Willow Creek

Buffalo

ID Prefix Tag

S8015 NFPA Life Safety - Nfpa Prot form Hazards NFPA 101

Corporate office Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by Willow Creek Community, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by Willow Creek Community of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

- Staff will no longer allow residents to utilize temporary storage in unused rooms.
- Manager will oversee all staff utilize our new storage shed for all excess items.
- Corporate officer and manager will additionally hold a staff training with staff regarding storage protocol..
- Corporate officer and Manager will monitor storage compliance for 1 month.
- Corporate will review compliance & policy success where observed during the upcoming QA Meeting.
- All stored items in room have been removed and placed in new storage shed.
- Date of compliance 2/27/2021

Eric McMillan, President: [signature] Date: 2/22/21

POC approved via phone call on 02/24/21 at 11:30 AM with Eric McMillan

[signature]

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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 office of Healthcare Licensing and Surveys on January 28, 2021. The facility was a single story fully sprinklered building of Type V(000) construction built in 1998. The building was equipped with a supervised automatic wet 13R sprinkler system with an addressable fire alarm system. The facility had a capacity of 15 licensed beds with a census 5 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, 1994 Edition, unless otherwise noted.	S 000		
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to protect hazardous areas in accordance with the 1994 NFPA 101, Life Safety Code. Failure to properly protect hazardous areas	S8015		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eric McMillan — TITLE: President — (X6) DATE: 2/22/21

STATE FORM 6899 — 1FSX11 — If continuation sheet 1 of 2

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S8015	Continued From page 1 could result in injury or death in the event of a fire. The deficiency affected 1 of 2 smoke compartments. The findings were: Observation on 01/28/21 at 11:45 AM revealed that an unoccupied resident room was being used to store decorations and furniture, and was not provided with an automatic or self-closing door. Areas containing mass storage that are protected by an automatic sprinkler system shall have self-closing or automatic closing doors. Interview with the house manager at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Reference: 1994 NFPA LSC 22-2.3.2.1(b)	S8015		

Sue 2/23/21