting in injury or death during an emergency. The deficiency affected one fire resistance rated door of many in the facility. The findings were: Observation on 10/11/2023 at 11:29 AM at the fire resistance-rated assembly doors separating the new and old construction outside resident room 213 revealed that, when dropped with no initial motion, the doors failed to latch and close. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101, Sections: 32.1.5; 8.3.3.1; Table 8.3.4.2; 8.3.3.3 2. Based on observation and staff interview, the facility failed to provide a level means of egress in accordance with the 2006 NFPA 101, Life Safety Code. Failure to provide a level means of egress as required could result in a tripping hazard, which may delay egress resulting in injury or death during an emergency. The deficiency affected one (1) of numerous means of egresses in the facility. The findings were: Observation on 10/11/2023 at 1:22 PM at the exit pathway to the public way on the north exit found that the concrete walkway had uplifted from soil	S8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8000	Continued From page 2 expansion and tree roots causing two portions of the walkway to be at different heights. It was found that the height difference between the walkway portions was at a maximum measurement of approximately 1" at the joint. Several feet from that location is another lifting from cross-slope settling which caused the walkway to have an approximate 1" difference in level at one side of the concrete tile. Walkway surfaces must be maintained to within 1/4 inch at changes in elevation. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101, Sections 32.3.2.1, 7.1.6.2	S8000		
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could delay egress resulting in injury or death during an emergency. Observation on 10/11/2023 at 11:02 AM in the Secure Unit storage adjacent to the dining room	S8015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8015	Continued From page 3 revealed that the self-closing door failed to operate as designed. When drop tested with no initial motion, the door failed to close and latch. Doors in fire-resistance rated construction must be self- or automatic-closing. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.3.2.1, 32.3.3.2.2, 8.7.1.3 2. Based on observation and staff interview, the facility failed to maintain protection from any area having a degree of hazard greater than that normal to the general occupancy of the building or structure in accordance with NFPA 101 (2006), Life Safety Code. Failure to maintain protection from hazardous areas could result in delayed egress resulting in injury or death during an emergency. The deficiency affected one (1) hazardous area in the facility. The findings were: Observation on 10/11/2023 at 12:12 PM in the downstairs laundry room in the new part of the facility revealed several penetrations through the one-hour fire barrier. One penetration was completely unsealed, and the other was sealed with a substance that is not approved or rated for protection in a one-hour fire barrier. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement.	S8015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8015	Continued From page 4 Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101, Sections: 32.3.3.2.1; 8.7.1.1(1); 8.3.5.1 3. Based on observation and staff interview, the facility failed to maintain hand sanitizer storage in accordance with the 2006 NFPA 101, Life Safety Code and the 2003 NFPA 30, Flammable and Combustible Liquids Code. The failure to maintain hand sanitizer storage as required could increase the potential for rapid fire spread, which may result in injury or death during an emergency. The deficiency affected one of numerous storage areas throughout the facility. The findings were: Observation on 10/11/2023 at 12:35 PM in the downstairs maintenance area found that the room contained 24 gallons of hand sanitizer, a Class IB liquid. The room is limited to 10 gallons unless in safety cans or in fire-rated storage cabinets. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.3.5.1; 9.7.5 2003 NFPA 30, Section 6.5.4 4. Based on observation and staff interview, the facility failed to maintain equipment in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain rooms containing equipment	S8015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8015	Continued From page 5 that exceeds the normal degree of hazard for the occupancy could result in the spread of fire and smoke throughout the facility, which may result in injury or death during an emergency. The deficiency affected several attic hatches throughout the facility. The findings were: Observation on 10/11/2023 at 11:04 AM in the secure unit front mechanical room revealed an attic hatch left in an open position exposing the attic space to the potential passage of fire and smoke. This deficiency occurred in several mechanical/storage rooms throughout the facility. Openings in hazardous area enclosures must be maintained in the closed position, or have self- or automatic-closing devices provided. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101, Sections 23-3.3.2.1 and 6-4.0.	S8015		
