Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BH004	A. BUILDING: _____ B. WING _____	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF GILLETTE	2300 HARDER DRIVE GILLETTE, WY 82718

(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 Licensure survey was conducted by Healthcare Licensing and Surveys on 05/23/2024. The facility was a single story, fully sprinklered building of Type V (111) construction built in 1989. The building was equipped with an automatic wet sprinkler system, and a zoned fire alarm system. The facility had a capacity of 14 licensed beds with a census of 11 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Boarding Homes, Chapter 7, Section 6, Building and Physical Plant. All facilities exceeding one story in height shall be equipped with an automatic elevator. 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. Multi-storied wood frame buildings shall be sprinklered. All references are based on the requirements of the 1994 NFPA 101, Life Safety Code, New Board and Care unless otherwise noted.	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 observation and staff interview, the facility failed to maintain emergency lighting in accordance with the NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an	S8012		

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S8012	Continued From page 1 emergency. The deficiency affected all residents, staff, and visitors in the facility. The findings were: 1. Observation on 05/23/2024 at 8:55 AM adjacent to the deep freeze storage closet revealed an emergency light that, when tested, failed to operate. Interview with the facility caretaker at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Sections 22-3.2.8 and 5-8. 2. Document review on 05/23/2024 starting at 9:00 AM revealed that no documentation was available to demonstrate the battery powered emergency lighting had been tested. Interview with the facility caretaker at the time acknowledged the lack of documentation. Interview with the facility administrator via phone call at the time of the survey acknowledged the deficiency, and the administrator agreed to provide the required documentation by close of business on 05/27/24. This information was not received. In addition, on 06/4/24 at 2:26 PM, the State Survey Agency Director informed the Owner via email that the documentation had not been received. As of 06/7/24 at 10 AM, the documentation had not been received by the State Survey Agency. Ref: 1994 NFPA 101 Sec 31-1.3.7	S8012		

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S8017	Continued From page 2	S8017		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain fire alarm systems in accordance with the NFPA 101, Life Safety Code, and the 2002 NFPA 72, National Fire Alarm Code. Failure to maintain fire alarm systems as required could result in delayed detection, notification, and reporting of a fire leading to injury or death. The deficiency affected the entire fire alarm system, and all residents and staff. The findings were: Document review on 05/23/2024 starting at 9:00 AM revealed there was no documentation available to demonstrate that the fire alarm system had been tested. Interview with the facility caretaker at the time acknowledged the lack of documentation. Interview with the facility administrator via phone call at the time of the survey acknowledged the deficiency, and the administrator agreed to provide the required documentation by close of business on 05/27/24. This information was not received. In addition, on 06/4/24 at 2:26 PM, the State Survey Agency Director informed the Owner via email that the documentation had not been received. As of 06/7/24 at 10 AM, the documentation had not been received by the State Survey Agency. Ref: 1994 NFPA 101 Sec. 22-2.3.4.1 and 7-6.1.4	S8017		

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S8018	Continued From page 3	S8018		
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 maintain fire sprinkler systems in accordance with the NFPA 101, Life Safety Code, the 2002 NFPA 13, Standard for the Installation of Sprinkler Systems, and the 2002 NFPA 25, Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Failure to maintain fire sprinkler systems as required could result in injury or death during an emergency. The deficiency affected the entire sprinkler system, and all residents and staff. The findings were: Document review on 05/23/2024 starting at 9:00 AM revealed there was no documentation available to demonstrate that the fire sprinkler system had been tested. Interview with the facility caretaker at the time acknowledged the lack of documentation. Interview with the facility administrator via phone call at the time of the survey acknowledged the deficiency, and the administrator agreed to provide the required documentation by close of business on 05/27/24. This information was not received. In addition, on 06/4/24 at 2:26 PM, the State Survey Agency Director informed the Owner via email that the documentation had not been received. As of 06/7/24 at 10 AM, the documentation had not been received by the State Survey Agency.	S8018		

