PRINTED: 11/13/2025
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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
	ALF27	A. BUILDING: _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNIT	106 E MAIN STREET NEWCASTLE, WY 82701

(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 11/04/2025. The facility was a fully sprinklered single story building with a basement of Type II (111) construction built in 1949. The building was equipped with a supervised wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 23 licensed beds with a census of 23 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 and regulation for Healthcare Facilities applies (II) Assisted Living Facilities in operation prior the effective date of those rules shall meet the Life Safety Code of 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 1994 Edition, unless otherwise noted.	S 000		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain fire door assemblies with self-closing devices in accordance with the 1994 NFPA 101, Life Safety Code, and NFPA 80,	S8004	The Facility will ensure that fire rated doors and closers are operating a speed controlled so that the door latches each time it shuts. This will be accomplished by: A) Each month when fire Drills are checked the fire doors will be also tested and ensure doors are closed by the Maintenance Dept and noted with the Fire Drill Log.	12-1-25

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATE FORM 6899 9IJY11 If continuation sheet 1 of 11

I called Don Taylor on 11-25-25 at 2:10 Pm to advise him that his POC was accepted.

Matt Langley

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S8004	Continued From page 1 Standard for Fire Doors and Windows. Self-closing doors shall be equipped with a closing device to cause the door to close and latch each time it is opened. Failure to maintain fire door assemblies and doors with self-closing devices as required could contribute to the spread of fire during and emergency resulting in injury or death. The deficiency effected four (4) of multiple doors in the facility. The deficiency could affect all residents, staff, and visitors. The findings were: 1. Observation on 11/04/2025 at 10:30 AM revealed the kitchen entry door was a self-closing door equipped with a magnetic hold-open device. Further observation revealed the self-closing door failed to close and latch when manually dropped from the hold-open mechanism. 2. Observation on 11/04/2025 at 10:34 AM revealed the cross-corridor doors between exit 2 and the dining room were fire rated doors labeled with a 1-1/2 hour fire rating. Further observation revealed the doors were self-closing doors equipped with magnetic hold-open devices. The fire rated doors failed to close and latch when manually dropped from their hold-open mechanisms. 3. Observation on 11/04/2025 at 11:07 AM revealed the laundry room door was a self-closing door equipped with a magnetic hold-open device. Further observations revealed the self-closing door failed to close and latch when manually dropped from the hold-open mechanism. 4. Observation on 11/04/2025 at 11:08 AM revealed the door located at the bottom of the stairs to the right of the maintenance area was a	S8004	B) Council all employees when monthly employee meetings report when Maintenance issues arise to the Maintenance Dept or to supervisor to write a repair order. C) Review with Residents during monthly residents' council meetings to report maintenance issues so that repairs can be made in a timely matter. 1. Adjusted Door 1. closer Speed. adjusted latch and hinge. 2. Adjusted Door 2. Closer speed Adjusted and door shaved to close Door correctly. tightened latch.to Close correctly. 3. Adjusted door latch and closer Speed closes correctly. 4. Adjusted Door 4, tightened door latch and closer speed to close correctly .	11-17-25 11-17-25 11-18-25 11-18-25 11-18-25 11-18-25

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S8004	Continued From page 2 self-closing door protecting a hazardous storage area. Further observations revealed the door failed to close and latch when manually dropped from an open position. Interview with the facility administrator at the time of observation acknowledged the deficiency, and indicted he was aware of the requirement. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 1994 NFPA 101 Sections 1-7, 22-3.3.6, 22-3.3.2, 6-4, 6-2.3.3, 5-2.1.8	S8004		
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 and staff interview, the facility failed to test battery-operated emergency lighting equipment and exit signs in accordance with the 2006 NFPA 101, Life Safety Code. Failure to test battery-operated emergency lighting equipment as required could result in inadequate lighting or failure to identify exit access during an emergency, resulting in injury or death. The deficiency impacted all battery powered exit signage and emergency lighting throughout the facility. The deficiency could affect all patients, staff, and visitors. The findings were: Document review on 11/04/2025 starting at 12:00 PM revealed the facility failed to demonstrate	S8012	The Facility will institute emergency lighting testing and incorporate exit sign testing to ensure compliance with Nfpa emergency lighting regulations. This will be accomplished by: A. Each Month Maintenance will do 30 sec emergency light test and log it in the test Log and check that all Emergency lights are working. Once per Year an annual Test will be conducted ensuring that emergency lighting is disconnected from power and that there is a battery life of 1hr 30 min. and logged in logbook.	11-18-25 11-18-25