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: 1. Based on observation and staff interview, the facility failed to correctly implement a fire watch in accordance with the 2006 NFPA 101, Life Safety	S8017		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8017	Continued From page 6 Code. Failure to implement a fire watch as required may lead to injury or death during an emergency. The deficiencies affected the entire facility. The findings were: Staff interview on 10/11/2023 at 12:00 PM at the fire alarm control panel in the new part of the facility revealed that the alarm panels located in the new and older portions of the building were no longer in communication, which resulted in an initiation in one portion of the building not annunciating in the other. As such, a fire watch is required until the systems can be repaired. Upon interview with facility staff it was identified that no single staff member was assigned to fire watch for the express purpose of observing the area, and notifying facility staff, residents, and the fire department. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101, Section 32.3.3.4.1, 9.6.1.6; 3.3.91 2. Based on observation and staff interview, the facility failed to provide a circuit disconnect for the Fire Alarm Control Panel (FACP) correctly labeled in accordance with 2006 NFPA 101, Life Safety Code and the 2002 NFPA 72, National Fire Alarm Code. Failure to maintain a properly labeled easily identifiable circuit disconnect could result in an erroneous loss of power to the FACP causing the facility to be without the required fire alarm system. The deficiency affected one (1) electrical	S8017		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8017	Continued From page 7 panel of multiple panels in the facility. The findings were: Observation on 10/11/2023 at 12:10 PM in the electrical panel in the cafe mechanical space revealed that the circuit disconnect for the FACP was improperly labeled with a "black" breaker disconnect and "black" marker labeling the device. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101, Sections: 32.3.3.4.6; 9.6.4.2 2002 NFPA 72, Section: 4.4.1.4.2.2 3. Based on document review and staff interview, the facility failed to have a fire watch plan in accordance with the 2006 NFPA 101, Life Safety Code. Failure to create a fire watch plan as required may lead to injury or death during an emergency. The deficiencies affected the entire facility. The findings were: Document review and staff interview on 10/11/2023 starting at 3:00 PM revealed that the facility did not have a written procedure to go onto fire watch in the event the alarm was out of service. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement.	S8017		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8017	Continued From page 8 Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section 32.3.3.4.1, 9.6.1.6 4. Based on document review and staff interview, the facility failed to provide semi-annual battery checks in the Fire Alarm Control Panel (FACP) in accordance with the 2006 NFPA 101, Life Safety Code and the 2002 NFPA 72, National Fire Alarm Code. Failure to provide semi-annual battery checks as required may lead to failure of the FACP during a power outage, which may result in injury or death during an emergency. The deficiency affected the entire facility. The findings were: Document review and staff interview on 10/11/2023 starting at 3:00 PM revealed that the facility did not have a second record of having inspected and tested the FACP batteries within the past twelve (12) months. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.3.4.1; 7-6.1.4 2006 NFPA 101, Section 32.3.3.4.1, 9.6.1.5 1993 NFPA 72, Section: Table 7-3.2(3) 2002 NFPA 72, Section: Table 10.4.3 (6) 5. Based on document review and staff interview, the facility failed to provide biennial smoke detector sensitivity check in accordance with the	S8017		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8017	Continued From page 9 1994 and 2006 NFPA 101, Life Safety Code and the 1993 and 2002 NFPA 72, National Fire Alarm Code. Failure to provide biennial smoke detector sensitivity checks as required may result in failure of the fire alarm system, which could lead to injury or death during an emergency. The deficiency affected the entire facility. The findings were: Document review and staff interview on 10/11/2023 starting at 3:00 PM revealed the facility did not have records showing the smoke detector sensitivity had been checked with in the past two annual fire alarm inspections. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.3.4.1; 7-6.1.4 2006 NFPA 101, Section 32.3.3.4.1, 9.6.1.5 1993 NFPA 72, Sections: Table 7-3.2(14)(i); 7.3.2.1 2002 NFPA 72, Section: Table 10.4.3(15)(i); 10.4.3.2.2	S8017		
S8018	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	S8018		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8018	Continued From page 10 facility failed to maintain an automatic sprinkler system installed in accordance with the 1994 and 2006 NFPA 101, Life Safety Code and the 1994 and 2002 NFPA 13, Installation of Sprinkler Systems. Failure to maintain an automatic sprinkler system could result in delayed egress and rapid fire spread during an emergency resulting in injury or death. The deficiency affected multiple areas in the facility. The findings were: 1. Observation on 10/11/2023 at 11:08 AM at the Secure Unit nurse's station revealed a missing sprinkler head escutcheon. This same deficiency was repeated in multiple other locations throughout the facility. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.3.5.1; 7-7.1.1 2006 NFPA 101, Sections: 32.3.3.5.1; 9.7.1.1(1) 1994 NFPA 13, Section: 2-2.5 2002 NFPA 13, Section: 6.2.7	S8018		
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by:	S8022		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8022	Continued From page 11 1. Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 1994 NFPA 101, Life Safety Code, and the 2005 NFPA 70, National Electrical Code. The failure to maintain electrical systems as required could result in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 10/11/2023 at 10:15 AM in the kitchen revealed multiple obstructions in front of the electrical panel. A working space of three (3) feet in front of the panels is to be maintained. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: NFPA 101 (1994), Section: 7.1.2, NFPA 70 (2005), Section: Table 110.26(A)(1) Condition 1 2. Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 1994 NFPA 101, Life Safety Code, and the 2005 NFPA 70, National Electrical Code. The failure to maintain electrical systems as required could result in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 10/11/2023 at 10:25 AM in the storage room just outside the kitchen revealed an un-covered junction box in the ceiling with exposed electrical wiring. All pull boxes, junction boxes, and conduit bodies must be provided with covers compatible with the appliance.	S8022		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8022	Continued From page 12 Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: NFPA 101 (1994), Section: 7.1.2, NFPA 70 (2005), Section: 314.28(C)	S8022		
