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 _____	03/13/2024

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

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S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 03/13/2024. The facility was a single story fully sprinklered 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 16 licensed beds with a census of 9 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 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. All references are based on the requirements of the 2000 NFPA 101, Life Safety Code, New Residential Board and Care unless otherwise noted.	S 000		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to inspect fire doors in accordance with NFPA 101, Life Safety Code and	S8004		

POC Acceptance 6/4/24 via email w/to Eric McMillan

Don Coll

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S8004	Continued From page 1 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to inspect fire doors as required could lead to the spread of smoke and fire resulting in injury or death. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed there was no documentation available to demonstrate that the facility's fire doors had been inspected. Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101, Ch 8 Sec. 3; NFPA 80, Ch 5 Sec. 2	S8004		
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 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an emergency. The deficiency could affect all residents, staff, and visitors in the facility. The	S8012		

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S8012	Continued From page 2 findings were: Observation on 03/13/2024 at 8:50 AM adjacent to rooms 6 and 7 revealed an emergency light, that when tested, failed to operate. Battery-operated emergency lights shall use only reliable types of batteries provided with suitable facilities for maintaining them in properly charged condition. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101 Ch. 32, Sec. 3.2.8; Ch.7, Sec. 9.1.1(1); Ch. 7, Sec. 9.2.4 2. Based on document review and staff interview, the facility failed to maintain emergency lighting in accordance with the NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an emergency. The deficiency could affect all residents, staff, and visitors in the facility. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed that no documentation was available to demonstrate the battery-powered emergency lighting (including exit signage) had been tested. Battery-powered emergency lighting (including exit signage) shall be tested once a month for 30 seconds, and for 90 minutes once a year. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.	S8012		

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S8012	Continued From page 3 Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101, Ch. 7, Sec. 10	S8012		
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 maintain hazardous areas in accordance with NFPA 101, Life Safety Code. Failure to maintain hazardous areas as required could promote the spread of fire resulting in injury or death. The deficiency affected one resident room. The findings were: Observation on 03/13/2024 starting at 8:59 AM revealed a resident room having fuel conditions exceeding that of a one- or two-family dwelling. Any hazardous area shall be separated from sleeping areas and primary escape routes with self-closing or automatic-closing doors. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101 Ch. 32, Sec. 2.3.2	S8015		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems	S8017		

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S8017	Continued From page 4 NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain fire alarm systems in accordance with NFPA 101, Life Safety Code and NFPA 72, National Fire Alarm Code. Failure to maintain fire alarm systems as required could result in injury or death during an emergency. The deficiency affected the fire alarm system in the facility. The findings were: Observation on 03/13/2024 at 8:57 AM outside room 8 revealed a missing smoke detector. Further observation at 9:14 AM outside the CNA office revealed the same deficiency. The location and spacing of smoke detectors shall result from an evaluation based on the guidelines detailed in NFPA 72, and on engineering judgment. Detectors shall not be moved or omitted without the approval of an engineer. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. REF: 2000 NFPA 101, Ch. 32, Sec. 3.3.4.1; 9.6.2.8; 1999 NFPA 72 Ch. 2, Sec. 3.4.1.1 2. Based document review and staff interview, the facility failed to maintain fire alarm systems in accordance with NFPA 101, Life Safety Code, and NFPA 72, National Fire Alarm Code. Failure to maintain fire alarm systems as required could	S8017		

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S8017	Continued From page 5 result in delayed detection, notification, and reporting of a fire leading to injury or death. The deficiency could affect all residents, staff, and visitors. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed there was no documentation available to demonstrate that the fire alarm system had been tested. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101, Ch. 32. Sec. 2.3.4.1 and Ch. 9 Sec.6; 1999 NFPA 72 Ch. 7 3. 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. Failure to test fire dampers as required may lead to the spread of smoke and fire resulting in injury or death. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed there was no documentation available to prove the facility had performed fire damper testing. Fire dampers shall be tested and inspected every 4 years. Interview with the on-duty CNA at the time of observation acknowledged the deficiency and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency.	S8017		

