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PRINTED: 09/25/2019
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/11/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WILLOW CREEK HOMES OF EVANSTON

1949 WEST UINTA STREET
EVANSTON, WY. 82030

(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 September 11, 2019. 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 12R sprinkler system, and an addressable fire alarm system. the facility had a capacity of 18 licensed beds with a census of 7 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 and Regulations for Healthcare Facilities applies (ii) Assisted Living Facilities in operation prior to the effective date of those 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 Code, 2000 Edition, unless otherwise noted.	S 000		
58000	NFPA Life Safety - Nfpa General Requirements NFPA 101 General Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide directional exit signs in accordance with 2000 NFPA 101, Life Safety	58000		

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

TITLE

(X6) DATE

STATE FORM

WY

Y1FQ11

If continuation sheet 1 of 11

Accepted via phone call with Eric McMillon on 10/8/19 @ 2:07 PM.

DOC! 10/24/19.

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NAME OF PROVIDER OR SUPPLIER WILLOW CREEK HOMES OF EVANSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1949 WEST UTA 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	
S8000	Continued From page 1 Code. Failure to provide directional exit signs could lead to injury or death in an emergency. The deficiency affected the entire building. The findings were: Observation on 9/11/19 at 8:24 AM revealed that exit signs (illuminated, tactile or directional) were not present in the facility. Interview with the administrator at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated he was unaware of the requirement. REF: 2000 NFPA 101, Life Safety Code, Section 33.3.2.10, 7.10.1.2, 7.10.1.3, 7.10.2, 7.10.5	S8000			
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a self-closing door that latched in accordance with the 2000 NFPA 101, Life Safety Code. Failure to provide a latching self-closing door could lead to injury or death in an emergency. The deficiency affected one (1) of multiple doors in the building. The findings were: Observation on 9/11/19 at 8:47 AM revealed the storage closet door nearest the exit by room 10 failed to latch when released with no initial movement. Interview with administrator at the time of the	S8004		10/4/19	

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S8004	Continued From page 2 observation, and at the time of exit, acknowledged the deficiency, and indicated awareness of the requirement. REF: 2000 NFPA 101, Life Safety Code, Section 7.2.1.8.1	S8004		
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide ground-fault circuit-interrupter (GFCI) protection for personnel in accordance with the 2005 NFPA 70, National Electrical Code. Failure to provide GFCI protection could lead to injury or death due to electrocution. The deficiency affected twelve (12) of twelve (12) resident rooms and the kitchen. The findings were: Observation on 9/11/19 at 8:59 AM in resident room #12 found that electrical receptacles located adjacent to the bathroom sink did not contain GFCI protection. Further observation revealed that the other resident bathrooms also did not contain GFCI protection. Additional observation in the kitchen found that the two receptacles behind the refrigerator, and adjacent to the sink, also did not contain GFCI protection. Interview with administrator at time of the observation, and at the time of exit, acknowledged the deficiency, and indicated awareness with the requirement.	S8022		10/4/19

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S8022	Continued From page 3	S8022			
	REF: 2006 NFPA 70, National Electrical Code, 210.8				
S8026	NFPA Life Safety - Nfpa Resident Training	S8026			
	NFPA 101 Resident Training				
	This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to conduct fire drills that provide experience in egressing through all exits in accordance with 2000 NFPA 101, Life Safety Code. Failure to conduct fire drills that provide experience in egressing through all exits could lead to injury or death in an emergency. The deficiency affected all fire drills conducted over the past year. The findings were: Document review and staff interview, on 8/11/19 at 9:18 AM revealed that fire drills do not contain situations whereby the primary escape route is blocked. Interview with the administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated he was unaware of the requirement.				
	REF: 2000 NFPA 101, Life Safety Code, Section 32.7.2 and 32.7.3				
S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr	S8027			
	NFPA 101 Emergency Egress and Relocation Drills				

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88027	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a level walking surface in a means of egress in accordance with the 2000 NFPA 101, Life Safety Code. Failure to provide a level walking surface in a means of egress could lead to injury or death in an emergency. The deficiency affected three (3) locations on the means of egress. The findings were: Observation on 9/11/19 at 9:32 AM revealed a crack in the driveway that is used as an egress during emergencies, where by it abruptly changed in elevation exceeding 3/4". Further observation found additional abrupt elevation changes near the exit doors by room 1 and by room 7 that exceeded 1/4" with a max measurement of 1-1/2". Interview with the administrator at the time of the observation, and the time of exit, acknowledged the deficiency, and indicated he was unaware with the requirement. REF: 2000 NFPA 101, Life Safety Code, Section 7.1.6.2	88027			
88030	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 provide sprinklers free of foreign materials in accordance with the 2000 NFPA 101,	88030		10/4/19	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