S8023	NFPA Life Safety - Nfpa Utilities NFPA 101 Utilities This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 2006 NFPA 101, Life Safety Code, and the 2006 NFPA 54, National Fuel Gas Code, and the 2006 International Fire Code, and the 2006 International Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure, resulting in injuries to staff or residents. The deficiency affected the kitchen, and all staff working within. The findings were: Observation on 10/11/2023 at 10:15 AM in the kitchen revealed a gas-fired cooktop. Further observation revealed that the cooktop was on casters, and was not provided with the required restraint to protect the flexible gas piping when the cooktop is moved for service or cleaning. Interview with the facility maintenance manager at	S8023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8023	Continued From page 13 the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.6.1; 9.1.1 2006 NFPA 54 Section 10.12.6 2006 IFC 603.1.2 2006 IFGC 411.1.4	S8023		
S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to conduct fire drills in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, WDH Chapter 12 Program Administration of Assisted Living Facilities, and the 2006 NFPA 101 Life Safety Code. Failure to conduct fire drills as required could result in an inadequate response by staff or residents, which could lead to in injury or death during an emergency. The findings were: Document review on 10/11/2023 starting at 3:00 PM revealed the facility had not completed a sufficient number of fire drills, having one (1) drill in the previous twelve (12) months where the building had been fully evacuated. Facilities must conduct fire drills each month with full evacuation. Interview with the facility administrator at the time	S8027		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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
S8027	Continued From page 14 of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH CH 12 Section 7 (o)(iii)(E) 1994 NFPA 101 Sections: 22-3.5; 31-7.3 2006 NFPA 101 Section 32.7.3.1	S8027		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to protect cooking equipment in accordance with the 1994 and 2006 NFPA 101, Life Safety Code, and the 2008 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking equipment could lead to equipment damage or improper protection by fire suppression systems, resulting in injury or death during an emergency. The deficiency affected the kitchen and all staff within. The findings were: Observation on 10/11/2023 at 10:14 AM in the kitchen revealed a wheeled gas-fired cooktop located beneath the grease hood and fire suppression system. Further observation revealed that no means was provided to ensure that the cooktop is returned to the approved location beneath the fire suppression system after being moved for service or cleaning.	S8030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 15 Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.6.2.1; 9.2.3 2004 NFPA 96, Section: 12.1.2.3.1 2. Based on observation and staff interview, the facility failed to handle in-use oxygen containers within resident rooms in accordance with NFPA 99, Standard for Health Care Facilities. The failure to appropriately handle in-use oxygen containers as required could result in injury or death. The deficiency affected fourteen (14) of the resident rooms in the facility. The findings were: Observation on 05/09/2023 starting at 10:36 AM in room 118, revealed that the resident had less than 300 cubic feet of small oxygen cylinders stored in their room. It was further observed in multiple rooms throughout the facility. Additionally, it was noted that rooms 204, 415, 206, 306, 313, 210 had oxygen placed freestanding. Oxygen storage containers must be secured against damage at all times. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref. 2005 NFPA 99 Section 9.4.3.2, 9.7.2.3(11),	S8030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 16 9.4.3.4, 9.4.4.1 3. Based on observation and staff interview, the facility failed to properly store oxygen, when over 300 cubic feet, in a storage area in accordance with the 2005 NFPA 99, Standard for Health Care Facilities. Failure to properly store oxygen could lead to injury or death during an emergency. The deficiency affected one (1) of multiple storage rooms. The findings were: Observation on 10/11/2023 at 10:58 AM in the secure unit storage room revealed: 15 E size cylinders, 2 A size cylinders, and 1 C size cylinder totalling approximately 375 cu ft. Additionally, oxygen was stored next to a printer and printing supplies, and on top of carpet. The room itself was general storage including combustible items. Oxygen was also stored directly next to an electrical outlet. The door of the storage room failed to indicate that it was being used for oxygen storage. Oxygen storage in quantities greater than 300 cubic feet, but less than 3,000 cubic feet, must be within a dedicated space of noncombustible or limited-combustible construction. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2005 NFPA 99, Sections: 9.4.2.1; 9.4.2.3(2); 9.4.2.6; 5.1.3.3.2(5); 9.4.4.1	S8030		

