Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY8014	A. BUILDING: _____ B. WING _____	09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT THE VILLA	1445 UINTA DR GREEN RIVER, WY 82935

(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 9/15/2026. The facility was a two-story, fully sprinklered building of Type V (111) with a construction plan review date of 2017. The building was equipped with a supervised, automatic wet sprinkler system with a glycol loop, and an addressable fire alarm system. The facility had a capacity of 27 licensed beds with a census of 20 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 apply. (ii) Assisted Living Facilities operation 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, 2006 Edition, unless otherwise noted.	S 000	S8018 **Immediate Corrective Action:** All items identified as being stored within 18 inches of the sprinkler heads were immediately removed to provide the required clearance. All missing sprinkler escutcheons identified during the survey were replaced by 9/17/26. All resident rooms, closets, bathrooms and storage areas have the potential to be affected. These areas were inspected for proper sprinkler clearance and missing escutcheons, and identified concerns were corrected. **Measures for correction:** Staff will be educated to maintain the required 18-inch clearance below sprinkler heads. Maintenance will inspect sprinkler heads monthly for proper clearance and missing or damaged escutcheons as part of routine inspections. **Who will monitor:** Maintenance Supervisor, Villa Director and/or designee. **How Frequently:** Monthly audits will be done to verify proper sprinkler clearance, and escutcheons are present and maintained. **How will this be incorporated into QUAPI:** Audits will be presented to QUAPI a minimum of quarterly until which time the committee feels that issue has been resolved	9/17/26
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with NFPA 101, Life Safety Code and NFPA 13, Standard for the Installation of Sprinkler Systems. The failure to maintain sprinkler	S8018		

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	WY9014	A. BUILDING: _____ B. WING _____	09/15/2026

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S8018	Continued From page 1 systems as required could result in injury or death during an emergency. The deficiency affected multiple resident rooms. The findings were: Observation on 9/15/2026 at 11:10 AM in resident room # 104 revealed storage of combustible materials within 18" of a sprinkler head. A minimum of 18" clearance shall be maintained between the top of storage and sprinkler deflectors. Maintenance staff immediately corrected and removed combustibles from the top shelf to ensure proper clearance. This deficiency was observed in several other resident and storage rooms throughout the facility. Interview with facility maintenance at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101, Sections: 33.3.3; 9.7.1.1 2002 NFPA 13 Section 8.6.6.1 2. Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with NFPA 101, Life Safety Code and NFPA 13, Standard for the Installation of Sprinkler Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected multiple resident rooms. The findings were: Observation on 9/15/2026 at 11:12 AM in resident room # 104 revealed a fire sprinkler head with the escutcheon missing, exposing the annular space above. Further observation throughout the facility	S8018		

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S8018	Continued From page 2 revealed several missing escutcheons in resident rooms, closets, and bathrooms. Interview with facility maintenance at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref. 2006 NFPA 101, Section 33.3.3.5 2002 NFPA 13, Section 6.2.7	S8018		