Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF009	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSAROKA SENIOR LIVING	2401 COUGAR AVENUE CODY, WY 82414

(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 10/08/2025 The facility was a fully sprinklered, single story of Type II (000) construction built in 2003. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 51 licensed beds with a census of 45 residents. Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4, Section 10, Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities applies (ii) Assisted Living Facilities operating 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 an Assisted Living Facility. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 2000 Edition, unless otherwise noted.	S 000		
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 provide alarm notification devices in accordance with the 2000 NFPA 101, Life Safety Code, and the 1999 NFPA 72,	S8017		

POC approved via email with Business Office Director Bonnie Emmitt on 12/02/25 at 12:00PM
Matthew Shawmann

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S8017	Continued From page 1 National Fire Alarm and Signaling Code. Failure to properly provide alarm notification devices could result in delayed evacuation of the building in the event of a fire, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Observation on 10/08/2024 starting at 8:30 AM, and throughout the survey, revealed that notification devices were installed in a manner that all residents may not be notified in the event of a fire. Observation revealed that the majority of resident rooms were not equipped with notification devices. Based on observation and interview at least one resident was hard of hearing and would not be able to hear a notification device located outside of their resident room. Interview with staff revealed they believe other residents without notification devices located within their room may have difficulty hearing the fire alarm system. Audible alarm notification appliances shall be of such character and so distributed as to be effectively heard above the average ambient sound level that exists under normal conditions of occupancy. Areas subject to occupancy by persons who are hearing impaired shall be required to comply with provisions for visible signals. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated that they were aware of the requirement. Interview with the business administrator at the time of exit confirmed the deficiency. Ref: 2000 NFPA 101 32.3.3.4.4; 9.6.3.5, 9.6.3.7	S8017		

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S8023	NFPA Life Safety - Nfpa Utilities NFPA 101 Utilities This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to test fire dampers in accordance with the 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to inspect and maintain fire dampers could result in injury or death in the event of a fire. The deficiency affected all fire dampers throughout the facility. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 10/08/2025 starting at 10:00 AM revealed the facility failed to ensure fire dampers were tested and inspected every four (4) years in accordance with 1999 NFPA 80, section 19.4.1.1. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated that they were aware of the requirement. Interview with the business administrator at the time of exit confirmed the deficiency. REF: 2000 NFPA 101, Sections 32.3.6.1, 9.2, 2012 NFPA 90A, Section 5.4.8, 2010 NFPA 80, Section 19.4	S8023		
S8025	NFPA Life Safety - Nfpa Emergency Plan NFPA 101	S8025		

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S8025	Continued From page 3 Emergency Plan This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide evidence of staff education on the Emergency Plan in accordance with the 2000 NFPA 101, Life Safety Code, and the Wyoming Department of Health (WDH) Ch 12: Program Administration of Assisted Living Facilities. Failure to provide staff education on the Emergency Plan could leave the facility inadequately prepared leading to delayed response resulting in injury or death in the event of an emergency. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Review of the facility's emergency management plan on 10/08/2025 starting at 11:00 AM revealed that the facility had failed to provide documentation of staff education on the emergency management plan. The facility failed to provide documentation of staff training within the first week of employment. Further observations revealed the facility failed to review emergency management policies and procedures with all staff at least every twelve (12) months. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated that they were aware of the requirement. Interview with the business administrator at the time of exit confirmed the deficiency. REF: 2000 NFPA 101, Section 32.7.1, WDH Ch. 12 Section 7, (o)	S8025		

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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 properly conduct emergency egress and relocation drills in accordance with the 2000 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly conduct emergency egress and relocation drills could result in delayed or improper evacuation of the building in the event of a fire, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 10/08/2024 starting at 10:20 AM revealed that the facility had not conducted all required emergency egress and relocation drills. At the time of the survey documentation was available to demonstrate that the facility had conducted three (3) emergency egress and relocation drills in the last twelve (12) months. Emergency egress and relocation drills shall be conducted monthly with a minimum of one drill conducted each quarter on each shift, including two at night while residents are sleeping. The facility shall meet an evacuation capability rating of either prompt or slow, unless meeting the construction requirements for impractical evacuation capability (greater than 13 minutes). Based on the fire drill recorded times, and interview with facility staff, it was demonstrated	S8027		

