

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2024
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NAME OF PROVIDER OR SUPPLIER WILLOW CREEK HOMES OF BUFFALO	STREET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH KLONDIKE BUFFALO, WY 82834
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S 000	<p>General Comments</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 07/10/2024.</p> <p>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 and an addressable fire alarm system. The facility has a capacity of 15 licensed beds with a census of 8 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 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.</p> <p>All references are based on the requirements of NFPA 101, Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted.</p>	S 000		
S8012	<p>NFPA Life Safety - Nfpa Emergency Lighting</p> <p>NFPA 101 Emergency Lighting</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review, observation, and staff interview, the facility failed to test and maintain emergency egress lighting in accordance with the 1994 NFPA 101, Life Safety</p>	S8012		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S8012	<p>Continued From page 1</p> <p>Code. Failure to properly test and maintain emergency egress lighting could result in delayed evacuation of the building in the event of an emergency, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 07/10/24 starting at 11:30 AM revealed that the facility had not conducted the required testing of emergency egress lighting. No documentation was available at the time of the survey to demonstrate that the facility had conducted the monthly or yearly testing of the emergency egress lighting in the last twelve (12) months.</p> <p>Interview with the assistant manager at the time of exit confirmed the deficiency.</p> <p>The house manager was unavailable at the time of the survey. The surveyor provided a list of documentation for the facility to submit in order to demonstrate compliance, and requested that the facility submit the documentation by end of day 07/23/24. The surveyor also asked that the house manager call them to discuss the required documentation. The surveyor tried to call the house manager by phone on 07/16/24, but the house manager was unavailable, so he left a message with staff to have the house manager call the surveyor. The surveyor called again on 07/22/24 and the house manager was unavailable. No information was provided to demonstrate compliance when the report was submitted to the facility on 07/24/24.</p> <p>Ref: 1994 NFPA 101 22-3.2.9, 5-9.3</p>	S8012		
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S8017	Continued From page 2	S8017		
S8017	<p>NFPA Life Safety - Nfpa Det, Alarm & Comm Systems</p> <p>NFPA 101 Detection, Alarm and Communication Systems</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly test and maintain the fire alarm system in accordance with the 1994 NFPA 101, Life Safety Code, and 1993 NFPA 72, National Fire Alarm Code. Failure to properly test and maintain the fire alarm system could result in malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 07/10/24 starting at 11:30 AM revealed that the facility failed to conduct all required annual and semi-annual testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that the annual testing of the fire alarm system had been completed, or that the semi-annual inspection and testing of the fire alarm system batteries had been completed in the last twelve (12) months.</p> <p>Interview with the assistant manager at the time of exit confirmed the deficiency.</p> <p>The house manager was unavailable at the time of the survey. The surveyor provided a list of documentation for the facility to submit in order to demonstrate compliance, and requested that the</p>	S8017		

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S8017	Continued From page 3 facility submit the documentation by end of day 07/23/24. The surveyor also asked that the house manager call them to discuss the required documentation. The surveyor tried to call the house manager by phone on 07/16/24, but the house manager was unavailable, so he left a message with staff to have the house manager call the surveyor. The surveyor called again on 07/22/24 and the house manager was unavailable. No information was provided to demonstrate compliance when the report was submitted to the facility on 07/24/24. Ref: 1994 NFPA 101 22-3.3.4.1, 7-6.1.4; 1993 NFPA 72 Table 7-3.2	S8017		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly test and maintain the fire sprinkler system in accordance with the 1994 NFPA 101, Life Safety Code, and 1992 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler system could result in malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 07/10/24 starting at 11:30	S8018		

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S8018	<p>Continued From page 4</p> <p>AM revealed that the facility failed to conduct all required annual and quarterly fire sprinkler system testing. No documentation was available at the time of the survey to demonstrate that the annual and quarterly testing of the fire sprinkler system had been inspected and tested in the last twelve (12) months.</p> <p>Interview with the assistant manager at the time of exit confirmed the deficiency.</p> <p>The house manager was unavailable at the time of the survey. The surveyor provided a list of documentation for the facility to submit in order to demonstrate compliance, and requested that the facility submit the documentation by end of day 07/23/24. The surveyor also asked that the house manager call them to discuss the required documentation. The surveyor tried to call the house manager by phone on 07/16/24, but the house manager was unavailable, so he left a message with staff to have the house manager call the surveyor. The surveyor called again on 07/22/24 and the house manager was unavailable. No information was provided to demonstrate compliance when the report was submitted to the facility on 07/24/24.</p> <p>Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.5; 1992 NFPA 25 Table 2-1</p>	S8018		
S8026	<p>NFPA Life Safety - Nfpa Resident Training</p> <p>NFPA 101 Resident Training</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review, and staff interview,</p>	S8026		