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S8012	Continued From page 3 evidence of testing of the battery-operated emergency lighting equipment and exit signs in accordance with 1994 NFPA 101, Life Safety Code, Section 31-1.3.7. Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test shall be conducted for the 1-1/2 hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Interview with the facility administrator at the time of the observation acknowledged the deficiency. Interview with the facility administrator at the time of exit confirmed the deficiency. REF: 1994 NFPA 101, Sections 22-3.2.9, 22-3.2.10, 5-9, 5-9.2.1, 5-10, 5-10.3.6, 31-1.3.7	S8012	B. Provide training classes to Maintenance team to safely replace batteries if needed and replace Bulbs so to ensure safety of personnel while doing basic maintenance for longevity of equipment. Training will be done by Director of Safety and conducted as part of new Hire training. C. Monthly log will be kept in Maintenance office and available for inspection when required. 1. November 2025 emergency Light test completed and will be provided with the POC to show start of compliance of requirements .	11-18-25 11-18-25 11-18-25
S8014	NFPA Life Safety - Nfpa Prot of Vertical Openings NFPA 101 Protection of Vertical Openings This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed protect vertical openings in accordance with the 1994 NFPA 101, Life Safety Code. The facility failed to ensure doors protecting vertical openings were kept in the closed position, or upon release of a hold-open mechanism, the doors become self-closing.	S8014	The Facility will ensure vertical doors with closures are working correctly and adjusted for proper closure. This door will be kept closed when not in use and Magnetic holder tight and adjust while in use. This will be accomplished by:	11-18-25

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S8014	Continued From page 4 Failure to protect vertical openings could contribute to fire spread during and emergency resulting in injury or death. The deficiency affected one (1) of one (1) stairway enclosures in the facility. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Observation on 11/04/2025 at 10:48 AM revealed a corridor door protecting the main level stair opening to the basement. The door was a self-closing door equipped with a magnetic hold-open device. Further observations revealed the door failed to close and latch when manually dropped from the hold-open mechanism. Interview with the facility administrator at the time of observation acknowledged the deficiency, and indicted he was aware of the requirement. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 1994 NFPA 101 Sections 22-3.3.6, 22-3.3.1.1, 22-3.3.1.2, 6.2.4, 6.2.4.4(b), 5-1.3.1(c), 5-2.1.8	S8014	A. Having Maintenance ensure closure is adjusted to proper speed so door latches we released. Tighten all hinges and Magnetic holders. B. Post sign on door to keep closed when not in use so that it wont be forgotten while walking through. C. Reminders to staff during employee meeting to close doors behind them to prevent the spread of fire.	11-19-25 11-19-25 11-19-25
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain protection from any area having a degree of hazard greater than that normal to the general occupancy of the building	S8015	The Facility will ensure doors with closures are working correctly and adjusted for proper closure. The Magnetic holder is tight and adjusted while in use. And never prop open with Blocks or wedges This will be accomplished by:	11-18-25

