

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER SUMMIT RIDGE ASSISTED LIVING AND MEMO		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 BIRCH STREET DOUGLAS, WY 82633		
(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	<p>General Comments</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 11/13/2025.</p> <p>The facility was a two story fully sprinklered two story buildings of Type V (111) construction built in 2018. The building was equipped with a supervised automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The secure wing of the building is separated from the remainder of the structure by a 2-hour fire separation to distinguish between the board and care and healthcare occupancies of the facility. The facility had a capacity of 36 licensed beds with a census of 20 residents.</p> <p>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 apply. (ii) Assisted Living Facilities in operation prior the effective date of these 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.</p> <p>All references are based on the requirements of the 2006 NFPA 101, Life Safety Code, New Healthcare and New Board and Care unless otherwise noted.</p>	S 000		
S7001	<p>NFPA Life Safety - NFPA Mixed Occupancies</p> <p>NFPA 101 Mixed Occupancies</p> <p>This State Rule and Regulation is not met as evidenced by:</p>	S7001		

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

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

TITLE

(X6) DATE

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S7001	<p>Continued From page 1</p> <p>Based on observation and staff interview, the facility failed to maintain a 2-hour fire rated fire barrier in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain fire barriers could allow for the spread of smoke or fire leading to injury or death in a fire emergency. The deficiency affected one (1) of multiple fire barriers. The deficiency affected all residents, staff, and visitors at the Memory Care Unit.</p> <p>The findings were:</p> <p>Observation on 11/13/2025 at 10:52 AM revealed a 2-hour fire barrier at the secured entry doors for the Memory Care unit. Further observations revealed multiple sleeves penetrating the fire barrier above the ceiling that were not protected with a firestop system or device in accordance with the 2006 NFPA 101, sections 8.3.5.1 and 8.3.5.5.</p> <p>Interview with the facility manager at the time of observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Sections 18.1.2, 6.1.14.4, 8.3, 8.3.5.1, 8.3.5.2.</p>	S7001	<p>S7001 NFPA Mixed Occupancies</p> <ol style="list-style-type: none"> 1. The Facility will ensure that proper fire barriers will be implemented and maintained. 2. This deficient practice has the potential to affect all residents and staff. 3. All penetrations were sealed with fire stop sealant 12/4/2025. 4. ALF Designee will create monthly audit to ensure proper fire barriers are in place and maintained. 5. The results of the audit will be brought to QAPI for 90 days or until resolved. <p>Completion date 12/4/25</p>	
S7003	<p>NFPA Life Safety - Nfpa Means of Egress Components</p> <p>NFPA 101 Means of Egress Components</p>	S7003		

I called Analee Hypes on 12-17-25 at 10:39 am to inform her their Plan of Correction was approved.

Matt Langford

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NAME OF PROVIDER OR SUPPLIER

SUMMIT RIDGE ASSISTED LIVING AND MEMO

STREET ADDRESS, CITY, STATE, ZIP CODE

1110 BIRCH STREET
DOUGLAS, WY 82633

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S7003	<p>Continued From page 2</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress reliability in accordance with the 2006 NFPA 101, Life Safety Code. Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Failure to maintain egress reliability could impede egress in the event of an emergency leading to injury or death. The deficiency could affect all residents, staff, and visitors. The deficiency affected one (1) of multiple exits at the Memory Care unit.</p> <p>The findings were:</p> <p>Observation on 11/13/2025 at 11:00 AM revealed the facility allowed for storage of water bottles in the west exit vestibule at the Memory Care unit. Means of egress shall be free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>Interview with the facility manager at the time of observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Sections 18.2, 7.1.10</p>	S7003	<p>S7003 NFPA Means of Egress Components</p> <ol style="list-style-type: none"> 1. The facility will maintain egress reliability and ensure free of obstructions or impediments. 2. This deficient practice has the potential to affect all residents and staff. 3. Water bottles in west exit vestibule were removed and stored in west janitors closet. 4. ALF Designee will add audit onto daily checklists to ensure exit vestibules are free and clear of obstructions or impediments. 5. The results of audits will be brought to QAPI for 90 days or until resolved. <p>Completion Date 12/5/25</p>	
S7004	<p>NFPA Life Safety - Nfpa Doors</p> <p>NFPA 101 Doors</p> <p>This State Rule and Regulation is not met as</p>	S7004		