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S8026	<p>Continued From page 5</p> <p>the facility failed to train residents on the emergency plan in accordance with the 1994 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly train residents on the emergency plan could result in delayed or improper evacuation, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 07/10/24 starting at 11:30 AM revealed that the facility failed to train residents on the facility's emergency plan. At the time of the survey no documentation was available to demonstrate that the facility had provided training to residents on the emergency plan. All residents shall be trained in the proper actions to be taken in the event of a fire. Residents shall be trained on the emergency plan at the time of their admission.</p> <p>Interview with the assistant manager at the time of exit confirmed the deficiency.</p> <p>The house manager was unavailable at the time of the survey. The surveyor provided a list of documentation for the facility to submit in order to demonstrate compliance, and requested that the facility submit the documentation by end of day 07/23/24. The surveyor also asked that the house manager call them to discuss the required documentation. The surveyor tried to call the house manager by phone on 07/16/24, but the house manager was unavailable, so he left a message with staff to have the house manager call the surveyor. The surveyor called again on 07/22/24 and the house manager was unavailable. No information was provided to</p>	S8026		
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S8026	Continued From page 6 demonstrate compliance when the report was submitted to the facility on 07/24/24. Ref: 1994 NFPA 101 22-7.2; WDH Ch. 12 Section 7(o)(iii)(D)(I)	S8026		
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 properly conduct emergency egress and relocation drills in accordance with the 2006 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly conduct emergency egress and relocation drills could result in delayed or improper evacuation of the building in the event of a fire, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 07/10/2024 starting at 11:10 AM revealed that the facility had not conducted all required emergency egress and relocation drills. No documentation was available at the time of the survey to demonstrate that the facility had conducted an emergency egress and relocation drill every month for the last twelve (12) months. Emergency egress and relocation drills shall be conducted monthly with a minimum of one drill conducted each quarter on each shift, including two at night while residents are sleeping. The drill	S8027		

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S8027	<p>Continued From page 7</p> <p>shall be recorded and include the date, time, type of drill, time required to evacuate all residents and staff, list of residents who participated including staff and family members, list of anyone who did not evacuate in the required time allowed, and signature and date of the person completing the form. The facility shall meet an evacuation capability rating of either prompt or slow.</p> <p>Interview with the assistant manager at the time of exit confirmed the deficiency.</p> <p>The house manager was unavailable at the time of the survey. The surveyor provided a list of documentation for the facility to submit in order to demonstrate compliance, and requested that the facility submit the documentation by end of day 07/23/24. The surveyor also asked that the house manager call them to discuss the required documentation. The surveyor tried to call the house manager by phone on 07/16/24, but the house manager was unavailable, so he left a message with staff to have the house manager call the surveyor. The surveyor called again on 07/22/24 and the house manager was unavailable. No information was provided to demonstrate compliance when the report was submitted to the facility on 07/24/24.</p> <p>Ref: 2006 NFPA 101 32.7.3; WDH Ch. 12 Section 7, (o)</p>	S8027		



Buffalo

Survey Date: July 10, 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.

Willow Creek 7/10/24

1. Identification of the Deficiency:

- The facility failed to properly test and maintain emergency egress lighting, fire alarm systems, fire sprinkler systems, and conduct required emergency drills, according to NFPA Life Safety Code and Wyoming Department of Health regulations. Additionally, residents were not trained on emergency plans, which increases the risk of injury or death in the event of an emergency.
-

2. Corrective Actions:

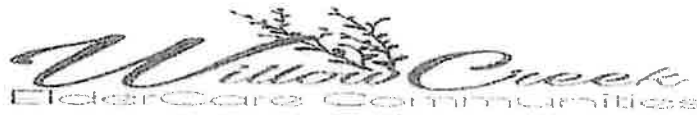
- Emergency Egress Lighting (S8012):
 - Immediate Action: The facility will conduct an immediate inspection and testing of all emergency egress lighting. This will be documented and kept on file.
 - Routine Maintenance: Monthly and yearly testing of emergency egress lighting will be scheduled and documented. A maintenance log will be implemented to track all inspections and tests.
 - Staff Training: Maintenance personnel will be retrained on the NFPA requirements for emergency egress lighting, emphasizing the importance of routine testing and proper documentation.
- Fire Alarm System (S8017):
 - Immediate Action: The fire alarm system will be tested by a certified technician, and any deficiencies will be corrected immediately.
 - Routine Testing: The facility will establish a schedule for semi-annual battery tests and annual system inspections. A contractor will be hired if necessary to conduct these inspections, and documentation of these tests will be maintained.
 - Staff Training: The facility's maintenance staff will be retrained on the requirements for fire alarm system testing to ensure ongoing compliance.

