

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND	STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82609
---	--

(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	<p>General Comments</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 6/12/2024 and 6/13/2024.</p> <p>The facility was a two story, fully sprinklered building of Type V(111) construction constructed in 1998, with a remodel/construction in 2010 and 2012. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 155 beds and a census of 85 residents.</p> <p>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.</p> <p>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.</p>	S 000		
S8000	<p>NFPA Life Safety - Nfpa General Requirements</p> <p>NFPA 101 General Requirements</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain elevators and</p>	S8000		

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

Kaualus Brooks

Executive Director

TITLE

(X6) DATE

6/25/2024

STATE FORM

6899

H2B511

If continuation sheet 1 of 8

This POC was approved on 6/25/2024 @ 3:50 via phone call w/ED

Don Cobb

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER
EDGEWOOD MEADOW WIND

STREET ADDRESS, CITY, STATE, ZIP CODE
**3955 EAST 12TH STREET
CASPER, WY 82609**

(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	<p>Continued From page 1</p> <p>equipment in accordance with the NFPA 101, Life Safety Code, and American Society of Mechanical Engineers (ASME) 17.1, Handbook on Safety Code for Elevators and Escalators. Failure to maintain elevators and equipment as required could result in injury or death during an emergency. The deficiency affected all residents, staff, and visitors in the facility. The findings were:</p> <p>Document review on 6/12/2024 starting at 3:45 PM and 6/13/2024 starting at 9:00 AM revealed that no documentation was available to demonstrate that the monthly firefighters' emergency operation tests for the elevator was being conducted. Firefighters' emergency operation shall be tested monthly, and a record of the findings kept on the premises.</p> <p>Interview with maintenance personnel at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement.</p> <p>Interview with the executive director at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Section 9.4.3; ASME A17.1</p>	S8000		
S8003	<p>NFPA Life Safety - Nfpa Means of Egress Components</p> <p>NFPA 101 Means of Egress Components</p> <p>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 components in accordance with NFPA 101, Life</p>	S8003		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024	
NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND		STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82609		
(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
S8003	<p>Continued From page 2</p> <p>Safety Code. Failure to maintain means of egress components as required could result in delayed egress during an emergency leading to injury or death. The deficiency affected all residents, staff, and visitors. The findings were:</p> <p>1. Observation on 6/12/2024 at 1:45 PM at the meadow 2 northeast exit revealed a delayed-egress exit door that when initiated, an irreversible process unlocking the door within 15 seconds began. The door unlocked as required. However, further observation revealed that the door required an excess of 30 lb of force to set the door in motion to open. The force to fully open any door manually in a means of egress shall not exceed 30 lb.</p> <p>Interview with the maintenance staff at the time of observation confirmed the deficiency and indicated that he was aware of the requirement.</p> <p>Interview with the executive director at the time of exit confirmed the deficiency.</p> <p>1994 NFPA 101 Sec. 22-3.2, 5-2.1.4.4</p> <p>2. Observation on 6/12/24 at 2:00 PM at the west first floor stairwell revealed the door leading into the stairwell from the facility side was held open with an unapproved wedge device. A door designed to normally be kept closed in a means of egress, such as a door to a stair enclosure or horizontal exit, shall be a self-closing door and shall not be secured in the open position at any time.</p> <p>Interview with maintenance personnel at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement.</p>	S8003		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
EDGEWOOD MEADOW WIND

STREET ADDRESS, CITY, STATE, ZIP CODE
**3955 EAST 12TH STREET
CASPER, WY 82609**

(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
S8003	Continued From page 3 Interview with the executive director at the time of exit confirmed the deficiency. Ref 1994 NFPA 101 Sec. 22-3.2, 5-2.2.6, 5-1.3.1 (c), 5-2.1.8	S8003		
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 marking of means of egress in accordance with NFPA 101, Life Safety Code. Failure to maintain marking of means of egress as required could result in a delay in egress during an emergency leading to injury or death. The deficiency was observed at one delayed-egress exit door in the facility and affected all residents, staff, and visitors. The findings were: Observation on 6/12/2024 at 1:50 PM at the Meadow 2 east exit revealed a delayed egress door. Further observation revealed there was no signage on the door indicating that it was of the delayed egress type. Interview with maintenance personnel at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement. Interview with the executive director at the time of	S8013		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND		STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82609		
(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
S8013	Continued From page 4 exit confirmed the deficiency. Ref: 1994 NFPA 101 Sec. 22-3.2, 5-2.1.6.1 (d)	S8013		
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: Based document review and staff interview, the facility failed to maintain fire alarm systems in accordance with the NFPA 101, Life Safety Code, and the 2002 NFPA 72, National Fire Alarm Code. Failure to maintain fire alarm systems as required could result in delayed detection, notification, and reporting of a fire leading to injury or death. The deficiency affected the entire fire alarm system and all residents and staff. The findings were: 1. Document review on 6/12/2024 starting at 3:45 PM and 6/13/2024 starting at 9:00 AM revealed there was no documentation available for the annual alarm notification appliances location and pass/fail test. Notification and initiating devices shall be identified on inspection records by location and serial number, device type, visual check, functional test, factory setting, measured setting, and pass or fail indication. Interview with the maintenance staff at the time of observation confirmed the deficiency and indicated that he was not aware of the requirement. Interview with the executive director at the time of exit confirmed the deficiency.	S8017		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
--	--	---	--

NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND	STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82609
--	--

(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	<p>Continued From page 5</p> <p>REF: 2006 NFPA 101, Ch. 32, 2.3.4.1, and 9.6.1.3; 2002 NFPA 72 Table 10.4.3</p> <p>2. Based on document review and staff interview, the facility failed to test fire dampers in accordance with NFPA 101, Life Safety Code, and NFPA 80, Standard for Fire Doors and Other Opening Protectives . Failure to test fire dampers as required may lead to the spread of smoke and fire resulting in injury or death. The findings were:</p> <p>Document review on 6/12/2024 starting at 3:45 PM and 6/13/2024 starting at 9:00 AM revealed there was no documentation available to demonstrate that the facility had accomplished fire damper testing within the past 4 years. Fire dampers shall be tested and inspected every 4 years.</p> <p>Interview with maintenance personnel at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement.</p> <p>Interview with the executive director at the time of exit confirmed the deficiency.</p> <p>Ref: 1999 NFPA 80, Ch.19 Sec. 4.1.1</p>	S8017		
S8027	<p>NFPA Life Safety - Nfpa Emergency Egress & Rel Dr</p> <p>NFPA 101 Emergency Egress and Relocation Drills</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview,</p>	S8027		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND	STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82609
---	--

(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	<p>Continued From page 6</p> <p>the facility failed to conduct and/or maintain documentation of fire exit drills in accordance with NFPA 101, Life Safety Code, and Wyoming Department of Health Chapter 12 Rules, Program Administration for Assisted Living Facilities. Failure to conduct fire exit drills as required could result in delayed egress during an emergency leading to injury or death. The findings were:</p> <p>Document review on 6/12/2024 starting at 3:45 PM and 6/13/2024 starting at 9:00 AM revealed the facility had been conducting fire drills once per month, but had not been evacuating all residents to an assembly point as required. Drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape.</p> <p>Interview with maintenance personnel at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement.</p> <p>Interview with the executive director at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Ch. 32.7.3; WDH CH 12 rules (o)(iii)(E)</p>	S8027		
S8030	<p>NFPA Life Safety - Nfpa Miscellaneous</p> <p>NFPA 101 Miscellaneous</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the</p>	S8030		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD MEADOW WIND	STREET ADDRESS, CITY, STATE, ZIP CODE 3955 EAST 12TH STREET CASPER, WY 82609
---	--

(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	<p>Continued From page 7</p> <p>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 in-use oxygen containers as required could result in injury or death. The findings were:</p> <p>Observation on 6/12/2024 at 2:40 PM at resident room 179 revealed a room with oxygen in use. Further observation revealed that the resident room stored more cylinders than "for immediate use". Approximately five (5) M4, nine (9) M6, and four (4) 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.</p> <p>Interview with maintenance personnel at the time of observation confirmed the deficiency, and indicated that he was not aware of the requirement.</p> <p>Interview with the executive director at the time of exit confirmed the deficiency.</p> <p>Ref: 1993 NFPA 99, Ch. 8 Sec. 3.1.11.2</p>	S8030		

Plan of Correction for Meadow Wind Assisted Living, June 13, 2024, survey date.

Tag #S8000

Firefighters' emergency operation shall be tested monthly and has been added to our TELS monthly tasks and will be recorded in TELS once completed. Spreadsheet created to track date and time of test.

Completion Date: June 21st, 2024

Tag #S8003

The Northeast delayed egress exit door has been adjusted and tested to meet the 15 second requirement and also the 5 lbs. of pressure to open the door. This is completed monthly and documented in TELS.

West first floor stairwell door was propped open, door stop removed and sign has been placed to keep shut at all times.

Completion Date: June 21st, 2024

Tag #S8013

Meadow 2 east exit delayed egress door was missing the 15 second delay sign. Sign placed on door that states "Push door will release in 15 seconds."

Completion Date: June 21st, 2024

Tag #S8017

Failure to maintain fire alarm systems, last inspection only documented that it was completed. did not have location and serial number, device type, visual check, functional test, measured setting and pass or fail indication.

Alarm company has been contacted to come and complete the required testing with the above requirements.

Fire Damper testing has not been completed. We have added this testing to TELS to be required every 4 years with this being the first required year.

HVAC/Mechanical company has been scheduled to perform required testing.

Completion Date: September 13, 2024

Tag#S8027

Fire drills that have been completed have not been fully evacuated to assembly point.

All fire drills will be completed with full evacuation to assembly point. Evacuation will be documented and recorded in TELS.

Completion Date: August 1st, 2024

Tag #S8030

Failure to appropriately handle in-use oxygen containers within resident rooms.

Oxygen containers have been evaluated in affected resident rooms. All will have their O2 provider make multiple deliveries and storage will be made available for any extra tanks that are needed for residents with higher oxygen tank needs to avoid overage in room. Available rooms for storage of O2 tanks will be our Memory Care one laundry room, Upstairs Assisted living laundry room, medical supply room in Memory Care one and nurses' station in Assisted Living. Oxygen cylinders will be stored 5ft away from combustibles, and that smoke compartments will be limited to 300 cubic meters of oxygen.

Also, residents will be evaluated moving forward to see if they will qualify for Inogen machines.

Completion Date: September 13, 2024