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S7004	<p>Continued From page 3</p> <p>evidenced by: Based on observation and staff interview, the facility failed to ensure delayed-egress locking arrangements were installed in accordance with the 2006 NFPA 101, Life Safety Code. Failure to ensure proper operation of delayed-egress locking systems could impede egress leading to injury or death in the event of an emergency. The deficiency affected three (3) of three (3) delayed-egress doors. The deficiency could affect all residents, staff, and visitors at the Memory Care Unit.</p> <p>The findings were:</p> <p>Observation on 11/13/2025 at 11:00 AM revealed a delayed-egress locking arrangement on the west exit from the Memory Care unit. Further observations revealed the door was not provided with the required signage in accordance with the 2006 NFPA 101, Section 7.2.1.6.1(5).</p> <p>Observation on 11/13/2025 at 11:10 AM revealed a delayed-egress locking arrangement on the south exit from the Memory Care Unit. Further observations revealed the door was not provided with the required signage in accordance with the 2006 NFPA 101, Section 7.2.1.6.1(5).</p> <p>Observation on 11/13/2025 at 1:00 PM revealed a delayed-egress locking arrangement on the exit door in the Memory Care dining room. Further observations revealed the delayed egress door failed to release when tested. An irreversible process shall release the lock within fifteen (15) seconds in accordance with the 2006 NFPA 101, Section 7.2.1.6.1. Further observations revealed the door was not provided with the required signage in accordance with the 2006 NFPA 101, Section 7.2.1.6.1(5).</p>	S7004	<p>S7004 NFPA Doors</p> <ol style="list-style-type: none"> 1. The facility will ensure required signage is posted on doors. Will ensure doors shall release the lock within fifteen seconds. 2. This deficient practice has potential to affect all residents and staff. 3. Proper signage has been requested to be installed by contracted company as-well repairs to be made to doors to ensure they will release lock within fifteen seconds. 4. Will continue monthly monitoring for proper release as well as add audit to ensure proper signage is in place. 5. The results of audits will be brought to QAPI for 90 days or until resolved. <p>Completion Date 12/16/25</p>	

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S7004	<p>Continued From page 4</p> <p>Interview with the facility manager at the time of observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>REF: 2006 NFPA 101 Section 18.2.2, 18.2.2.2, 18.2.2.4, 7.2.1.6.1</p>	S7004		
S8003	<p>NFPA Life Safety - Nfpa Means of Egress Components</p> <p>NFPA 101 Means of Egress Components</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress reliability in accordance with the 2006 NFPA 101, Life Safety Code. Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Failure to maintain egress reliability could impede egress in the event of an emergency leading to injury or death. The deficiency could affect all residents, staff, and visitors at the facility. The deficiency affected one (1) of multiple exits.</p> <p>The findings were:</p> <p>Observation on 11/13/2025 at 9:45 AM revealed the facility allowed for storage of water bottles in the level 2 landing of the west stairwell. Open space within exit enclosures shall not be used for any purpose that has the potential to interfere</p>	S8003		

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S8003	<p>Continued From page 5</p> <p>with egress. Means of egress shall be free of all obstructions or impediments to full instant use in the case of fire or other emergency</p> <p>Interview with the facility manager at the time of observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Sections 32.3.2, 7.1.3.2.3, 7.1.10, 7.2.2.5.3.1</p>	S8003	<p>S8003 NFPA Means of Egress Components</p> <ol style="list-style-type: none"> 1. The facility will maintain egress reliability/west stairwell and ensure free of obstructions or impediments. 2. This deficient practice has potential to affect all residents and staff. 3. Water bottles have been moved and stored in are of east sitting area of building on second floor. 4. monthly audits will be implemented to ensure west stair well is free of obstructions and impediments. 5. results of audits will be brought to QAPI for 90 days or until resolved. <p>Completion Date 12/5/25</p>	M R
S8004	<p>NFPA Life Safety - Nfpa Doors</p> <p>NFPA 101 Doors</p> <p>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 2006 NFPA 101, Life Safety Code, and NFPA 80, 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 affected two (2) of multiple doors in the facility. The deficiency could affect all residents, staff, and visitors.</p> <p>The findings were:</p>	S8004		