- Fire Sprinkler System (S8018):
 - Immediate Action: The fire sprinkler system will be inspected and tested by a licensed professional, with any issues corrected immediately.
 - Quarterly and Annual Testing: A schedule for quarterly and annual sprinkler system inspections will be implemented, ensuring all tests are completed and documented according to NFPA 25 standards.
 - Documentation: All testing and maintenance records will be stored on-site and made available during inspections.
 - Resident Emergency Training (S8026):
 - Immediate Action: All current residents will be trained on the facility's emergency plan, including fire evacuation procedures. Documentation of this training will be included in resident files.
 - New Resident Orientation: Going forward, all new residents will receive training on emergency procedures at the time of admission. This will be documented and maintained as part of each resident's record.
 - Staff Involvement: Staff members will be trained on how to assist residents during emergencies to ensure proper evacuation.
 - Emergency Egress and Relocation Drills (S8027):
 - Immediate Action: The facility will conduct an emergency egress and relocation drill, documenting the results.
 - Monthly Drills: A schedule for monthly emergency drills, with one drill per quarter per shift (including two night drills per year), will be created. Each drill will be documented with date, time, duration, and staff/resident participation.
 - Monitoring: The facility will keep detailed records of these drills and review them in monthly meetings to identify any issues or areas for improvement.
-

3. System Changes to Prevent Recurrence:

- Maintenance and Testing Log:
 - A comprehensive log will be created to track all maintenance, testing, and drills related to fire safety, emergency lighting, and resident training. This log will include dates, outcomes, and any corrective actions taken to ensure compliance.
 - Contractor Engagement:
 - The facility will establish ongoing contracts with licensed professionals to ensure that fire alarms, sprinklers, and other life safety systems are regularly inspected and maintained. Contracts will specify required testing intervals to ensure compliance with NFPA standards.
 - Audit System:
 - A quarterly audit system will be implemented to ensure that all safety systems (lighting, alarms, sprinklers) are functioning correctly and that all required tests and drills are being conducted. These audits will be reviewed during monthly Quality Assurance and Performance Improvement (QAPI) meetings.
-

4. Monitoring and QAPI Involvement:



- **Weekly Audits (First 4 Weeks):**
 - For the first four weeks, weekly audits will be conducted to ensure the corrective actions are being implemented and documented. This includes:
 - Checking maintenance logs for emergency lighting, fire alarms, and sprinkler systems.
 - Verifying that resident training and emergency drills are being conducted and documented.
 - **Monthly Audits (Following Period):**
 - After the initial four weeks, monthly audits will be conducted for three months to ensure ongoing compliance with life safety code requirements. All findings will be reviewed in QAPI meetings to identify any areas needing further improvement.
 - **QAPI Meetings:**
 - The QAPI team will review all audit results, including any system deficiencies or lapses in testing, training, or maintenance. Feedback from staff, residents, and maintenance personnel will be incorporated into continuous improvement plans to prevent future deficiencies.
-

5. Completion Timeline:

- **Immediate Actions (within 7 days):**
 - Complete inspections and testing of emergency egress lighting, fire alarm systems, and sprinkler systems.
 - Conduct emergency resident training and an emergency egress drill.
 - **Ongoing Monitoring:**
 - Weekly audits for 4 weeks, transitioning to monthly audits for 3 months to ensure sustained compliance.
 - Monthly QAPI meetings will continue to address any concerns and track ongoing compliance with life safety requirements.
-

Responsible Party: The Director of Nursing Manager or designee will be responsible for overseeing all corrective actions, system changes, and monitoring, ensuring the facility complies with all relevant NFPA and state life safety regulations.

Eric McMillan, President

Date

POC approved via phone call with President Eric McMillan attended by Laura Hudspeth, Donn Cobb, and Tim Cozad on October 23rd, 2024. Confirmed that the completion date will be October 30th, 2024.

Mattie Schauer