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S8017	Continued From page 6 Ref: 2000 NFPA 101 Ch. 8 Sec. 3.5; 1999 NFPA 72 Ch. 19 Sec. 4	S8017		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with NFPA 101, Life Safety Code and NFPA 13, Standard for the Installation of Sprinkler Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected one of multiple storage rooms. The findings were: Observation on 03/13/2024 at 8:41 AM in the storage closet revealed storage of combustible materials within 18" of a sprinkler head. A minimum of 18" clearance shall be maintained between the top of storage and ceiling sprinkler deflectors. Interview with the on-duty CNA at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101 Ch.32, Sec. 2.3.5.2 and Ch. 9, Sec. 7.1.1; 1999 NFPA 13 Ch. 5, Sec. 5.5.2.1 2. Based on document review and staff interview, the facility failed to maintain sprinkler systems in	S8018		

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S8018	Continued From page 7 accordance with NFPA 101, Life Safety Code and NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected the facilities sprinkler system. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed that the sprinkler system had last been tested in October of 2022 as indicated by the inspection tag located on the system riser. Aditionally, there was no documentation available to demonstrate any other testing and maintenance requirements had been met. Interview with the on-duty CNA at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101 Ch. 32 Sec. 2.3.5, 9.7, and 9.7.5; 1998 NFPA 25 Table 2-1	S8018		
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers 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 WDH Rules and Regulations, Chapter 12: Program	S8019		

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S8019	Continued From page 8 Administration of Assisted Living Facilities, NFPA 101, Life Safety Code, and NFPA 10, Standard for Portable Fire Extinguishers. Failure to test and maintain portable fire extinguishers could result in injury or death in the event of a fire. The deficiency affected multiple portable fire extinguishers throughout the facility. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed there was no documentation to demonstrate the facility had conducted monthly inspections of the portable fire extinguishers installed throughout the facility. All portable fire extinguishers shall be inspected when initially placed in service, and thereafter at approximately 30-day intervals. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated that she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: WDH Chapter 12 Rules and Regulations, Section 7(o)(iii)(A); 2000 NFPA 101, Ch. 9, Sec. 7.4; 1998 NFPA 10, Ch. 7	S8019		
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the	S8021		

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S8021	Continued From page 9 facility failed to maintain a smoke-resistive barrier in accordance with NFPA 101, Life Safety Code. Failure to maintain smoke-resistive barriers may lead to the propagation of smoke and fire resulting in injury or death. The findings were: Observation on 03/13/2024 at 8:55 AM adjacent to room 8 revealed an area of ceiling in the hallway that appeared to be water damaged with paint peeling. Water damaged gypsum shall be replaced as to retain structural and fire/smoke propagation integrity. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated that she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101, Ch. 10 Sec. 2.3	S8021		
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 maintain electric components in accordance with NFPA 70, National Electric Code. Failure to properly maintain electrical components could lead to avoidable electrocution resulting in injury or death. The findings were: Observation on 03/13/2024 at 8:42 AM in room 9 revealed a broken outlet cover with exposed	S8022		

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S8022	Continued From page 10 electrical components. Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated that she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. REF: NFPA 70 410-56(e)	S8022		
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, 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: Document review on 03/13/2024 starting at 9:30 AM revealed the facility was unable to produce documentation demonstrating they had been conducting fire exit drills. Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at	S8027		

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S8027	Continued From page 11 least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: 2000 NFPA 101, Ch 4, Sec. 7; WDH CH 12 rules (o)(iii)(E)	S8027		
S8028	NFPA Life Safety - Smoking NFPA 101 Smoking This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to develop and maintain a smoking policy in accordance with Wyoming Department of Health Chapter 12 Rules, Program Administration for Assisted Living Facilities. Failure to develop and maintain policies as required could result in incidents leading to injury or death. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed that the facility could not produce documentation demonstrating that a smoking policy had been put in place. Further observation at 9:36 AM while exiting the facility, revealed several residents smoking on the front porch immediately adjacent to the main facility	S8028		

