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 _____	C 04/16/2024

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 complaint investigation survey was conducted by Healthcare Licensing and Surveys on August 31, 2023. The survey was prompted by complaint intake LIC-24-049. The facility was a two story, fully sprinklered building with a basement of Type V(111) construction built 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 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 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		
S8003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components	S8003		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director (X6) DATE 7/15/24

This revised POC was accepted on 7/15/24 @ 8:00 AM via email to Maint. Mngr.

Don Cobb

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S8003	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on observation, photo evidence, and staff interview, the facility failed to maintain means of egress components in accordance with NFPA 101, Life Safety Code. Failure to maintain means of egress components as required could cause a delay in egress during a fire, or other emergency, leading to injury or death. The findings were: Observation on 4/16/2024 at 11:17 revealed a trash can and boxes stored in an emergency exit. Means of egress components shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated that he 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.1.10.1	S8003		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation, photo evidence, 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. Failure to appropriately handle	S8030		

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S8030	Continued From page 2 in-use oxygen containers as required could result in injury or death. The findings were: 1. Observation on 04/16/2024 at 11:06 AM at resident room 306 revealed a room with oxygen in use. Further observation revealed that the resident room stored more cylinders than "for immediate use"; approximately 17, M4 size cylinders were observed to be stored in the resident room. An individual cylinder placed in a patient care area for immediate use shall not be required to be stored in an enclosure. 2. Observation on 04/16/2024 at 11:15 AM at resident room 317 revealed a room with oxygen in use. Further observation revealed the resident room door was self-closing or automatic-closing as required, but was propped open with a carton of 4, M4 size cylinders not allowing the door to operate as designed. Additional observation revealed that the resident room stored more cylinders than "for immediate use"; approximately 8, M4 size cylinders were observed to be stored in the resident room. An individual cylinder placed in a patient care area for immediate use shall not be required to be stored in an enclosure. 3. Observation on 04/16/2024 at 11:20 AM at resident room 210 revealed a room with oxygen in use. Further observation revealed that there was no precautionary signage to indicate oxygen was in use in that room. Additional observation revealed that the resident room stored more cylinders than "for immediate use"; approximately 12, M4 size cylinders were observed to be stored in the resident room. An individual cylinder placed in a patient care area for immediate use shall not be required to be stored in an enclosure. 4. Observation on 04/16/2024 at 11:26 AM at	S8030		

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S8030	Continued From page 3 resident room 415 revealed a room with oxygen in use. Further observation revealed that the door was automatic-closing or self-closing as required, but was held open by a magnetic hold-open device that was not integrated with the fire alarm system, not allowing the door to operate as designed. Additional observation revealed that the resident room stored more cylinders than "for immediate use"; approximately 12, M4 size cylinders were observed to be stored in the resident room. An individual cylinder placed in a patient care area for immediate use shall not be required to be stored in an enclosure. 5. Observation on 04/16/2024 at 11:30 AM at resident room 503 revealed a room with oxygen in use. Further observation revealed that the door was automatic-closing or self-closing as required, but was chalked open not allowing the door to operate as designed. Additional observation revealed that the resident room stored more cylinders than "for immediate use"; approximately 8, E size cylinders were observed to be stored in the resident room. 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 acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the executive director at the time of exit acknowledged the deficiency. Ref: 2005 NFPA 99, Ch. 9 Sec. 4.3.4 and 4.4.1	S8030		

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: 04/16/2024

Ref: LH-2024- 0390

Plan of Correction

(Revised Plan of Correction)

Tag: S8030 – Nfpa Life Safety – Nfpa Miscellaneous

A. The Executive Director and Environmental Service Director will audit all O2 storage throughout the community to determine the following:
   1. Current total tanks per resident and maximum number of tanks needing to be stored per resident exceeding immediate use (Immediate use tanks will be 6 A or B tanks or 4 C tanks or 1 E tanks).
   2. The Environmental Service Director will work with Clinical Director, Residents/family, and all Oxygen providers to reduce number of tanks necessary per resident.

B. The Executive Director and Environmental Service Director will identify appropriate storage in each smoke compartment to store an amount equal to or less than 300 cubic ft.
   1. The identified storage areas will be used to store all O2 not in use or for immediate use.

C. The Environmental Service Director will provide proper education to all employees concerning O2 storage parameters.

D. The Clinical Service Director will audit all O2 storage, including immediate use tanks once per week for 12 weeks, then once per month for 6 months. This audit will be submitted to the Executive Director for review with Environmental Service Director.

Date of completion: 8/15/2024

Executive Director: _____ Date: 7/15/24