STATE FORM

0009

Y1FQ11

If continuation sheet 5 of 11

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S8030	Continued From page 5 Life Safety Code, and 1998 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to provide sprinklers free of foreign materials could lead to injury or death in an emergency. The deficiency affected at least two (2) separate sprinkler heads in the building. The findings were: Observation on 9/11/19 at 9:08 AM in the Kitchen revealed that the sprinkler head had a buildup of grease. Further observation revealed the sprinkler head above the east dining table also had a buildup of grease and dirt. Interview with the administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated he was unaware of the requirement. REF: 2000 NFPA 101, Life Safety Code, Section 9.7.5	S8030			
S8031	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide proper clearance to combustibles in accordance with the 2006 International Mechanical Code. Failure to provide clearance to combustibles for clothes dryers could lead to injury or death in an emergency. The deficiency affected one (1) of one (1) clothes dryers in the building. The findings were: Observation on 9/11/19 at 8:33 AM in the laundry room found an excessive build-up of combustible lint fibers behind the dryer.	S8031		10/11/19	

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S8031	Continued From page 6 Interview with the administrator at the time of the exit, acknowledged the deficiency, and indicated awareness with the requirement. REF: 2006 International Mechanical Code Section 913.3	S8031			
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide backflow protection on hand showers in accordance with the 2006 International Plumbing Code. Failure to provide backflow protection on hand showers could lead to the spread of infection. The deficiency affected all hand showers. The findings were: Observation on 9/11/19 at 8:15 AM in the bathroom of room #2 revealed that the hand showers did not have backflow protection installed. Interview with the Administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated unawareness of the requirement. REF: 2006 International Plumbing Code Section 424.2 Based on observation and staff interview the facility failed to provide tempered water for public hand washing facilities in accordance with the 2006 International Plumbing Code. Failure to provide tempered water could result in injury or	S8032		10/3/19	

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SB032	Continued From page 7 death. The deficiency affected all public hand washing facilities. The findings were: Observation on 9/11/19 at 8:30 AM in the laundry room at the utility/hand wash sink revealed the temperature of the water to be at 133°F. Further observation revealed that other hand-washing facilities in the building also had non-tempered water. Interview with the Administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated awareness of the requirement. REF: 2008 International Plumbing Code Section 410.5 Based on observation and staff interview, the facility failed to provide backflow protection on lawn irrigation systems in accordance with the 2008 International Plumbing Code. Failure to provide backflow protection on lawn irrigation systems could lead to contamination of the plumbing system. The deficiency affected one (1) of one (1) locations. The findings were: Observation on 9/11/19 at 9:49 AM on the building exterior near the living room/dining room wall revealed that no backflow prevention was visible on the lawn irrigation system. Interview with the Administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated he was unaware of the requirement. REF: 2008 International Plumbing Code Section 608.16.5	SB032			10/14/19

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S8033	Continued From page 8	S8033			
S8033	IFGC Life Safety - Intl Fuel Gas Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide space for an appliance having an ignition source free of combustible material in accordance with the 2006 International Fuel and Gas Code. Failure to provide space for an appliance having a source of ignition free of combustible material could lead to the spread of fire within the facility. The deficiency affected one (1) of one (1) areas in the building. The findings were: Observation on 9/11/19 at 8:36 AM in the utility closet revealed that the area was also being used for combustible storage. Interview with the Administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated he was unaware of the requirement. REF: 2006 International Fuel and Gas Code Section 305.2 Based on observation and staff interview, the facility failed to provide proper combustion air in accordance with the 2006 International Fuel and Gas Code. Failure to provide space for an appliance having a source free of combustible material could lead to injury or death. The deficiency affected one (1) of one (1) areas in the building. The findings were: Observation on 9/11/19 at 8:36 AM in the utility closet revealed cardboard located in front of the	S8033			

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88033	Continued From page 9 lower combustion air vent. Interview with the Administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated he was unaware of the requirement. REF: 2006 International Fuel and Gas Code Section 304	88033			
88999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide door hardware that did not require tight grasping and twisting of the wrist to operate in accordance with the 2006 International Building Code. Failure to provide hardware that does not require tight grasping and twisting of the wrist to operate could lead to injury or death in an emergency. The deficiency affected three (3) of four (4) exits. The findings were: Observation on 9/11/19 at 8:24 AM revealed that the exterior screen doors contained locks with a small twist lock below the handle. Interview with the administrator at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated he was unaware of the requirement. REF: 2006 International Building Code Section 1008.1.8.1 Based on observation and staff interview, the facility failed to provide a flush handle on the	88999			

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S8999	Continued From page 10 open side of the water closet in accordance with the (CC/ANSI) A117.1-2003. Failure to provide a handle on the open side of the water closet could lead to injury. The deficiency affected one (1) of multiple bathrooms in the building. The findings were: Observation on 9/11/19 at 8:39 AM in the central bathing room found the flush handle located on the wall side of the water closet. Interview with the Administrator at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated awareness with the requirement. REF: ICC/ANSI A117.1-2003 Section 604.6	S8999			10/4/19

**POC Evanston 09/11/2019****Prefix tag s-8000 General Requirements**

1. 5 exit diagrams of the building with marked exits and your current location is placed throughout the home with directional arrows in frames.
2. The manager has been instructed to add 3 additional illuminated exit signs, to go over the doors.
3. Corporate officer will verify placement of signage above exit doors.
4. Date of compliance 10/24/2019

Prefix tag s-8004 NFPA Doors

1. The manager has enlisted to service of a maintenance person who will service the storage closet door to ensure proper latching.
2. Manager and maintenance personnel will additionally check other doors in the facility to ensure proper latching of doors.
3. Date of compliance 10/24/2019.

