Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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 07/30/2024 and 07/31/2024. The facility was a single story fully sprinklered building of Type V (111) construction built in 1996. The building was equipped with a supervised automatic wet sprinkler system with an antifreeze branch, and a zoned fire alarm system. The facility had a capacity of 50 licensed beds with a census of 46 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 Residential Board and Care unless otherwise noted.	S 000		
S8011	NFPA Life Safety - Nfpa Illum of Means of Egress NFPA 101 Illumination 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 illumination of means of egress in accordance with NFPA 101, Life Safety	S8011		

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

Melissa CM administrator 8/26/24

POC accepted on 8/27/24 @ 8:35 AM via Phone call w/ Admin

8/27/24

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S8011	Continued From page 1 Code. Failure to maintain illumination of means of egress could result in injury or death in the event of a fire. The deficiency affected multiple emergency light fixtures in the facility. The findings were: Observation on 07/30/2024 at 3:10 PM revealed an emergency light that, when tested, failed to operate. This deficiency was noted at multiple emergency light fixtures throughout the facility. The maintenance manager had noted the failures during his monthly inspection, but had not yet ordered replacement equipment. Interview with the maintenance manager at the time of observation confirmed the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref: 1994 NFPA 101, Sec. 22.3.2.8 and 5.9	S8011		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain automatic fire suppression systems in accordance with 1992 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to maintain fire suppression systems as required could result in a failure of the system during a fire, leading to injury or death. The deficiency affected the antifreeze branch of	S8018		

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S8018	Continued From page 2 the system protecting the covered driveway. The findings were: Document review on 07/31/2024 starting at 8:50 AM revealed that the specific gravity test of the antifreeze solution indicated an inadequate solution concentration, leaving the system susceptible to freezing. Antifreeze solutions shall be tested annually and adjusted if necessary. Solution concentrations shall be in accordance with NFPA 25 tables and isothermal charts. Interview with maintenance personnel at the time of observation confirmed the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref: 1992 NFPA 25, Sec. 2.3.4	S8018		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to handle oxygen containers within resident rooms in accordance with NFPA 99, Standard for Health Care Facilities. The failure to appropriately handle oxygen containers as required could result in injury or death. The deficiency affected one (1) of multiple resident rooms in the facility. The findings were: 1. Observation on 07/30/2024 at 3:01 PM in resident suite 4 revealed an oxygen container	S8030		

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S8030	Continued From page 3 placed freestanding. Oxygen containers must be secured against damage at all times. Interview with the maintenance manager at the time of observation confirmed the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref: 1993 NFPA 99, Sec. 9.4.3.2, 9.7.2.3 (11), 9.4.3.4, 9.4.4.1 2. Observation on 07/30/2024 at 3:15 PM at resident suite 12 revealed a room with oxygen in use. Further observation revealed that the resident room stored more cylinders than "for immediate use". An individual cylinder placed in a patient care area for immediate use shall not be required to be stored in an enclosure. Interview with the maintenance manager at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref: 1993 NFPA 99, Sec. 8.3.1.11 and 4.3.1.2.1(b)	S8030		

Plan of Corrections for Garden Square Assisted Living of Casper, Survey Date July 31st, 2024, Reference Number LH-2024-0778

Mercedes Ortega, Administrator

S8011 The Administrator and Director of Maintenance are responsible for all corrective action related to S8011. Corrective action that was accomplished for S8011 was to replace all old emergency lights with new lights. As of 7.31.24 this has been accomplished. Each month in the Maintenance Director's safety review, emergency lights will be assessed for replacement or new batteries. This review and appropriate action will be repeated every month. Following these monthly checks, administrator and Maintenance Director will review at the end of the month for compliance.

S8018 The Administrator and Director of Maintenance are responsible for all corrective action related to S8018. Corrective actions that will be accomplished for S8018 are to have this antifreeze loop drained, replaced with appropriate temperature antifreeze solution. Two bids for this have been obtained already for replacement. This will be completed by September 28th, 2024. This will be reviewed twice a year during inspections of antifreeze loop.

S8030 The Administrator and Director of Maintenance are responsible for all corrective action related to S8030. Corrective actions that have been accomplished are that all excess oxygen tanks have been removed and returned to Lincare. All remaining oxygen bottles are secured in appropriate containers provided by Lincare. To prevent this deficient practice from recurring, a monthly check off sheet will be added to Maintenance Director's Safety Checks including a spot to ensure appropriate number of tanks present, and proper storage for all tanks. Following these monthly checks, administrator and Maintenance Director will review at the end of the month for compliance.