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 08/13/2025

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 revisit survey was conducted on 8/13/25, for all deficiencies cited on 6/6/25 that were orginally cited on 5/23/24.	{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 1994 NFPA 13, Standard for the Installation of Sprinkler Systems, and the 1992 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: 1. Observation on 8/13/2025 starting at 8:45 AM revealed the fire sprinkler system had been yellow tagged on 8/6/2025 by the inspection and testing contractor. Inspector noted "See Report". Survey document review and interview on 8/13/2025 at 8:45 AM revealed no report from the sprinkler contractor was present. Process to restore service to follow 1992 NFPA 25, Section 10-7, "When all impaired equipment is restored to normal working order, the impairment coordinator shall verify that the following has been accomplished: (a) Any necessary inspection and tests have been conducted to verify that affected systems are operational. The appropriate chapter of this standard shall be referenced to provide guidance	{S8018}		

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 08/13/2025

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 on the type of inspection and test required. (b) Supervisors have been advised that protection is restored. (c) The fire department has been advised that protection is restored. (d) The building owner/manager, insurance carrier, alarm company, and other authorities having jurisdiction have been advised that protection is restored. (e) The impairment tag has been removed." Repair of system has failed to be prompt, 1992 NFPA 25, Section 1-4.3 "The owner or occupant shall promptly correct or repair deficiencies, damaged parts, or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor." Interview with the facility staff at the time of observation confirmed the deficiencies. Ref: 1994 NFPA 101, Section 22-2.3.5.1, 22-2.3.5.2, 7-7.5 1994 NFPA 13, Section 9-1.1 1992 NFPA 25, Section 10-3.1, 10-7, 2-1.4, 1-8, 1-4.3, Table 2-1	{S8018}		

Willow Creek
ElderCare Communities

Gillette

Survey Date: August 13th, 2025

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 procure the completed documentation from the annual system testing to affirm the new labels and tags confirming the new testing has been completed and passed.
2. Corporate officer will additionally contact a secondary servicing provider to expedite the testing of the equipment to validate its proper function.
3. Facility manager or corporate officer will send the completed test results into the surveying body agency when completed.
4. Corporate officer and manager will have a QA meeting to get backup service providers and arrange for next years test for completion and accuracy by 9/4/25
5. This year's test will be kept onsite and available for surveyor. We will also fax a copy to the surveyor.
6. Date of compliance 9/6/2025.
7. Updated Date of compliance 9/6/2025.

Eric McMillan, President — 9/5/25 Date

POC Approved on 10/16/25 via phone call with facility Admn. Stevie May on 10/16/25 @ 10:40 AM

#41673 10/16/25