PRINTED: 06/30/2024
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
	AL F010	A. BUILDING: _____ B. WING _____	R 07/01/2024

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 revisit survey was conducted by Healthcare Licensing and Surveys on 07/01/2024 for all deficiencies cited 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}		
S8000	NFPA Life Safety - Nfpa General Requirements NFPA 101 General Requirements This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to make records of inspections,	S8000		

POC Accepted 9/24/24.

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 _____	R 07/01/2024

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
S8000	Continued From page 1 tests, and maintenance of systems available to the authority having jurisdiction upon request in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Document review on 07/01/2024 starting at 3:45 PM revealed that the required records of inspections, tests, and maintenance of the fire sprinkler system were not available to the authority having jurisdiction at the time of the survey. Interview with the facility manager at the time of the survey confirmed that no documentation was available for review by the surveyor. Interview with the facility manager at the time of exit confirmed the deficiency. Ref: 1988 NFPA 25, Section 1-6	S8000		
(S8016)	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 07/01/2024 at 3:35 PM at room 4 revealed a resident room having fuel conditions	(S8016)	7/1/24	

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 _____	R 07/01/2024

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
(S8015)	Continued From page 2 exceeding that which is normal of a one- or two-family dwelling. Additionally, these items cause a potential egress problem, as there is no clear path to any means of egress within the room. The clutter of items begins approximately two feet from the bed, and persist throughout the room. During an interview about the hazardous conditions with the resident residing in room 4 on 07/01/2024 at approximately 3:36 PM, the resident stated that he "just needs help cleaning". Any hazardous area shall be separated from sleeping areas and primary escape routes with self-closing or automatic-closing doors. Interview with the facility manager at the time of observation confirmed the deficiency, and indicated he was aware of the requirement. Interview with the facility manager at the time of exit confirmed the deficiency. Ref: 2000 NFPA 101 Ch. 32, Sec. 2.3.2	(S8015)		
(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: 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:	(S8017)		

Sw 7/1/24

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 _____	R 07/01/2024

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
(S8017)	Continued From page 3 Observation on 07/01/2024 at 3:37 PM outside room 8 revealed a missing smoke detector. Further observation 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 facility manager at the time of observation confirmed the deficiency, and indicated he was aware of the requirement. Interview with the facility manager at the time of exit confirmed 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	(S8017)		
(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 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 07/01/2024 at 3:40 PM in the hallway adjacent to room 8 revealed an area of ceiling that appeared to be water damaged with	(S8021)		

Sm 7/1/24

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 _____	R 07/01/2024

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
{S8021}	Continued From page 4 paint peeling. Water damaged gypsum shall be replaced as to retain structural and fire/smoke propagation integrity. Interview with the facility manager at the time of observation confirmed the deficiency, and indicated he was aware of the requirement. Interview with the facility manager at the time of exit confirmed 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 07/01/2024 at 3:38 PM in room 9 revealed a broken outlet cover with exposed electrical components. Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. Interview with the facility manager at the time of observation confirmed the deficiency, and indicated he was aware of the requirement. Interview with the facility manager at the time of exit confirmed the deficiency.	{S8022}	Em 7/1/24	

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 _____	R 07/01/2024

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
{S8022}	Continued From page 6 REF: NFPA 70 410-56(e)	{S8022}		

Lm 7/1/24

Willow Creek
ElderCare Communities

Evanston

Survey Date: July 1st, 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

S8000 NFPA Life Safety – General Requirements

1. Corporate officer will print the current year 2024 fire system inspection report and send to the manager to be placed in the records on site for future survey records.
2. Manager will available documentation of inspection reports where ancillary staff can access for procurement of the surveyor.
3. Facility staff will receive training on where 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 7/1/2024.
6. Corporate officer and manager will review documentation for 1 month.
7. Date of compliance 7/1/2024.

S8015 NFPA Life Safety – Prot from Haz

1. The facility manager has served the non-compliant resident with a notice of eviction.
2. Resident's case manager has rehomed the resident to a more appropriate facility.
3. Manager will oversee staff in the cleaning the resident's room for a future resident.
4. QA including room condition & resident's responsibilities will occur by 7/1/2024.
5. Corporate officer and manager will review room condition for 1 month.
6. Date of compliance 7/1/2024.

Willow Creek
ElderCare Communities

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 7/1/2024.
6. Corporate officer and manager will review documentation for 1 month.
7. Date of compliance 7/1/2024.

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 7/1/2024.
5. Corporate officer and manager will review documentation for 1 month.
6. Date of compliance 7/1/2024.

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 7/1/2024.
5. Corporate officer and manager will review documentation for 1 month.
6. Date of compliance 7/1/2024.

Eric McMillan, President

9/19/24 Ec 7/1/24
Date