Willow Creek ElderCare Communities

RECEIVED
MAY 24 2021
Healthcare Licensing and Surveys

Worland Life Safety

Survey Date: April 15, 2021

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.

ID Prefix Tag

S8004 Life Safety NFPA Doors

1. All Facility doors were inspected by the state inspector and manager, with 1 Main Entry door handle needing replaced.
2. Any future door handles replaced, will be a single action model.
3. Manager will oversee and ensure an appropriate single action handle is installed to correct the double action currently installed.
4. Appropriate single action door handles will be discussed in upcoming monthly QA.
5. Date of compliance 4/20/2021

Eric McMillan, President: Eric McMillan Date: 5/1/2021

PRINTED: 04/21/2021
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
	BH011	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF WORLAND	711 SOUTH 15TH STREET WORLAND, WY 82401

(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 Healthcare Licensing and Surveys on April 15th, 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 and a zoned fire alarm system. The wing has a capacity of 15 licensed beds with a census of 9 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Boarding Homes, Chapter 7, Section 6 Building and Physical Plant. (c) Facilities licensed 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 a boarding home. All references are based on the requirements of the NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, 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 observation and staff interview, the facility failed to maintain doors in the means of egress in accordance with the 1994 NFPA 101, Life Safety Code. Failure to properly maintain doors in the means of egress could result in injury or death in the event of an emergency. The deficiency affected one (1) of two (2) smoke	S8004		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Eric McMillen	President	5/1/2021

FORM CMS-2567(02-99) 891171 If continuation sheet 1 of 2

POC accepted via voicemail with President Eric McMillen on 05/24/21 at 10:15 AM.
Matthew Schauermann

PRINTED: 04/21/2021
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
	BH011	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF WORLAND	711 SOUTH 15TH STREET WORLAND, WY 82401

(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
S8004	Continued From page 1 compartments. The findings were: Observation on 04/15/21 at 12:30 PM revealed that the facility's main entrance had a door handle that was capable of locking. When the door handle was locked it required two releasing operations in order to open the door. Doors that are part of the means of egress shall be openable with not more than one releasing operation. 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 22-2.2.5.3, 6-2.1.5.3	S8004	Evr 5/1/21	