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FEB 13 2024
Healthcare Licensing and Surveys

PRINTED: 02/05/2024
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
	ALF006	A. BUILDING: _____ B. WING _____	01/29/2024

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 01/29/2024. The facility was a single story fully sprinklered building of Type V (111) construction built in 1998 with an addition in 2010. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 69 licensed beds with a census of 56 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 and 2006 NFPA 101, Life Safety Code, New Residential Board and Care unless otherwise noted.	S 000		
S8013	NFPA Life Safety - Nfpa Marking of Means of Egress NFPA 101 Marking of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress	S8013		

POC accepted on 2/13/24 @ 4:05 PM via phone call w/admin

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S8013	Continued From page 1 marking components in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain means of egress marking components as required could result in injury or death in the event of an emergency. The deficiency affected multiple exits in the secure units. The findings were: Observation at door 300E in the secure unit revealed a 15 second delayed egress door that was missing signage indicating the door was of the delayed egress type. This deficiency was repeated at several other egress doors in the secure areas of the facility. A readily visible, durable sign with letters not less that 1 in. high and not less that 1/8 in. in stroke width on a contrasting background shall be posted. Interview with the executive director at the time of observation acknowledged the deficiency, and indicated that she was aware of the requirement. Interview with the executive director at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101, Ch. 7, Sec. 7.2.1.6.1 (5)	S8013	The facility will ensure that there will be proper signage on all exit doors going forward. The facility will ensure that exit door 300E and other exit doors in secure unit will have proper signage. Environmental Services Director installed signage indicating that door 300E has a 15 second delayed egress. Environmental Services Director will do building walk-through weekly x6, then x1 monthly x6 months then quarterly going forward.	1/30/2024
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could delay	S8015	The Executive will ensure that the secured unit storage room adjacent to the kitchen will have operational self-closing doors. Environmental Services Director installed new self-closing apparatus on the secured unit storage room adjacent to the kitchen.	2/07/204

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S8015	Continued From page 2 egress, resulting in injury or death during an emergency. The findings were: Observation on 01/29/2024 at 10:27 AM in the Secure Unit storage, adjacent to the kitchen, 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. Further observation revealed that oxygen containers were being stored in the room. Any hazardous area shall be protected by an automatic sprinkler system, and separation that will resist the passage of smoke between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic-closing. Interview with the executive director at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the executive director at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Ch.22, Sec. 2.3.2	S8015		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to comply with State Rule, Chapter 12: Program Administration of Assisted Living Facilities. Failure to comply with state rules and regulations as required could result in injury or death due to an increased risk of fire. The deficiency affected one (1) of multiple areas in the facility.	S8999	The facility will ensure that portable space heaters are not to be used in the facility. Environmental Service Director will inspect all offices including the noted Legacy Medical Office to ensure that there are no space heaters being used in the building.	

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S8999	Continued From page 3 The findings were: Observation on 01/29/2024 at 11:25 AM in the legacy medical office revealed a space heater in use. Portable space heaters shall not be used. Interview with the executive director at the time of observation acknowledged the deficiency, and indicated that she was aware of the requirement. Interview with the executive director at the time of exit acknowledged the deficiency. Ref: State Rule, Chapter 12: Program Administration of Assisted Living Facilities	S8999	Environmental Services Director and Executive Director educated the staff occupying Legacy Medical Office on State rules and regulations regarding spaceheaters in assisted living facilities. Administration and QA team will do walk throughs of all rooms and offices in the building x2 quarterly going forward.	1/30/2024