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S8004	<p>Continued From page 6</p> <p>Observation on 11/13/2025 at 10:35 AM revealed an exit door with panic hardware on the first floor adjacent to the fire riser room. Further observations revealed the door required 40 lbf applied to the push pad to activate the door latch. Panic hardware shall be constructed so that a horizontal force not to exceed 15 lbf actuates the cross bar or push pad and latches.</p> <p>Observation on 11/13/2025 at 10:45 AM revealed a pair of rated fire doors at the east side of the atrium were self-closing doors equipped with magnetic hold-open devices. Further observation revealed the self-closing doors failed to close and latch when manually dropped from the hold-open mechanisms.</p> <p>Interview with the facility manager at the time of observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Sections 32.1.5, 32.3.2.2, 7.2.1.7, 8.3, 8.3.3, 8.3.3.1, 8.3.3.3, 7.2.1.8</p>	S8004	<p>S8004 NFPA Doors</p> <ol style="list-style-type: none"> Facility will ensure to maintain fire door assemblies with self-closing devices. Facility will ensure doors will not exceed 15lb actuates the cross bar or push pad and latches. This deficient practice has the potential to affect all residents and staff. Repairs will be to threshold rubbing on exit door to ensure it will not exceed 15lb. Hold open mechanisms on east side fire doors were repaired to ensure doors would be held open. Facility designee will add daily audits to ensure exit door opens accordingly. Will continue to do monthly checks on latching mechanisms. The results of the audit will be brought to QAPI for 90 days or until resolved. <p>Completion Date 1/12/26</p>	
S8014	<p>NFPA Life Safety - Nfpa Prot of Vertical Openings</p> <p>NFPA 101 Protection of Vertical Openings</p> <p>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 maintenance and testing of engineered smoke control systems in accordance with the 2006 NFPA 101, Life Safety Code. Failure to provide</p>	S8014		

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S8014	<p>Continued From page 7</p> <p>maintenance and testing of engineered smoke control systems could lead to injury or death in the event of a fire. The deficiency affected the atrium engineered smoke control system. The deficiency could affect all residents, staff, and visitors in the facility.</p> <p>The findings were:</p> <p>Documentation review on 11/13/2025 beginning at 11:20 PM revealed the facility failed to provide evidence of maintenance and testing of the engineered smoke control system for the atrium in accordance with the 2006 NFPA 101, Section 8.6.7, and the 2005 NFPA 92B, Standard for Smoke Management Systems in Malls, Atria, and Large Spaces. All engineered smoke control systems shall be tested periodically in accordance with recognized engineering principles. Test documentation shall be maintained on the premises at all times.</p> <p>Interview with the facility manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>REF: 2006 NFPA 101, Sections 18.3.1, 8.6, 8.6.7, 8.6.7(6), 18.7.7, 2005 NFPA 92B, Section 8.4.</p>	S8014	<p>S8014 NFPA Prot of Vertical Openings</p> <ol style="list-style-type: none"> 1. The facility will ensure proper evidence and documentation of maintenance and testing of the engineered smoke control system for the atrium in accordance. 2. This deficient practice has the potential to affect all residents and staff. 3. Contracted company scheduled to test system and provide proper evidence and documentation. 4. Designated facility staff will ensure proper evidence and documentation is kept and available at all times. 5. Documentation will be brought to QAPI for 90 days or until resolved. Completion Date 12/17/2025 	
S8017	<p>NFPA Life Safety - Nfpa Det, Alarm & Comm Systems</p> <p>NFPA 101 Detection, Alarm and Communication Systems</p> <p>This State Rule and Regulation is not met as</p>	S8017		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUMMIT RIDGE ASSISTED LIVING AND MEMO

