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 _____	R 11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF GILLETTE	2308 HARDER DRIVE GILLETTE, WY 82716

(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 by Healthcare Licensing and Surveys on 11/25/2024 for all previous deficiencies identified on 5/23/2024. New non-compliance was found as evidenced by the following deficiencies.	(S 000)		
(S8018)	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based 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 and photo evidence on 11/25/2024 starting at 10:25 AM revealed the fire sprinkler system had been red tagged as out of service on 5/13/2024 by the inspection and testing contractor. Interview with the facility caretaker via phone call on 11/25/2024 at 11:45 AM revealed that during the inspection of the system, the system was not able to produce adequate pressure. The inspector then attempted to enter the facility crawl space to troubleshoot the issue, but was not able to due to standing water under the facility. Further interview produced information from the facility owner that the issue had been fixed, but the system needed	(S8016)		

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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 _____	R 11/25/2024

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
(S8018)	Continued From page 1 re-inspection. As of 11/27/2024, the facility caretaker has not been able to have the system inspected and placed back in service. Interview with the facility caretaker at the time of observation confirmed the deficiency. Ref: 1994 NFPA 101 Sec. 22-2.3.5.1, 22-2.3.5.2, 7-7.5	(S8018)		

Sun 12/10/24 & 5/15/25

May. 13. 2025 2:16PM No. 6516 P. 4

No. 6516 P. 2

Willow Creek
ElderCare Communities

Gillette

Survey Date: November 25th, 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

S8018 NFPA Life Safety – Nfpa Extinguishing equipment

1. Corporate officer will reach out to have servicing provider retest the equipment they didn't complete.
2. Corporate officer will additionally contact a secondary servicing provider expedite the testing of the equipment to validate it's proper function.
3. Facility manager or corporate officer will send the completed test results into the surveying body agency when completed.
4. Corporate officer will request that the servicing providers have calibrated their equipment prior to future testing to ensure accurate testing.
5. Corporate officer and manager will have a QA meeting to get backup service providers and arrange for next yeaus test for completion and accuracy by 1/15/24
6. Date of compliance 1/15/2024.
7. Updated Date of compliance 5/15/2025.

Eric McMillan, President

12/18/24 + updated 5/15/25
Date

POC accepted via phonecall w/ Stevie May on 5/22/25 @ 10:20AM.
- corrections identified for Tag S8018 are acceptable.
- Facility will have sprinkler system testing documentation available at the revisit.

5/22/25

May. 13. 2025 2:16PM