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S8027	Continued From page 5 that the facility would be considered impractical for its evacuation capability rating. Per the Life Safety Code, an existing Board and Care Facility that is considered impractical for evacuation shall meet limited care facility requirements in Chapter 18. A written copy of a plan for protection of all persons in the event of fire shall be available. No plan was available at the time of the survey identifying all individuals in the facility that were incapable of self-evacuation and a plan for protection of those persons in the event of fire. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated that they were aware of the requirement. Interview with the business administrator at the time of exit confirmed the deficiency. Ref: 2000 NFPA 101 32.7.3, 18.7.1; WDH Ch. 12 Section 7, (o)	S8027		

Plan of Correction – Assisted Living Facility (Wyoming)

Facility Name: Absaroka Senior Living
Survey Date: October 16, 2025
POC Submission Date: November 24, 2025
Administrator: Vinnie Messina

Tag S8017 – Fire Alarm Audibility and Resident Notification Devices

Deficiency:
During the November night fire drill, it was determined that not all residents could adequately hear the existing fire alarms from their apartments.

Corrective Action Taken:
All residents will be surveyed during the November night fire drill to determine if they can hear the fire alarm from their apartment. Residents unable to hear the alarm will have a “bed shaker” alarm installed to ensure effective notification during an emergency. Units are currently on order (see attached documentation).

Steps to Prevent Recurrence:
The Maintenance Director will verify annually during the required fire drill that all residents can hear or otherwise be alerted to the fire alarm system. Any newly admitted residents with hearing impairments will be evaluated for notification assistance upon admission.

Responsible Party:
Maintenance Director and Administrator

Completion Date:
December 15, 2025

Tag S8023 – Fire Damper Inspection and Maintenance

Deficiency:
Five of the 23 fire dampers failed inspection and required replacement.

Corrective Action Taken:
Fire dampers were inspected and tested on November 18, 2025. The five failed units have been ordered and will be replaced immediately upon receipt. The inspection has been recorded in the facility’s “TELS” maintenance system, with the next inspection scheduled for November 2029.

Steps to Prevent Recurrence:
All fire damper inspections will continue to be logged in TELS, with automatic reminders set for

the required four-year inspection interval. Any identified deficiencies will be addressed within 30 days of discovery.

Responsible Party:
Maintenance Director

Completion Date:
December 31, 2025 (or upon receipt and installation of replacement units)

Tag S8025 – Emergency Plan Review and Staff Training

Deficiency:
The facility's emergency plan required revision and staff retraining.

Corrective Action Taken:
The emergency plan has been reviewed, revised, and updated to meet current requirements. Copies are being printed and distributed to all employees for review and training. Staff must sign the acknowledgment sheet confirming that they have read and understood the plan. Copies of the plan are available in all offices and in the employee breakroom.

Steps to Prevent Recurrence:
The emergency plan will be reviewed and updated annually or as needed following changes in procedures or regulations. All new staff will receive training during orientation and will sign the acknowledgment sheet.

Responsible Party:
Administrator and Department Managers

Completion Date:
December 10, 2025

Tag S8027 – Fire Drills and Evacuation Capability

Deficiency:
Fire drills were not conducted for both day and night shifts, and evacuation capability had not been documented.

Corrective Action Taken:
Fire drills are being scheduled for both day and night shifts to document and establish evacuation capabilities. Once the bed shaker alarm arrives, testing will be performed with a known hearing-impaired resident to ensure effectiveness.

Steps to Prevent Recurrence:
Quarterly fire drills will be conducted for all shifts, alternating between day, evening, and night to ensure all staff are trained and evacuation procedures are validated. Drill results and times will be logged and reviewed by the Safety Committee.

Responsible Party:
Maintenance Director and Administrator

Completion Date:
January 15, 2026