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S8018	Continued From page 4 Ref: 1994 NFPA 101 Sec. 22-2.3.5.1, 22-2.3.5.2, 7-7.5	S8018		
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain and document maintenance of portable fire extinguishers as required by NFPA 101, Life Safety Code. Failure to maintain and document maintenance of portable fire extinguishers could lead to equipment failure during a fire causing injury or death. The deficiency affected all staff, residents, and visitors in the facility. The findings were: Document review on 05/23/2024 starting at 9:00 AM revealed the facility was unable to produce documentation demonstrating the monthly inspection, annual, and six year maintenance of portable fire extinguishers. Interview with the facility caretaker at the time acknowledged the lack of documentation. Interview with the facility administrator via phone call at the time of the survey acknowledged the deficiency, and the administrator agreed to provide the required documentation by close of business on 05/27/24. This information was not received. In addition, on 06/4/24 at 2:26 PM, the State Survey Agency Director informed the Owner via email that the documentation had not been received. As of 06/7/24 at 10 AM, the	S8019		

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S8019	Continued From page 5 documentation had not been received by the State Survey Agency. Ref: WDH Chapter 8 Rules Sec. 14(c)(i)	S8019		
S8025	NFPA Life Safety - Nfpa Emergency Plan NFPA 101 Emergency Plan This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain records and documentation required by Wyoming Department of Health Rules and Regulations of Boarding Homes. Document review on 05/23/2024 starting at 9:00 AM revealed there was no documentation available to demonstrate the facility had an emergency preparedness plan or fire disaster plan & procedure. Interview with the facility caretaker at the time acknowledged the lack of documentation. Interview with the facility administrator via phone call at the time of the survey acknowledged the deficiency, and the administrator agreed to provide the required documentation by close of business on 05/27/24. This information was not received. In addition, on 06/4/24 at 2:26 PM, the State Survey Agency Director informed the Owner via email that the documentation had not been received. As of 06/7/24 at 10 AM, the documentation had not been received by the State Survey Agency.	S8025		

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S8025	Continued From page 6 Ref: WDH Chapter 8 Rules	S8025		
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 conduct and document emergency egress and relocation drills as required. Failure to conduct and document emergency egress and relocation drills could result in delayed egress during a fire or other emergency, which may result in injury or death. The deficiency affected all staff and residents in the facility. The findings were: Document review on 05/23/2024 starting at 9:00 AM revealed there was no documentation available to demonstrate the facility had been conducting emergency egress and relocation drills. Interview with the facility caretaker at the time acknowledged the lack of documentation. Interview with the facility administrator via phone call at the time of the survey acknowledged the deficiency, and the administrator agreed to provide the required documentation by close of business on 05/27/24. This information was not received. In addition, on 06/4/24 at 2:26 PM, the State Survey Agency Director informed the Owner via email that the documentation had not been received. As of 06/7/24 at 10 AM, the documentation had not been received by the	S8027		

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S8027	Continued From page 7 State Survey Agency. Ref: WDH Chapter 8 Rules	S8027		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain records and documentation required by Wyoming Department of Health Rules and Regulations of Boarding Homes. Document review on 05/23/2024 starting at 9:00 AM revealed there was no documentation available to demonstrate the facility had a floor plan, smoking policy, or a fire watch plan or procedure. Interview with the facility caretaker at the time acknowledged the lack of documentation. Interview with the facility administrator via phone call at the time of the survey acknowledged the deficiency, and the administrator agreed to provide the required documentation by close of business on 05/27/24. This information was not received. In addition, on 06/4/24 at 2:26 PM, the State Survey Agency Director informed the Owner via email that the documentation had not been received. As of 06/7/24 at 10 AM, the documentation had not been received by the State Survey Agency. Ref: WDH Chapter 8 Rules	S8999		

Willow Gillette-5/23/24

Deficiency: Emergency Lighting (S8012)

- Regulatory Requirement: The facility must maintain emergency lighting in accordance with NFPA 101, Life Safety Code. Failure to maintain emergency lighting could result in injury or death during an emergency.

Corrective Action:

- Immediate Action: The facility will immediately repair or replace the faulty emergency light near the deep freeze storage closet.
- Preventative Action: A routine maintenance schedule will be implemented to test emergency lighting monthly. Maintenance staff will receive training on testing procedures and documentation requirements.
- Monitoring: The facility caretaker will be responsible for conducting monthly tests of all emergency lighting and keeping detailed records. The administrator will review these records quarterly during safety meetings to ensure compliance.

Completion Date: 7 days from the issuance of the plan.
Oct 30, 24
DC

Deficiency: Fire Alarm Systems (S8017)

- Regulatory Requirement: Fire alarm systems must be maintained and tested in accordance with NFPA 101 and NFPA 72. Failure to maintain fire alarms could delay detection of a fire, leading to injury or death.

Corrective Action:

- Immediate Action: A licensed contractor will be hired to test and inspect the fire alarm system, and any deficiencies will be addressed promptly.

