

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>WY9019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/14/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT RIDGE ASSISTED LIVING AND MEMO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 BIRCH STREET DOUGLAS, WY 82633</b>
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(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
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{S 000}	<p><b>General Comments</b></p> <p>A Life Safety Code Revisit Survey was conducted by Healthcare Licensing and Surveys on 01/14/2026 for all previous deficiencies identified on 11/13/2025.</p> <p>The facility was a two-story building 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. 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> <p>The deficiencies that follow demonstrate non-compliance.</p>	{S 000}	<p><b>S8014 NFPA Prot of Vertical Openings</b></p> <ol style="list-style-type: none"> <li>1. The facility will ensure proper evidence and documentation of maintenance and testing of the engineered smoke control system for the atrium in accordance.</li> <li>2. This deficient practice has the potential to affect all residents and staff.</li> <li>3. Contracted company came to test system and provide proper evidence and documentation.</li> <li>4. Designated facility staff will ensure proper evidence and documentation is kept and available at all times.</li> <li>5. Documentation will be brought to QAPI for 90 days or until resolved. Completion Date 1/27/2026</li> </ol>	
{S8014}	<p><b>NFPA Life Safety - Nfpa Prot of Vertical Openings</b></p> <p>NFPA 101</p>	{S8014}		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Annie Hypes 1/29/2026*

*I called Annie Hypes on 01/29/26 to notify her of POA acceptance. 3:45pm ME*

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{S8014}	<p>Continued From page 1</p> <p>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 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 01-14-2026 beginning at 9:30 AM 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 32.3.3.1.1, 8.6, 8.6.7(6), 2005 NFPA 92B, Section 8.4</p>	{S8014}		
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*Annex Hypes 1/29/2026*