

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/01/2026
NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HOMESTEAD AVENUE RIVERTON, WY 82501		
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S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 09/01/2026. The facility was a single story, fully sprinklered, building of Type V(111) construction built in 1995. The building was equipped with a supervised automatic dry sprinkler system with an anti-freeze branch, and an addressable fire alarm system. The facility had a capacity of 50 licensed beds with a census of 37 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 Regulations for Healthcare Facilities applies (II) Assisted Living Facilities in operation prior to 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		
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 and maintain emergency egress lighting in accordance with the 1994 NFPA 101, Life Safety Code. Failure to properly test	S8012		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carley Clausen Administrator 09/24/2026

STATE FORM

0009

ZOVMI1

If continuation sheet 1 of 7

POC approved via phone message for Administrator Carley Clausen on 10/06/26 at 8:40 AM. Matthew Sheen

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S8012	Continued From page 1 and maintain emergency egress lighting could result in delayed evacuation of the building in the event of an emergency, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 09/01/2026 starting at 11:40 AM revealed that the facility had not conducted the required testing of the emergency egress lighting. No documentation was available at the time of the survey to demonstrate the monthly and annual tests had been conducted in the last twelve (12) months. Battery- powered emergency egress lights shall be tested monthly for thirty (30) seconds and annually for ninety (90) minutes. Observation at the time of the survey revealed multiple battery-powered emergency lights located throughout the facility. Interview with the administrator at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref. 1994 NFPA 101 22-3.2.9, 5-9.3	S8012	S8012 All battery - powered emergency egress lights were tested on 09/03/2026 by Homestead/REACH Maintenance staff for 30 seconds and labeled. Homestead/REACH Maintenance staff to test all lights monthly for 30 seconds and annually for 90 minutes. document in the three-ring binder and provide info to facility Administrator. Maintenance Supervisor or Administrator to sign off on the monthly checks to ensure they are being completed as scheduled.	09/24/26
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:	S8017		

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S8017	Continued From page 2 Based on document review and staff interview, the facility failed to properly test and maintain the fire alarm system in accordance with the 1994 NFPA 101, Life Safety Code, and 1993 NFPA 72, National Fire Alarm Code. Failure to properly test and maintain the fire alarm system could result in malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 09/01/2026 starting at 11:40 AM revealed that the facility failed to conduct all required semi-annual testing of the fire alarm system. Documentation was available to demonstrate that the fire alarm system batteries had been inspected and tested in April of 2026. No additional documentation was available at the time of the survey to demonstrate that the semi-annual inspection and testing of the fire alarm system batteries had been completed a second time in the last twelve (12) months. Interview with the administrator at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.3.4.1, 7-6.1.4; 1993 NFPA 72 Table 7-3.2	S8017	S8017 Fire alarm system batteries were tested and labeled on 09/18/2026. Homestead/REACH Maintenance staff to test batteries semi-annually, document in the three-ring binder and provide info to facility Administrator. Maintenance Supervisor or Administrator to sign off on the semi-annual checks to ensure they are being completed as scheduled.		09/24/26
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101	S8018			

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S8018	Continued From page 3 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly test and maintain the fire sprinkler system in accordance with the 1994 NFPA 101, Life Safety Code, and 1992 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler system could result in malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 09/01/26 starting at 11:40 AM revealed that the facility failed to conduct all required quarterly and three-year sprinkler system testing. No documentation was available at the time of the survey to demonstrate that the three-year full flow test of the dry sprinkler system had been completed in the last three (3) years. Documentation was available to demonstrate that the quarterly waterflow, supervisory signal, priming water, and low air alarm tests had been completed in April of 2026. No additional documentation was available to demonstrate that the tests and inspection had been completed the other quarters of the year in the last twelve (12) months. Interview with the administrator at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement.	S8018	S8018 Homestead / REACH Maintenance Supervisor is working with testing company to resolve this issue. Homestead / REACH Maintenance team to inspect, document in the three-ring binder and provide info to facility Administrator. Maintenance Supervisor or Administrator to sign off on the checks to ensure they are being completed as scheduled.	09/24/26	

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S8018	Continued From page 4 Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.5; 1992 NFPA 25 Table 2-1	S8018	S8019 All portable fire extinguishers were inspected on 09/03/2026 by Homestead/REACH Maintenance staff and labeled. Homestead/REACH Maintenance staff to inspect all portable fire extinguishers monthly, document in the three-ring binder and provide info to facility Administrator. Maintenance Supervisor or Administrator to sign off on the monthly checks to ensure they are being completed as scheduled.	09/24/26
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review, observation, and staff interview, the facility failed to properly inspect and maintain portable fire extinguishers in accordance with the 1994 NFPA 101, Life Safety Code, and 1994 NFPA 10, Standard for Portable Fire Extinguishers. Failure to properly inspect and maintain portable fire extinguishers could result in malfunction or failure of the extinguishers, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Observation on 09/01/26 starting at 10:40 AM, and throughout the survey, revealed that the facility failed to conduct all required monthly inspections of the portable fire extinguishers. Observation of the portable fire extinguishers in the facility revealed that they were not being inspected monthly. No documentation was available at the time of the survey to demonstrate that the monthly inspections of the portable fire extinguishers were being conducted.	S8019		

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S8019	Continued From page 5 Interview with the administrator at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.3.5.3, 7-7.4.1; 1994 NFPA 10 4-4.1	S8019		
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to properly maintain electrical equipment in accordance with the 1994 NFPA 101, Life Safety Code, and 1993 NFPA 70, National Electrical Code. Failure to properly maintain electrical equipment could result in a failure or malfunction of the equipment, resulting in injury or death. The deficiency affected one (1) electrical closet, and has the potential to affect all residents, staff, and visitors. The findings were: Observation on 09/01/26 at 11:28 AM revealed that the facility failed to provide the require clearance around electrical equipment. Observation of an electrical and mechanical closet revealed stacked chairs being stored directly against two (2) electrical panel boxes. The doors to the panel boxes could not be opened without removal of the chairs from the	S8022		

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S8022	Continued From page 6 closet. Electrical equipment likely to require examination, servicing, or maintenance shall maintain a working space of at least three (3) feet in front of electrical equipment and a minimum width of thirty (30) inches. Interview with the administrator at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-2.5.1, 7-1.2; 1993 NFPA 70 110.26	S8022	S8022 Chairs were removed from electrical and mechanical closet on 09-01-2026 and stored in activity area. Chairs are used daily and all staff were updated on the new "home" for them and why they aren't in the electrical and mechanical closet anymore.	09/24/26