Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF009	A. BUILDING: _____ B. WING _____	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSAROKA SENIOR LIVING	2401 COUGAR AVENUE CODY, WY 82414

(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 complaint survey was conducted by Healthcare Licensing and Surveys on 06/02/2026. The survey was prompted by complaint intake LIC-26-060. The facility was a fully sprinklered, single story building of Type V(111) construction built in 2003. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 51 licensed beds with a census of 40 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, 2000 Edition, unless otherwise noted.	S 000		
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 observation, document review, and	S8027		

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S8027	Continued From page 1 staff interview, the facility failed to properly conduct emergency egress and relocation drills in accordance with the 2000 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: 1) Document review on 06/02/2026 starting at 10:30 AM revealed that the facility had not conducted all required emergency egress and relocation drills. At the time of the survey documentation was available to demonstrate that the facility had conducted two (2) emergency egress and relocation drill in the last twelve (12) months. Emergency egress and relocation 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. Interview with the executive director at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the executive director at the time of exit confirmed the deficiency. Ref: 2000 NFPA 101 32.7.3; WDH Ch. 12 Section 7, (o) 2) Observation on 06/02/2026 at 11:15 AM	S8027		

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S8027	Continued From page 2 revealed that the facility was not conducting emergency egress and relocation drills as required by the Life Safety Code. At the time of the survey a fire drill was conducted by the facility. Observation of the fire drill revealed that residents upon hearing the fire alarm moved to the corridors in front of their rooms. Staff were observed assisting residents where necessary to get them out of their rooms and accounting for residents. The facility had an emergency plan available including the evacuation capabilities and needs of all residents. The fire drill was completed once all residents were in the corridor and accounted for by staff. Emergency egress and relocations drills shall involve the actual evacuation of all resident to an assembly point and shall provide residents with experience in egressing through all exits. Interview with the executive director at the time of the observation acknowledge the deficiency, and indicated that they were unaware of the requirement. Interview with the executive director at the time of exit confirmed the deficiency. Ref: 2000 NFPA 101 32.7.3	S8027		

ABSAROKA SENIOR LIVING
2401 Cougar Avenue
Cody, WY 82414

JUN 22 2026

Plan of Correction

Survey Date: June 2, 2026
Tag: S8027

Deficient Practice:

The facility failed to conduct and document emergency egress and relocation drills as required by NFPA 101 Life Safety Code and Wyoming Department of Health regulations. Emergency drills were not completed monthly, were not conducted on all shifts as required, and did not involve actual resident evacuation to an assembly point.

Corrective Action for Residents Affected:

1. On June 10, 2026, the Administrator and Maintenance Director reviewed all emergency preparedness and fire drill requirements with facility leadership staff.
2. A facility-wide emergency egress and relocation drill involving resident evacuation to the designated assembly area was conducted on June 11, 2026.
3. Staff received re-education regarding emergency egress, relocation procedures, resident accountability, and drill documentation requirements.

Systemic Changes:

1. The facility has revised its Fire Drill and Emergency Preparedness Policy to ensure compliance with NFPA 101 and Wyoming Assisted Living regulations.
2. Emergency egress and relocation drills will be conducted monthly.
3. Drills will be rotated among all shifts, including night shift, with a minimum of one drill conducted per quarter on each shift and at least two drills annually during sleeping hours.
4. Drills will include actual resident evacuation to the designated assembly point whenever resident safety permits.
5. A Fire Drill Tracking Log has been implemented to monitor drill completion, shift coverage, evacuation participation, and required documentation.
6. The Administrator will maintain a yearly drill schedule to ensure ongoing compliance.

Monitoring:

1. The Administrator or designee will review drill documentation monthly for accuracy and completeness.
2. Drill records will be reviewed during the monthly Quality Assurance/safety meeting.
3. Any missed drills will be immediately scheduled and completed.
4. Compliance will be monitored for a minimum of twelve (12) months.

Completion Date:

The facility alleges compliance on June 18, 2026.

Administrator Signature: Sharone Rumfield

Date: 6/18/2026

POC approved via phone call with Administrator Sharone on 06/25/26 at 9:45 AM. Heather J. Shannahan