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S8015	Continued From page 5 or structure in accordance with the 1994 NFPA 101, Life Safety Code. The failure to maintain protection from hazardous areas as required could result in injury or death during and emergency. The deficiency affected two (2) of multiple rooms in the facility. The deficiency could affect all residents, staff, and visitors. The findings were: 1. Observation on 11/04/2025 at 10:20 AM revealed the kitchen pantry storage room door was a self-closing door protecting a hazardous storage area. Further observations revealed the door was held open with a wedge under the door, preventing the door from closing. 2. Observation on 11/04/2025 at 10:50 AM revealed the door to the maintenance area at the bottom of the stairs on the lower level was a self-closing door equipped with a magnetic hold-open device. Further observations revealed the door was held open with masonry bricks, preventing the hold-open mechanism from releasing the self-closing door. Interview with the facility administrator at the time of observation acknowledged the deficiency, and indicted he was aware of the requirement. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 1994 NFPA 101 Sections 1-7, 22-3.3.6, 22-3.3.2, 6-4, 6-4.1.3, 6-2.3.3, 5-2.1.8	S8015	A: Refresher training completed 12/2025 reinforcing best practice and reducing the spread of fire. Training will be done by Director of Safety at next Staff meeting in Dec 2025. 11-18-25 B. Removing blocks and wedges from use throughout the building and banning buildings and employee use. 11-18-25 1.Door # 1 Kitchen Pantry block removed and disposed of employees advised that use of wedges is forbidden and future infractions could result in Written warning. 11-18-25 2. Door #2 Maintenance door at the bottom of stairs. Adjusted closure and magnetic stop, to ensure it latched when released. Removed bricks from building and advised staff that blocking doors is against policy and fire requirements and that any further use of blacks could result in write up . 11-18-25	
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems	S8017		

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S8017	Continued From page 6 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 documentation identifying certification of the central station fire alarm system in accordance with NFPA 72. Failure to ensure the central station fire alarm system is properly certified could lead to a delayed response to a fire emergency resulting to injury or death. The deficiency affected the central station fire alarm system. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Observations on 11/04/2025 at 11:00 AM revealed the UL certificate for the central station fire alarm system was not posted on or near the fire alarm system control unit, in accordance with the 1993 NFPA 72, Section 1-7.2.3.1.1. Interview with the facility administrator at the time of the observation acknowledged the deficiency. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 1994 NFPA 101 Sections 22-3.3.4.1, 7-6.1.4, 1993 NFPA 72, Sections 1-7.1, 1-7.2.3.1.1	S8017	The Facility will ensure Contractor maintains current Certification beside fire panel and a copy of Certification is also maintained in the documentation of the required paperwork. Keep in the Maintenance office. This will be accomplished by: A. Monthly Review of documentation during monthly fire drills. Ensure Documents are keep in Maintenance office binder and hung in protector by the fire panel for inspection. 1. Certificate copy attached and marked under citation S8017 dated 6/30/2025.	11-19-25 11-19-25 11-19-25
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements	S8018	The Facility will ensure that Service provider is under contract to maintain and inspect Fire system in accordance with applicable laws and regulations and maintain proper documentation and have it available for review upon request. This will be accomplished by:	11-19-25

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S8018	Continued From page 7 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 testing and maintenance of the water-based fire protection systems in accordance with the 1994 NFPA 101, Life Safety Code, and the 1992 NFPA 25, Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly maintain and test the water-based fire protection system could result in system failure, causing injury or death in an emergency. The deficiency affected the entire water-based fire protection system. The deficiency has the potential to affect all patients, staff, and visitors. The findings were: Document review on 11/04/2025 beginning at 11:30 AM revealed the facility failed to provide evidence of inspection, testing and maintenance of the water-based fire protection system in accordance with the 1992 NFPA 25. The facility failed to evidence of testing of the following: 1) Main drain quarterly tests per Table 9.1 2) Waterflow alarm quarterly tests per Table 9.1 3) Control valve quarterly/annual tests per Table 9.1 4) Dry system priming water quarterly tests per Table 9.1 5) Dry system low air pressure alarm quarterly test per Table 9.1 6) Dry system quick opening devices (if provided) semiannual test per Table 9.1 7) Dry system annual trip test per Table 9.1 8) Dry system full flow trip test - every three years per Table 9.1	S8018	A. Review and approve contract for fire system inspection services which will include annual inspections and preventive maintenance. And renewal option each year to stay compliant. B. Make sure contract is in documentation book in Fire Documentation binder available for review. C. Schedule Annual Fire inspection For 2025 to be compliant. A copy Of completed annual inspection to be kept in Documentation binder in Maintenance office and available for review. D. Dec 2025 Staff meeting educate Staff on need for inspection annually and where report is kept for review. 1. Attached to POC is current copy of annual fire inspection report for 2025. Marked citation S8018. For review. and a copy place in binder in maintenance office .	11-19-25 11-19-25 11-19-25 11-19-25 11-19-25

