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 _____	06/12/2024

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 June 12th, 2024. The facility was a single story, fully sprinklered building of Type V(000) construction built in 1999. The building was equipped with a supervised, automatic wet 13R sprinkler system and a zoned fire alarm system. The facility had 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. (o) 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 NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, 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, tests, and maintenance of systems available to the authority having jurisdiction upon request in accordance with the 1992 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.	S8000		

POC approved via phonecall with the Assistant Manager on 09/20/24 at 12:45PM. Matthew Shaneman

PRINTED: 06/26/2024
FORM APPROVED

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S8000	Continued From page 1 Document review on 06/12/2024 starting at 10:00 AM 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 assistant manager, as well as an interview with the house manager via phone call at the time of the survey, confirmed that no documentation was available for review by the surveyor. REF: 1992 NFPA 25, Section 1-8	S8000		
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 had the potential to affect all residents, staff, and visitors. The findings were: 1) Document review on 06/12/24 starting at 10:00 AM revealed that the facility failed to conduct all required quarterly fire sprinkler system testing.	S8018	Ewr 6/25/24	

PRINTED: 06/25/2024
FORM APPROVED

Healthcare Licensing and Surveys

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	BH011	A. BUILDING: _____ B. WING _____	06/12/2024

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

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S8018	Continued From page 2 No documentation was available at the time of the survey to confirm that testing of the waterflow alarm device had been conducted in the last twelve months. Interview with the assistant manager at the time of exit confirmed the deficiency. The house manager was unavailable to be on-site at the time of the survey, but was contacted via phone call where they confirmed the deficiency. The house manager was asked to provide documentation demonstrating compliance by end of day 06/25/24. Documentation was submitted via fax on 6/20/24 indicating that the waterflow alarm device was tested in June of 2024. No additional documentation was provide to confirm that additional quarterly testing of the waterflow alarm device was conducted in the last twelve (12) months. The house manager confirmed the deficiency via phone call on 06/24/24. Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.5; 1992 NFPA 25 Table 2-1, 2-3.3 2) Document review on 06/12/24 starting at 10:00 AM revealed that the facility failed to conduct all required tests and inspections of the fire sprinkler system. No documentation was available at the time of the survey to confirm that testing of the fire sprinkler system had been conducted in the last twelve (12) months. Interview with the assistant manager at the time of exit confirmed the deficiency The house manager was unavailable to be	S8018	Sun 6/25/24	

Healthcare Licensing and Surveys

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S8018	Continued From page 3 on-site at the time of the survey, but was contacted via phone call where they confirmed the deficiency. The house manager was asked to provide documentation demonstrating compliance by end of day 06/25/24. Documentation received via fax on 06/20/24 revealed that an annual inspection and testing of the fire sprinkler system was conducted in June of 2024. The contractor inspection report noted two (2) deficiencies. The deficiencies noted included the gauges not having been replaced or recalibrated in the last five (5) years, and not having spare sprinkler heads and a head wrench available on the premises. No documentation was available to demonstrate that the noted deficient items had been corrected since the time of the inspection. Interview with the house manager via phone call on 06/24/24 confirmed the deficiency. Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.6; 1992 NFPA 25 Table 2-1, 2-4.1.4, 2-4.1.6	S8018	Evan 6/25/24	

Willow Creek
ElderCare Communities

Worland

Survey Date: June 12th, 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 – Nfpa General Requirements

1. All documentation and records will be stored in accordance with corporate policy and state statue. Records requested by the surveyor will be available by the manager during future surveys.
2. Manager will call and verify that any documentation that has been sent is received and satisfies the request of the surveyor. An email or other document will ask for to certify in writing to validate the completion of the request for our records.
3. Manager will hold a staff meeting to inform & train staff where all important documentation is located and stored by 6/24/24.
4. QA including annual testing documentation occur by 6/25/2024.
5. Date of compliance 6//25/24.

S8018 NFPA Life Safety – Nfpa Extinguishment Req

1. Facility manager and corporate officer will review the quarterly testing forms and ensure they are located along with the annual fire system inspection reports. These files will remain secure, but available when requested.

Willow Creek ElderCare Communities

2. Corporate officer will reach out to testing contractor to ensure that they have provided the suggested supplies or repair items as they are required to provide as per their contract.
3. Manager will verify any necessary repairs have been corrected or documentation amended to appropriately resolve any perceived deficiencies.
4. Manager will have a staff meeting & QA meeting so all staff are aware of the procedures and policies relating to the life safety documentation & requirements.
5. Corporate officer or manager will ask for written conformation that future surveyors have received all documentation requested to their satisfaction.
6. Date of compliance 6/25/24

Eric McMillan, President

9/19/24 for 6/25/24
Date