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S8028	Continued From page 12 entrance, with no approved flame-resistant smoking receptacle provided for disposal of smoking materials. This led to smoking materials being discarded on to the ground resulting in burn marks on the carpet that was placed under the porch awning. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: Wyoming Department of Health, Chapter 12 Rules	S8028		
S8030	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 handle in-use oxygen containers within resident rooms in accordance with NFPA 99, Standard for Health Care Facilities. The failure to appropriately handle in-use oxygen containers as required could result in injury or death. The deficiency affected one (1) of the resident rooms in the facility. The findings were: Observation on 03/13/2024 at 8:41 AM in the storage closet revealed an oxygen cylinder freestanding. Oxygen storage containers must be secured against damage at all times. Interview with the CNA at the time of observation	S8030		

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S8030	Continued From page 13 acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the CNA at the time of exit acknowledged the deficiency. REF: 1999 NFPA 99, Section 4-3.5.2.1(b)27	S8030		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on document review and staff interview, that facility failed to comply with Wyoming Department of Health State Rule, Ch 12, Program Administration of Assisted Living Facilities. Failure to comply with state rules and regulations could result in decreased readiness during an emergency leading to injury or death. The findings were: Document review on 03/13/2024 starting at 9:30 AM revealed the facility had no documentation available to demonstrate they had developed an Emergency Preparedness Plan or Fire Disaster Plan & Procedure. Additionally, the facility was unable to provide Fire Watch Plan & Procedure documentation. Interview with the on-duty CNA at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the on-duty CNA at the time of exit acknowledged the deficiency. Ref: Wyoming Department of Health, Chapter 12 Rules	S8999		

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Willow Creek
ElderCare Communities

Evanston

Survey Date: March 27th, 2024

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. The POC shall only be a required effort to respond to the unsubstantiated and subjectively biased allegations alleged in the survey document. 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.

Prefix Tag

S8004 NFPA Life Safety – Nfpa Doors

1. The facility manager will be required to be onsite for any state survey to provide documentation of services.
2. Corporate office will require staff contact corporate in the event that the manager isn't available to provide any documentation during a surveying visit.
3. Facility staff will receive training on where some documentation is located for state life safety surveyors.
4. Corporate office will provide our newest scheduled fire system inspection when completed
5. QA including documentation will occur by 6/13/2024.
6. Corporate officer and manager will review documentation for 1 month.
7. Date of compliance 6/13/2024.

S8012 NFPA Life Safety – Nfpa Emergency Lighting

1. The facility manager will be required to be onsite for any state survey to provide the necessary documentation of outside services.
2. Corporate office will require staff contact corporate in the event that the manager isn't available to provide any documentation during a surveying visit.

3. Corporate officer will order new batteries for the emergency lights outside rooms 6 & 7 as cited and have the facility manager replace them. We will additionally order a spare to have on hand in the event that another needs to be replaced.
4. QA including emergency lighting will occur by 6/13/2024.
5. Corporate officer or manager will inspect emergency lights in 1 month.
6. Date of compliance 6/13/2024.

S8015 NFPA Life Safety – Prot from Haz

1. The facility manager will require the resident to remove or remedy the hazardous fuel condition that exists in their room.
2. Manager will inspect the resident's room and approve that the condition in the room has been met or remedied.
3. The resident in question will be given an agreement to agree to comply & adhere to the requested condition of their room. Failure to be comply with the agreement will result in alternate remedies including, but not limited to Case Management involvement & eviction being an option.
4. QA including storage & room condition will occur by 6/13/2024.
5. Corporate officer and manager will review room condition for 1 month.
6. Date of compliance 6/13/2024.

S8017 NFPA Life Safety – Nfpa Det, Alarm & Comm System

1. The facility manager will reinstall the smoke detectors that were taken down to replace the auxiliary battery.
2. Corporate office will have the facility manager send a picture showing the smoke detectors have been reinstalled will the new batteries.
3. Corporate office will require any future removal of smoke detectors for maintenance are reinstalled the same day of service.
4. Corporate officer will send documentation of our previous or new fire system inspection that we have had contracted for the previous 5 years.
5. QA including battery replacement & documentation will occur by 6/13/2024.
6. Corporate officer and manager will review documentation for 1 month.
7. Date of compliance 6/13/2024.

S8018 NFPA Life Safety – Nfpa Extinguishment Req

1. The facility manager will slide a box over to provide a clearance at or exceeding 18" from a sprinkler head.
2. Corporate officer will send documentation of our previous or new fire system inspection that we have had contracted for the previous 5 years.

