PRINTED: 09/12/2018
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
	ALF010	A. BUILDING: _____ B. WING _____	08/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

(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 was conducted by Healthcare Licensing and Surveys on August 28, 2018. The facility was a fully sprinklered, single story building of Type V (000) construction built in 2000. The building was equipped with a supervised automatic wet 13R sprinkler system, and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 11 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 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 NFPA 101, Life Safety Code, New Board and Care, 2000 Edition, unless otherwise noted.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with the 2000 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an	S8012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 10/2/18

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S8012	Continued From page 1 emergency. The deficiency affected 1 of 2 smoke compartments, as well as the 12 residents and staff. The findings were: Observation on 8/28/2018 at 1:30 PM in the corridor adjacent to room 10 revealed an emergency light that when tested failed to operate. Interview with the facility administrator at the time of observation acknowledged the light failed to operate, and indicated awareness of the requirement. REF: 2000 NFPA 101, Section: 4.6.12.2 2. Based on document review and staff interview, the facility failed to maintain emergency lighting in accordance with the 2000 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an emergency. The deficiency affected 2 of 2 smoke compartments, as well as the 12 residents and staff. The findings were: Document review on 8/28/2018 at 2:00 PM revealed the facility could not verify that the 30 second monthly and 90 minute annual emergency lighting tests had been conducted during the previous 12 months. Interview with the facility administrator at the time of observation acknowledged no documentation was available, and indicated he was unaware of the requirement. REF: 2000 NFPA 101, Sections: 4.6.12.2; 7.9.3	S8012		

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S8018	Continued From page 2	S8018		
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 fire sprinkler systems in accordance with the 2000 NFPA 101, Life Safety Code, and the 1998 NFPA 25 Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Failure to maintain fire sprinkler systems as required could result in injury or death during an emergency. The deficiency affected 2 of 2 smoke compartments, as well as the 12 residents and staff. The findings were: Document review on 8/28/2018 at 2:05 PM revealed the facility could not verify that the fire sprinkler system had been annually inspected during the previous 12 months. Further observation revealed that the last annual inspection was in June 2017. Interview with the facility administrator at the time of observation acknowledged no documentation was available, and indicated he was unaware of the requirement. REF: 2000 NFPA 101, Sections: 32.2.3.5.2; 9.7.5 1998 NFPA 25, Sections: 1-8; 2-2.1.1	S8018		10/2/18
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers	S8019		10/2/18

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S8019	Continued From page 3 This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain portable fire extinguishers in accordance with the 2000 NFPA 101, Life Safety Code, and the 1998 NFPA 10, Standard for Portable Fire Extinguishers. Failure to maintain portable fire extinguishers as required could result in injury or death during an emergency. The deficiency affected 2 of 2 smoke compartments, as well as the 12 residents and staff. The findings were: Document review on 8/28/2018 at 2:00 PM revealed the facility could not verify that the portable fire extinguishers had been monthly or annually inspected during the previous 12 months. Further observation revealed that the last annual inspection was in June 2017. Interview with the facility administrator at the time of observation acknowledged no documentation was available, and indicated he was unaware of the requirement. REF: 2000 NFPA 101, Section: 4.6.12.2 1998 NFPA 10, Sections: 4-3.1; 4-3.4.3; 4-4.1	S8019		
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 document review and staff interview,	S8027		10/2/18

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S8027	Continued From page 4 the facility failed to conduct fire drills in accordance with the 2000 NFPA 101, Life Safety Code, and the Wyoming Department of Health Chapter 12. Failure to conduct fire drills as required could delay egress resulting in injury or death. The deficiency affected 2 of 2 smoke compartments, as well as the 12 residents and staff. The findings were: Document review on 8/28/2018 at 2:00 PM revealed the facility could not verify that fire drills had been conducted monthly during the previous 12 months. Further observation revealed no documentation for fire drills could be located. Interview with the facility administrator at the time of observation acknowledged no documentation was available, and indicated awareness of the requirement. REF: 2000 NFPA 101, Section: 32.7.3 WDH Chapter 12, Section 7 (o)(III)E	S8027		

Willow Creek
ElderCare Communities

Evanston Life Safety

Survey Date: August 28, 2018

ID Prefix Tag

S8012 NFPA Emergency Lighting

1. The facility completed and installed emergency lighting at room 10 on 10/02/2018.
2. The facility will complete monthly 30-second lighting tests to ensure proper working lighting.
3. The facility will complete annual 90-minute emergency lighting tests.
4. The facility will discuss results of emergency lighting tests monthly during QA meetings.
5. Date of compliance 10/02/2018.

S8018 NFPA Extinguishment Requirements

1. The fire sprinkler system was fully inspected on 12/22/2017. Documentation not available at time of survey. Documentation now kept onsite.
2. Fire Sprinkler was fully inspected on 09/12/2018.
3. Fire inspection survey requirement will be discussed in quarterly QA.
4. Date of compliance 10/02/2018.

S8019 NFPA Portable Fire Extinguisher

1. Portable fire extinguishers were checked for compliance in September and October.
2. Portable fire extinguishers will be checked monthly to ensure compliance and according to guidelines.
3. Fire extinguisher checks will be discussed during monthly QA.
4. Date of compliance 10/02/2018.

S8027 NFPA Emergency Egress and Relocation Drills

1. Fire drills completed monthly.
2. Each month the fire drill will be held on a different shift to meet requirements.
3. Fire drills will be logged and documented according to policy.
4. Fire drills were held on 09/14/2018 and 10/02/2018.
5. Monthly fire drills will be discussed in monthly QA.
6. Date of compliance 10/02/2018

Accepted w/ Mark Hainsworth on-site on 10-9-18.