POC approved on 10/23/24 via phone call w/facility owner.
Completion dates were written in by the approving surveyor by request of the facility owner on 10/23/24.
10/23/24

- Preventative Action: The facility will establish a contract with a licensed fire alarm inspection company to perform semi-annual inspections. Documentation of these inspections will be maintained onsite and reviewed quarterly by the administrator.

- Monitoring: The facility caretaker will be responsible for scheduling and documenting all fire alarm tests. Audits of these records will be conducted by the administrator to ensure compliance.

Completion Date: 14 days from the issuance of the plan.
NOV 6, 24
A—

Deficiency: Fire Sprinkler Systems (S8018)

- Regulatory Requirement: Fire sprinkler systems must be inspected, tested, and maintained in accordance with NFPA 101, NFPA 13, and NFPA 25. Failure to maintain sprinkler systems could result in injury or death during a fire.

Corrective Action:

- Immediate Action: A licensed contractor will inspect and test the fire sprinkler system to ensure it is functioning correctly.
- Preventative Action: The facility will establish a quarterly and annual inspection schedule with a certified fire sprinkler system contractor. Documentation of these inspections will be maintained onsite and reviewed during quarterly safety meetings.
- Monitoring: The facility caretaker will be responsible for ensuring that inspections are completed on time and that proper records are maintained.

Completion Date: 14 days from the issuance of the plan.
NOV 6,24 A—

Deficiency: Portable Fire Extinguishers (S8019)

- Regulatory Requirement: Portable fire extinguishers must be inspected and maintained monthly and annually in accordance with NFPA 101. Failure to maintain fire extinguishers could lead to equipment failure during a fire, causing injury or death.

Corrective Action:

- Immediate Action: All portable fire extinguishers will be inspected, and any necessary maintenance will be completed. Monthly and annual inspections will be conducted moving forward.

- Preventative Action: The facility will contract with a licensed fire safety company to conduct annual fire extinguisher maintenance and ensure compliance with NFPA guidelines. Monthly in-house inspections will also be documented.
- Monitoring: The caretaker will conduct monthly inspections of all fire extinguishers and keep detailed logs. The administrator will audit these logs quarterly.

Completion Date: 10 days from the issuance of the plan.
Nov 2, 24 DC

Deficiency: Emergency Plan and Drills (S8025, S8027)

- Regulatory Requirement: The facility must have a documented emergency preparedness plan and conduct regular emergency egress and relocation drills in accordance with NFPA 101.

Corrective Action:

- Immediate Action: The facility will draft and implement an emergency preparedness plan and a fire disaster procedure. The plan will include detailed evacuation routes and protocols.
- Preventative Action: Emergency egress and relocation drills will be conducted quarterly, with one drill per shift, including two night drills annually. A designated staff member will be responsible for documenting the drills and ensuring staff participation.
- Monitoring: The administrator will review the drill documentation during monthly safety meetings to ensure drills are conducted regularly and that staff are familiar with emergency procedures.

Completion Date: 14 days from the issuance of the plan.
Nov 6, 24 DC

Deficiency: Floor Plan, Smoking Policy, and Fire Watch (S8999)

- Regulatory Requirement: The facility must have a documented floor plan, smoking policy, and fire watch plan.

Corrective Action:

- Immediate Action: The facility will develop and post a current floor plan, smoking policy, and fire watch plan in a common area.
- Preventative Action: These documents will be reviewed annually to ensure they remain up to date and comply with state and federal regulations.
- Monitoring: The administrator will be responsible for ensuring that these documents are posted and maintained, and will review them quarterly during safety meetings.

Completion Date: 7 days from the issuance of the plan.
Oct 30, 24 DC

Monitoring and Ongoing Compliance:

- Weekly Audits: For the first month, the facility will conduct weekly audits to ensure that all corrective actions are implemented. These audits will focus on emergency lighting, fire safety systems, and emergency preparedness.
- Monthly QAPI Meetings: Audit results and compliance data will be reviewed during monthly Quality Assurance and Performance Improvement (QAPI) meetings. Any deficiencies identified will be addressed promptly, and corrective actions will be taken.

Responsible Party: The Director of Nursing (DON) or designee will oversee all corrective actions and ensure that all deficiencies are corrected within the specified timeframes.

Completion Date: The facility aims to complete all corrective actions within 30 days of the issuance of the plan.

Eric McMillan, President

Date