Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BH007	A. BUILDING: _____ B. WING _____	R 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF SHERIDAN	561 AVOCA AVENUE SHERIDAN, WY 82801

(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 on 10/09/2024 for all previous deficiencies cited on 06/13/2024.	{S 000}		
{S8012}	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting 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 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. The findings were: Document review on 10/09/24 starting at 1:30 PM 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 since the initial survey. Interview with the house manager revealed that at the time of the revisit survey none of the emergency egress lights that were identified as not working during the initial survey had been fixed or replaced. Interview with the house manager at the time of exit confirmed the deficiency.	{S8012}		

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{S8012}	Continued From page 1 The house manager was asked by the surveyor to provide documentation to demonstrate compliance by end of day 10/22/24. No information was provided to demonstrate compliance when the report was submitted to the facility on 10/23/24. Ref: 1994 NFPA 101 22-3.2.9, 5-9.3	{S8012}		
{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: 1) Document review on 10/09/24 starting at 1:30 PM revealed that the facility failed to conduct all required quarterly fire sprinkler system testing. No documentation was available at the time of the revisit survey to demonstrate that quarterly testing of the water flow alarm device was conducted since the initial survey.	{S8018}		

Healthcare Licensing and Surveys

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{S8018}	Continued From page 2 Interview with the house manager at the time of exit confirmed the deficiency. The house manager was asked by the surveyor to provide documentation to demonstrate compliance by end of day 10/22/24. No information was provided to demonstrate compliance when the report was submitted to the facility on 10/23/24. Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.5; 1992 NFPA 25 Table 2-1 2) Document review on 10/09/24 starting at 1:30 PM revealed that the facility failed to conduct all required tests and inspections of the fire sprinkler system testing. No documentation was available at the time of the revisit survey to demonstrate that the noted deficiencies by the fire sprinkler contractor during the May 2023 inspection had been corrected. The deficiencies noted included the gauges not having been replaced or recalibrated in the last five (5) years, not having extra sprinkler heads available on the premises or the appropriate head wrench, dry sprinkler heads 10 years or older that have not been replaced or sample tested, and not having conducted an internal inspection in the last 5 years. The house manager was asked by the surveyor to provide documentation to demonstrate compliance by end of day 10/22/24. No information was provided to demonstrate compliance when the report was submitted to the facility on 10/23/24. Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.5; 1992	{S8018}		

Healthcare Licensing and Surveys

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{S8018}	Continued From page 3 NFPA 25 Table 2-1	{S8018}		

Willow Creek
ElderCare Communities

Sheridan

Survey Date: October 9th, 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

S8012 NFPA Life Safety – Nfpa Emergency Lighting

1. Corporate officer will ordered new emergency lights.
2. New emergency lights will be installed throughout the facility and pictures taken for documentation.
3. QA including emergency lighting will occur by 10/23/2024.
4. Corporate officer or manager will inspect emergency lights in 1 month.
5. Date of compliance 10/23/2024.

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.
2. The facility manager will ensure all of the future quarterly water flow tests are completed and stored with the other pertinent documentation.
3. 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.

Willow Creek
Skilled Nursing Facility

4. Manager will verify any necessary repairs have been corrected or documentation amended to appropriately resolve any perceived deficiencies.
5. 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.
6. Corporate officer or manager will ask for written confirmation that future surveyors have received all documentation requested to their satisfaction.
7. Date of compliance: 10/23/2024

Eric McMillan, President — Date: 10/30/24

POC approved via phone call by Laura Hudspeth with President Eric McMillan on 2/25/25.

Matthew Shannon