3. Facility staff will be trained on where documentation is located.
4. QA including clearances & documentation will occur by 6/13/2024.
5. Corporate officer and manager will review documentation for 1 month.
6. Date of compliance 6/13/2024.

S8019 NFPA Life Safety – Nfpa Portable Fire extinguisher

1. The facility manager will be required to be onsite for any state survey to provide the necessary documentation of outside services.
2. Corporate office will require staff contact corporate in the event that the manager isn't available to provide any documentation during a surveying visit.
3. Facility staff will receive training on where documentation is located for state life safety surveyors.
4. Manager will provide documentation of extinguisher testing for the times in question.
5. QA including monthly extinguisher monitoring will occur by 6/13/2024.
6. Corporate officer and manager will review documentation for 1 month.
7. Date of compliance 6/13/2024.

S8021 NFPA Life Safety – Nfpa Smoke Resistant Barriers

1. The facility manager will schedule services for the affected drywall area on the ceiling to be repaired/repainted.
2. Corporate office will require staff to contact corporate in the event that the manager doesn't complete repairs or fixes.
3. Facility staff will document any and all maintenance requests monthly to corporate.
4. QA including paint & maintenance will occur by 6/13/2024.
5. Corporate officer and manager will review documentation for 1 month.
6. Date of compliance 6/13/2024.

S8022 NFPA Life Safety – Nfpa Electric

1. The facility manager will purchase a new outlet cover for room 9.
2. The facility manager will replace the damaged outlet cover in room 9
3. Facility staff will report any and all repair or maintenance items or tasks monthly to corporate office.
4. QA including outlet covers will occur by 6/13/2024.
5. Corporate officer and manager will review documentation for 1 month.
6. Date of compliance 6/13/2024.

S8027 NFPA Life Safety – Nfpa Emergency Egress & Rei Dr

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1. The facility manager will be required to be onsite for any state survey to provide the necessary documentation.
2. Corporate office will require staff contact corporate in the event that the manager isn't available to provide any documentation during a surveying visit.
3. Facility staff will receive training on where documentation is located for state life safety surveyors.
4. Facility manager will provide the fire drill documentation for the past year and evidence of drills & document the current fire drill as scheduled.
5. QA including documentation & fire drills will occur by 6/13/2024.
6. Corporate officer and manager will review documentation for 1 quarter.
7. Date of compliance 6/13/2024.

S8028 NFPA Life Safety – Smoking

1. The facility manager will purchase a new or move the smoking receptacle from the central patio area as to provide an appropriate disposal receptacle for cigarette butts.
2. Corporate office will require resident to sign a new smoking agreement to smoke only in the authorized smoking areas. Failure to dispose of cigarette butts in the approved receptacle will result in removal of smoking privileges on the facility grounds.
3. Facility staff will receive training on monitoring of the smoking area and receptacles.
4. Corporate will start to enforce a financial penalty for littering on the facility grounds.
5. QA including smoking will occur by 6/13/2024.
6. Corporate officer and manager will review documentation for 1 month.
7. Date of compliance 6/13/2024.

S8030 NFPA Life Safety – Miscellaneous

1. The facility manager will require the outside service agency responsible for providing Oxygen cylinders to provide a storage rack for the O2 bottles.
2. Corporate office will require all outside serving agencies comply with Nfpa rules and properly store their O2 bottles.
3. Corporate will attempt to have O2 bottles stored in a separate location if agreeable by resident & outside agency and in compliance with the state regulations.
4. Facility staff will receive training on O2 bottle storage.
5. Corporate officer and manager will review documentation for 1 month.
6. Date of compliance 6/13/2024.

S8999 NFPA Life Safety – Misc Life Safety

1. The facility manager will be required to be onsite for any state survey to provide the necessary documentation of outside services.

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2. Corporate office will require staff contact corporate in the event that the manager isn't available to provide any documentation during a surveying visit.
3. Facility staff will receive training on where documentation is located for state life safety surveyors.
4. Corporate officer will provide the Policy the cited emergency disaster plan that has been in place since the company's founding.
5. QA including policies will occur by 6/13/2024.
6. Corporate officer and manager will review documentation for 1 month.
7. Date of compliance 6/13/2024.

Eric McMillan, President

4/6/24
Date