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8000 – NFPA Life Safety -Nfpa General Requirements – 1-Fire door outside 213

A. The Environmental Services Department adjusted door hardware to ensure door shuts and latches as required when dropped unassisted.

B. The Environmental Service Department will audit all automated fire doors to ensure each one drops and latches completely when dropped unassisted.

C. The Environmental Service Department will do full drop tests on automated fire doors during monthly inspections.

Date of completion: 11/30/2023

Tag: S8000 – NFPA Life Safety -Nfpa General Requirements – 2-Heaving concrete N. exit

A. The Environmental Service Department will schedule outside contractors to receive bids on appropriate solutions regarding concrete trip hazard.

B. The Environmental Service Department will follow the recommendation of the contractor and schedule as contractor is available and as weather permits.

Date of completion: 12/11/2023

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8015 – NFPA Life Safety -Nfpa Prot from Hazards – 1-Self closing fire door adjacent to MC dinning

A. The Environmental Service Department will adjust hardware or replace hardware to ensure storage area doors close and latch correctly when dropped unassisted.

B. The Environmental Service Department will audit on storage room entry doors to ensure each close and latches correctly when dropped unassisted.

C. The Environmental Service Department will do full drop tests on automated fire doors during monthly inspections.

Date of completion: 11/30/2023

Tag: S8015 – NFPA Life Safety -Nfpa Prot from Hazards – 2-Downstairs laundry fire barrier

A. The Environmental Service Department will remove all substances with inadequate approval rating and apply approved red fire barrier. This same barrier will be used to fill any unsealed penetration within the fire barrier.

B. The Environmental Service Department will use approved red fire barrier when penetrating fire barrier.

Date of completion: 11/15/2022

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8015 – NFPA Life Safety -Nfpa Prot from Hazards – 3-Excess hand sanitizer

A. The Environmental Service Department removed all excess hand sanitizer from the community property. The remaining hand sanitizers will be at or under the allotted limit per smoke compartment.

Date of completion: 10/13/2023

B. The Executive Director will provide training to the Environmental Services Department concerning hazardous materials and liquids.

Date of completion: 11/30/2023

C. The Executive Director will conduct inspections concerning hazardous materials once a week for 4 weeks, then once a month for 5 months.

Tag: S8015 – NFPA Life Safety -Nfpa Prot from Hazards – 4-Attic hatch not closed.

A. The Environmental services department adjusted door hardware to ensure door shuts and latches as required.

B. The environmental service department will audit all attic doors to ensure they close and latch correctly.

C. Environmental Service Department will inspect attic access doors during monthly fire inspections.

Date of completion: 11/30/2023

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8017 – NFPA Life Safety -Nfpa Det, Alarm & Comm Systems – 1-Fire watch activation

A. Fire panels reported back in full operating condition as of 10/15/2023.

B. In the event a fire watch is needed the Environmental Service Department will adhere to our fire watch policy and procedure until the event has concluded and system is back in normal operating condition.

Date of completion: 10/15/2023

Tag: S8017 – NFPA Life Safety - Nfpa Det, Alarm & Comm Systems – 2-Breaker disconnect marker label

A. The breaker disconnect marker identified was removed with the installation of new fire panel.

B. The Environmental Service Department will audit all breaker panels and identify noncompliant breaker disconnects. Any breaker disconnect identified will be replaced with compliant breaker disconnect.

Date of completion: 11/30/2023

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8017 – NFPA Life Safety - Nfpa Det, Alarm & Comm Comm Systems – 3-Fire watch procedure

A. The Environmental Service Department in coordination with Edgewood Corporate team created a fire watch policy and procedure.

B. The community will follow the Edgewood policy and procedure to determine when and how to conduct fire watch.

Date of completion: 10/26/2023

Tag: S8017 – NFPA Life Safety - Nfpa Det, Alarm & Comm Systems – 4-Semiannual battery inspection

A. The Environmental Service Department will contract with an outside service provider to conduct semiannual battery inspections.