Prefix tag s-8022 NFPA Electric

1. A local contractor has been scheduled for maintenance to replace outlets sited with GFI outlets for compliance in resident bathrooms and kitchen.
2. The manager will inspect that all work performed is to code and meets the POC scope.
3. Completed work will verified by corporate officer.
4. Date of compliance 10/24/19

Prefix tag s-8026 NFPA Resident Training

1. The manager and corporate officer created new fire drill forms that contain documented drills containing different fire scenarios and exit locations.
2. Different scenarios and exits locations will continue to be incorporated in fire drills with new documentation.
3. Corporate office will ensure fire drills are being conducted monthly through QA and quarterly review.
4. Date of compliance 10/24/19.



Prefix tag s-8027 NFPA Emergency Egress & Relocation Drills

1. The manager has enlisted the aid of a local contractor to level the walking surfaces in the areas of concern.
2. This will be accomplished through grinding down and when appropriate, using concrete leveling materials to make smooth transitions.
3. Date of compliance 10/24/19.

Prefix tag s-8030 NFPA Misc 101

1. Manager scheduled a maintenance worker to clean all fire sprinklers in the kitchen area so they are clean and free of grease and debris.
2. Manager will schedule cleaning for sprinkler heads on a routine basis or prn.
3. Date of compliance 10/24/19

Prefix tag s-8031 Int'l Mechanical Code

1. Manager removed clothes dryer after survey and cleaned behind dryer, removing all lint build up.
2. Manager scheduled Maintenance personnel to additionally clean dryer vent duct.
3. Corporate office and manager will monitor through QA process.
4. Date of compliance 10/24/19

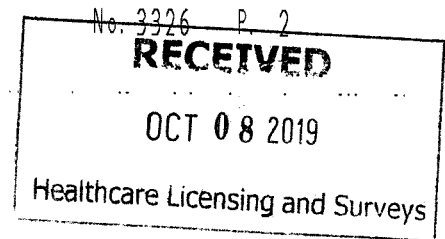
Prefix tag s-8032 Int'l Plumbing Code back flow prevention

1. Corporate office will install back flow preventers on the hand held shower heads.
2. Corporate office shortened the hose on one hand held shower.
3. Date of compliance 10/24/2019

Prefix tag s-8032 Int'l Plumbing Code

Public Facilities

1. We have 2 water heaters, one services the laundry, dishwasher and utility sink for sanitation. The other heater services the resident's fixtures and is set to 120.
2. Manager will set water heaters to manufacturer specifications to ensure proper distribution of water temperatures of 120 or less.
3. Manager will monitor daily water temperatures for 30 days.
4. If water temperatures fail to stay below required temperatures, thermostatic mixing valves be installed for resident use to protect against dangerous temperatures.
5. Date of compliance 10/24/2019

**Backflow Protection**

1. A Pressure Vacuum Breaker will be installed on sprinkler line to protect against backflow.
2. Manager will arrange for PVB to be installed through local contractor or other appropriate entity.
3. Date of Compliance 10/24/2019

Prefix tag s-8033**Combustible Material**

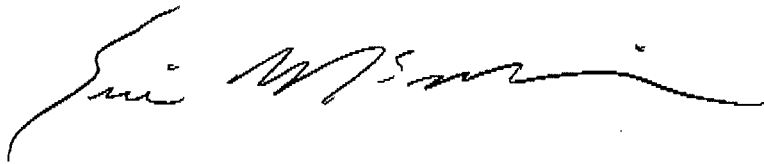
1. Manager removed all combustible materials pointed out during survey immediately.
2. Manager will conduct weekly inspections to ensure compliance is maintained.
3. Manager will hold staff meeting to aid in awareness of all staff.
4. Date of compliance 10/24/2019

Prefix tag s-8999**Locks**

1. Manager immediately removed all locks that were pointed out as nonconforming during survey.
2. Manager will monitor other existing locks to ensure compliance and report to corporate officer during quarterly QA
3. Date of compliance 10/24/2019

Prefix tag s-8999**Flush Handle**

1. Manager will arrange for maintenance personnel to either replace the tank or whole toilet that conforms to ADA code and has flush handle on open side of water closet.
2. Manager will inspect to ensure work is done properly and meets requirements specified.
3. Date of compliance 10/24/2019

 10/4/19
Eric McMillan, President