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S8018	Continued From page 8 Interview with the facility administrator at the time of the observation acknowledged the deficiency. Interview with the facility administrator at the time of exit confirmed the deficiency. Ref: 1994 NFPA 101 Section 22-3.3.5, 7-7, 1992 NFPA 25 Table 9.1	S8018		
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 1994 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 11/04/2025 starting at 11:30 AM revealed the facility had conducted monthly emergency egress and relocation drills, but failed to ensure drills were conducted quarterly on each shift, including two (2) drills during the night when residents are sleeping, in accordance with the 1994 NFPA 101, Section 31-7.3.	S8027	The Facility will ensure that at least two of our fire drills per quarter are completed after residents have gone to bed or are sleeping. This will be accomplished by: A. Review the required fire drill standards and understand that PM drills must be done 2 times quarterly after Residents go to bed. B. Next Employee meeting in Dec 2025 refresh on fire drill Standards and meeting points Adjust drills to meet standards Moving forward. 1. Attached with POC Nov 2025 after bed surprise fire drill documented and in Log book .	11-19-25 11-17-25 12-1-25 11-04-25

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S8027	Continued From page 9 Fire exit 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 drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide all residents with an experience in egressing through all exits and means of escape required by the code. The facility shall be responsible for recording fire exit drills on an evaluation form that includes at least the date of drill, time of day, type of drill (practice, announced, surprise), participants, and the time required to evacuate all residents including staff to a point of assembly as defined by the Life Safety Code. Interview with the facility administrator at the time of the observation acknowledged the deficiency. Interview with the facility administrator at the time of exit confirmed the deficiency. REF: 1994 NFPA 101, 22-3.5, 31-7.3, WDH Ch. 12 Section 7, (o)	S8027		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility failed to comply with Wyoming Department of Health (WDH) Chapter 12: Program Administration, Section 7 (n) Furnishings, Buildings, Physical Plant. The facility allowed the use of a portable electric space heater in one (1) of multiple sleeping rooms. Failure to comply with the WDH Chapter 12 requirements for	S8999	The Facility will ensure that neither the facility employees nor residents or family members bring or use space heaters in the resident rooms. This will be accomplished by: 11-19-25	

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S8999	Continued From page 10 portable space heaters in sleeping rooms could lead to an increased risk of fire with a potential for injury or death. The findings affected all residents, staff, and visitors in the affected room. The findings were: Observations on 11/04/2025 at 10:35 AM revealed one (1) portable space heater in use in resident room 2. The WDH Chapter 12, Section 7(n)(ii)(Z), prohibits the use of portable space heaters (e.g. electric or kerosene) in sleeping rooms. Interview with the facility administrator at the time of the observations acknowledged the deficiency. Interview with the facility administrator at the time of exit confirmed the deficiency. REF: WDH Chapter 12 Section 7(n)(ii)(Z)	S8999	A. Maintenance will do a complete walk through of the building and remove any space heaters on the premises. 11-19-25 B. Removed and advise residents that they had the space heater in room that it was not allowed even if family brought it to her for use. Also advised of the safety concerns of electrical overload and fire hazards. 11-19-25 1. Letter went out dated 11/19/25 to Resident and staff that space heaters are not permitted in the facility and in resident rooms. Attached a letter to POC for verification. with citation # on it. 11-19-25	