B. The Environmental Service Department will document each semiannual battery inspection.

Date of completion: 11/15/2023

Tag: S8017 – NFPA Life Safety - Nfpa Det, Alarm & Comm Systems – 5-Smoke detector sensitivity testing

A. The Environmental Service Department will contract with an outside service provider to conduct smoke detector sensitivity inspections as required.

B. The Environmental Service Department will document each smoke detector sensitivity inspection.

Date of completion: 11/15/2023

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8018 – NFPA Life Safety -Nfpa Extinguishment Req – 1-Missing Sprinkler head escutcheon

A. The Environmental Service Department installed a new sprinkler head escutcheon.

B. The Environmental Service Department will audit the building to identify any other sprinkler head escutcheon missing or with improper placement. Each identified escutcheon will be corrected or replaced.

C. Environmental Service Department will inspect that sprinkler head escutcheons are correctly intact during monthly inspections.

Date of completion: 10/16/2023

Tag: S8022 – NFPA Life Safety -Nfpa Electric – 1-Obstructed electrical panel

A. The Dining Service Department removed obstruction from in front of electrical panel.

Date of completion: 10/13/2023

B. The Environmental Service Department will provide education on electrical panel access to all dietary staff.

Date of completion: 11/30/2023

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8022 – NFPA Life Safety -Nfpa Electric – 2-Uncovered junction box

A. The Environmental Service Department will replace the junction box cover.

B. The Environmental Service Department will audit the community to ensure each electrical box cover is properly in place and secured.

Date of completion: 11/30/2023

Tag: S8023 – NFPA Life Safety -Nfpa Utilities – 1-unsecured cooktop

A. The Environmental Service Department secured gas fed cooktops to wall with proper cables.

B. The Environmental Service Department will provide education to the Dining Service Department concerning secure placement of gas fed appliances.

C. The Environmental Service Department will inspect appliances once a week for 4 weeks, then once a month for 2 months to ensure appliances remain secure to wall.

Date of completion: 11/30/2023

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8027 – NFPA Life Safety -Nfpa Emergency Egress & Rel Dr – 1-Evacuation fire drills

A. The Environmental Service Department will conduct monthly fire drills (Once each shift every 3 months) to both ensure physical and mental ability to self-evacuate and to educate residents and staff about proper evacuation procedures. Each evacuation will require residents to evacuate outdoors in the allotted time frame. Any resident who is unable to evacuate at that moment due to acute illness or medication impairments will be assisted by staff to the nearest unaffected smoke compartment.

B. The Environmental Service Department will provide education to all employees detailing proper fire drill procedures.

C. The Executive Director will be present at each fire drill conducted to observe proper protocols are practiced for 6 months.

Date of completion: 11/30/2023

Tag: S8030 – NFPA Life Safety -Nfpa Miscellaneous – 1-Location of cooktop

A. The Environmental Service Department worked with a contracted service provider to ensure proper placement of cooktops. Markings have been placed on the floor to ensure appliances can be returned to the proper location after cleaning.

B. The Environmental Service Department will provide education to the Dining Service Department concerning proper placement of cooktops.

C. The Environmental Service Department will inspect appliances once a week for 4 weeks, then once a month for 5 months to ensure appliances remain in proper location.

Date of completion: 11/30/2023

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: October 12, 2023

Ref: LH-2023-1109

Plan of Correction

Tag: S8030 – NFPA Life Safety -Nfpa Miscellaneous – 2-O2 not in proper canister

A. The Environmental Service Department will work with the Clinical Service Department to ensure all O2 is stored properly both while in use and out of use.

B. The Environmental Service Department will provide education to all employees regarding proper O2 storage.

C. The Environmental Service Department will conduct inspections once a week for 4 weeks, then once a month for 5 months.

Date of completion: 11/30/2023

Tag: S8030 – NFPA Life Safety -Nfpa Miscellaneous – 3-Excess O2 storage

A. The Environmental Service Department worked with the Clinical Service Department and O2 supply companies to ensure any O2 stored in storage room or any other room within the community will remain under 300 cubic feet.

B. The Clinical Service Department and Environmental Service Department will provide education to all employees concerning the handling and storage of O2.

C. Environmental Services Department will conduct O2 handling and storage inspections weekly for 4 weeks, then monthly for 5 months to ensure safe O2 handling.

Date of completion: 11/30/2023

Executive Director: _____ Date: 11/15/2023