**1110 BIRCH STREET
DOUGLAS, WY 82633**

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S8017	<p>Continued From page 8</p> <p>evidenced by:</p> <p>Based on document review and staff interview, the facility failed to provide evidence of testing and maintenance of the fire alarm system in accordance with the 2006 NFPA 101, Life Safety Code, and the 2002 NFPA 72, National Fire Alarm and Signaling Code. Failure to properly maintain and test the fire alarm system could result in system failure, causing injury or death in an emergency. The deficiency affected the entire fire detection system. The deficiency has the potential to affect all patients, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 11/13/2025 beginning at 11:20 AM revealed the facility had conducted annual fire alarm system inspection and testing on 12/03/2024, but failed to provide evidence of the following additional testing in accordance with the 2002 NFPA 72, National Fire Alarm Code:</p> <ol style="list-style-type: none"> 1. Batteries - Sealed Lead Acid - Semi Annual Inspections - Table 10.3.1(3)(d) 2. Batteries - Sealed Lead Acid - Semi-Annual Load Voltage Tests - Table 10.4.3(6)(d)(3) 3. Supervising Station Fire Alarm Systems Receiver - Monthly Tests - Table 10.4.3 (23) <p>Interview with the facility manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Sections 32.3.3.4.1, 9.6, 9.6.1.3, 2002 NFPA 72 Sections 8.2.4, 10.6.2.3, Table 10.4.3</p>	S8017	<p>S8017 NFPA Det, Alarm & Comm Systems</p> <ol style="list-style-type: none"> 1. Facility will ensure to provide evidence of addition tested in accordance on 1. Batteries - Sealed Lead Acid - Semi Annual Inspections 2. Batteries - Sealed Lead Acid - Semi Annual Load Voltage Tests 3. Supervising Station Fire Alarm Systems Receiver - Monthly Tests. 4. This deficient practice has the potential to affect all residents and staff. 5. Contracted company scheduled to conduct testing and provide evidence and proper documentation of additional testing. 6. Designated facility staff will maintain proper documentation and evidence of testing semi annual and monthly tests. 7. Documentation of testing will be brought to QAPI for 90 days or until resolved. <p>Completion Date 1/12/2026</p>	

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S8018	Continued From page 9	S8018		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements 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 2006 NFPA 101, Life Safety Code, and the 2002 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 a fire 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 10/21/2025 beginning at 11:20 AM revealed the facility had conducted annual inspection, testing, and maintenance of the automatic fire sprinkler system on 11/22/2024, but failed to provide evidence of the following additional testing and inspections in accordance with the 2002 NFPA 25, Inspection Testing and Maintenance of Water-Based Fire Protection Systems: 1. Waterflow Alarm Quarterly Tests - Table 12.1 2. Dry System Low Air Pressure Alarm Quarterly Tests - Table 12.1 Interview with the facility manager at the time of the observation acknowledged the deficiency.	S8018		

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S8018	<p>Continued From page 10</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 Sections 32.3.3.5, 9.7.1.1(1), 9.7.5, 2002 NFPA 25 Table 12.1</p>	S8018	<p>S8018 NFPA Extinguishment Reg</p> <ol style="list-style-type: none"> 1. Facility will ensure to maintain evidence of testing and maintenance of the water based fire protection systems. 2. This deficient practice has the potential to affect all residents and staff. 3. Contracted company scheduled to conduct Waterflow alarm quarterly tests and dry system low air pressure alarm quarterly tests. 4. Designated facility staff will ensure to maintain proper documentation providing evidence of quarterly tests. 5. Documentation will be brought to QAPI for 90 days or until resolved. <p>Completion Date 1/12/2026</p>	
S8022	<p>NFPA Life Safety - Nfpa Electric</p> <p>NFPA 101 Electric</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to implement the emergency power system inspection, testing and maintenance requirements found in the 2005 NFPA 99, Health Care Facilities Code, and the 2005 NFPA 110, Standard for Emergency and Standby Power Systems. The deficiency affected all emergency power systems. Failure to provide the required inspection, testing, and maintenance of emergency power systems could lead to injury or death for all residents and staff in the event of an electrical system failure or emergency.</p> <p>The findings were:</p> <p>Document review on 11/13/2025 starting at 11:20 AM revealed the facility failed to provide evidence of maintenance and testing of the lead-acid batteries for the emergency generator. The facility failed to provide documentation of monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted in accordance with</p>	S8022		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER SUMMIT RIDGE ASSISTED LIVING AND MEMO		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 BIRCH STREET DOUGLAS, WY 82633		
(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
S8022	<p>Continued From page 11</p> <p>the 2005 NFPA 110, section 8.3.7.1.</p> <p>Interview with the facility manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>REF: 2005 NFPA 101, Sections 32.3.6.1, 9.1, NFPA 99, Section 4.4.4.1.2.1, and 2005 NFPA 110, Sections 5.1.18.3.7.1, 8.4.7, and 8.4.9</p>	S8022	<p>S8022 NFPA Electric</p> <ol style="list-style-type: none"> Facility will ensure to provide evidence of maintenance and testing of the lead acid batteries for the emergency generator of monthly testing. This deficient practice has the potential to affect all residents and staff. Equipment has been ordered to conduct monthly battery testing and proper documentation of evidence will be maintained monthly. Designated facility staff will conduct monthly tests and ensure to keep proper evidence of monthly tests. Documentation will be brought to QAPI for 90 days or until resolved. <p>Completion Date 1/12/2026</p>	
S8024	<p>NFPA Life Safety - Nfpa Elev, Dumbwtrs & Vert Conv</p> <p>NFPA 101 Elevators, Dumbwaiters and Vertical Conveyors</p> <p>This State Rule and Regulation is not met as evidenced by:</p> <p>Based on document review and staff interview, the facility failed to maintain elevators and equipment in accordance with the NFPA 101, Life Safety Code, and American Society of Mechanical Engineers 17.1, Handbook on Safety Code for Elevators and Escalators. Failure to maintain elevators and equipment as required could result in injury or death during an emergency. The deficiency could affect all residents, staff, and visitors in the facility.</p> <p>The findings were:</p> <p>Document review on 11/13/2025 starting at 11:20 AM revealed the facility had tested the fire fighters' emergency operations on 02/25/25, but failed to provide evidence of monthly fire fighters' emergency operation tests for the elevator. All</p>	S8024		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		
WY9019	A. BUILDING: _____	B. WING _____	(X3) DATE SURVEY COMPLETED
			11/13/2025

