

PRINTED: 01/10/2024
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/28/2023
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NAME OF PROVIDER OR SUPPLIER COTTONWOOD CREEK OF CHEYENNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6805 FAITH DRIVE CHEYENNE, WY 82009
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(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)	CORRECTIVE DATE
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S 000	<p>General Comments</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 12/28/2023.</p> <p>The facility was a single story fully sprinklered building of Type V (111) construction with plan approval in 2020. The building was equipped with a supervised automatic wet sprinkler with a dry branch, and an addressable fire alarm system. The facility had a capacity of 18 licensed beds and a census of 12 residents.</p> <p>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. (H) 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.</p> <p>All references are based on the requirements of the 2012 NFPA 101, Life Safety Code. The building is a Level II Assisted Living Facility, and must demonstrate compliance with the requirements for New Health Care Occupancies.</p>	S 000		
S8016	<p>NFPA Life Safety - Nfpa Prot from Hazards</p> <p>NFPA 101 Protection from Hazards</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain protection from any area having a degree of hazard greater than that</p>	S8016		

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

[Handwritten Signature]

TITLE
Owner/ED

DATE
1/29/24

STATE FORM

60-02

FIFE 11

If continuation sheet 1 of 2

POC acceptance via phone call w/admin on 1/30/24 @ 9:59 PM
Don Coll

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/28/2023
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NAME OF PROVIDER OR SUPPLIER
COTTONWOOD CREEK OF CHEYENNE

STREET ADDRESS, CITY, STATE, ZIP CODE
**6800 FAITH DRIVE
CHEYENNE, WY 82009**

(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	<p>Continued From page 1</p> <p>normal to the general occupancy of the building or structure in accordance with 2012 NFPA 101, Life Safety Code. Failure to maintain protection from hazardous areas could result in delayed egress resulting in injury or death during an emergency. The deficiency affected one (1) hazardous area in the facility. The findings were:</p> <p>Observation on 12/28/2023 at 2:10 PM in the kitchen revealed a door to the pantry held open with a door stopper. Doors separating hazardous locations with an area of 50 to 100 square feet shall be self-closing or automatic closing.</p> <p>Interview with the facility administrator at the time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.</p> <p>Interview with the facility administrator at the time of exit acknowledged the deficiency.</p> <p>Ref: 2012 NFPA 101 Ch.18, Section 18.3.2.1, Table 18.3.2.1, and Section 18.6.3.11</p>	S8015		

**Cottonwood Creek Assisted Living
Plan of Correction for Survey 12/28/23
Ref: LH-2024-0032**

1. S8015:

- a. All doors separating hazardous locations with an area of 50 to 00 sq ft shall be self-closing or automatic closing and not be held open with a door stopper. The door to the pantry will not be held open by a door stopper.
- b. All residents have the potential to be affected.
- c. All dietary staff and general staff have been educated on this Life Safety Code, continued education will be given as needed with new staff members.
- d. Administrators and Managers will assure compliance with this Life Safety Code and audit daily for this compliance.
- e. Completion date: ~~02/23/2023~~
2024 DC