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUMMIT RIDGE ASSISTED LIVING AND MEMO

1110 BIRCH STREET

DOUGLAS, WY 82633

(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
S8024	<p>Continued From page 12</p> <p>elevators equipped with fire fighters' emergency operation in accordance with the 2006 NFPA 101, Section 9.4.3 shall be subject to a monthly operation with a written record of the findings made and kept on the premises as required by ASME A17.1.</p> <p>Interview with the facility manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>REF: 2006 NFPA 101, Sections 32.3.6.3, 9.4, 9.4.3, 9.4.6</p>	S8024	<p>S8024 NFPA Elev, Dumbwtrs & Vert Conv</p> <ol style="list-style-type: none"> 1. Facility will ensure to provide evidence of monthly fire fighters' emergency operation tests for the elevator. 2. This deficient practice has the potential to affect all residents and staff. 3. Equipment for testing elevator has been ordered and proper evidence of monthly tests will be conducted. 4. Designated facility staff will test elevator monthly and ensure proper evidence of documentation is provided. 5. Documentation will be brought to QAPI for 90 days or until resolved. <p>Completion Date 1/12/2026</p>	
S8027	<p>NFPA Life Safety - NFPA Emergency Egress & Rel Dr</p> <p>NFPA 101 Emergency Egress and Relocation Drills</p> <p>This State Rule and Regulation is not met as evidenced by:</p> <p>Based on document review, and staff interview, the facility failed to properly conduct emergency egress and relocation drills in accordance with the 2006 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12 Program Administration of Assisted Living Facilities. 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.</p> <p>The findings were:</p>	S8027		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER SUMMIT RIDGE ASSISTED LIVING AND MEMO		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 BIRCH STREET DOUGLAS, WY 82633		
(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
S8027	<p>Continued From page 13</p> <p>Document review on 11/13/2025 starting at 11:20 AM revealed the facility had conducted drills at least twelve (12) times per year with a minimum of one drill conducted on each shift. Further observations revealed the facility failed to provide documentation of the following:</p> <ol style="list-style-type: none"> 1. Documentation for two drills conducted at night when residents were sleeping. 2. The drills shall involve the actual evacuation of all residents. The facility shall record the time required to evacuate all residents to an assembly point as defined in the emergency plan. <p>Interview with the facility manager at the time of the observation acknowledged the deficiency.</p> <p>Interview with the facility administrator and the facility manager at the time of exit confirmed the deficiency.</p> <p>REF: 2006 NFPA 101, 32.7.3, WDH Ch. 12 Section 7, (o)</p>	S8027	<p>S8027 NFPA Emergency Egress & Rel Dr</p> <ol style="list-style-type: none"> 1. Facility will ensure to provide documentation and evidence for two drills conducted at night when residents are sleeping and drills shall involve the actual evacuation of all residents. 2. This deficient practice has the potential to affect all residents and staff. 3. Designated facility staff will conduct two drills at night involving the residents sleeping as well as actual evacuation of all residents. 4. Designated facility staff will plan drills in monthly safety meetings and ensure proper evidence of documentation of drills and evacuation done. 5. Drill forms will be brought to QAPI for 90 days or until resolved. <p>Completion Date 1/12/2026</p>	1/12/2026