STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A complaint survey was conducted by Healthcare Licensing and Surveys on 8/19/25 through 8/20/25. The survey was prompted by complaint intake WY LIC-25-058. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5001	Ch 12 Sec 6 (b) Personnel and Staffing Requirements (b) Staffing. (i) The staffing level shall be sufficient to meet the needs of all residents of the facility, and insure the appropriate level of care is provided. (ii) There shall be personnel on duty to maintain order, safety, and cleanliness of the premises, to prepare and serve meals, to keep and adequate supply of clean linens, to assist the residents in personal needs and recreational activities, and to meet the other operational needs of the facility. (iii) The assisted living facility shall not	S5001	**Existing staff members are enrolled in Sheridan College's CNA training program, with tuition support provided by the facility, to expand our pool of qualified personnel.** **Experienced CNAs are providing mentoring and hands-on training to new staff to ensure safe, consistent resident care.** **2. How will we identify other residents having potential to be affected by the same deficient practice and what corrective actions will be taken?** **Because insufficient staffing affects every aspect of resident care, all residents had the potential to be impacted. To address this:** **A facility-wide review of staffing assignments and resident needs has been completed to ensure sufficient coverage across all shifts.** **The Administrator and House Manager are reviewing daily staffing logs to confirm CNA coverage for each shift.**	

10/9/25 - 12:22 pm - I spoke with the facility manager, Shelby Young, and let her know the plan was accepted with agreed upon changes. The alleged date of compliance was 9/4/25. ~~Finlow~~

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S5001	Continued From page 1 employ an individual as a nurse assistant who is not currently certified by the Wyoming State Board of Nursing. Certification must be verified by the manager of the assisted living facility. (iv) There shall be at least one (1) RN, LPN, or CNA on duty every shift. There shall be at least one (1) person on duty and awake at all times. (v) If the assisted living facility does not employ an RN, the facility shall Contract with an RN to provide the initial assessment, periodic reviews, assistance plans, as well as the periodic updates of resident assessment, reviews, assistance plans, and medication management. This State Rule and Regulation is not met as evidenced by: Based on facility staff schedule review, and staff interview, the facility failed to ensure sufficient staffing, including 1 RN, LPN, or CNA was on duty every shift to provide resident care. The Census was 4. The findings were: 1. Interview with the facility manager on 6/20/24 revealed the facility only had 2 CNAs who currently worked at the facility which was herself and CNA #1. She revealed they both worked during the day and the facility did not have a CNA, LPN, or RN who worked in the evening or at night. Further interview revealed there had not been a CNA at night since she became the facility manager in June of 2025. 2. Review of the staff schedule for August 2025 showed CNA #1 was scheduled to work the day shift Thursday through Saturday on 7/31 through 8/2, 8/14 through 8/16, and 8/28 through 8/30. In addition, CNA #1 worked the day shift Thursday through Sunday on 8/6 through 8/10 and 8/21	S5001	6(b)(iii). A retention strategy has been implemented, including competitive wages, training opportunities, and a supportive work environment, to reduce turnover and maintain staffing stability. A staffing contingency plan has been created to utilize on-call staff when call-offs occur, ensuring uninterrupted CNA coverage. 4. How will you monitor the corrective actions performance to make sure solutions are sustained? Monitoring will be completed through the facility's Quality Improvement Program (QIP): Monthly staffing audits will be conducted by the House Manager. ~~through October 20, 2025 (completion date).~~ ~~Monthly QIP meetings will be held~~ with the Administrator, RN, House Manager, and one frontline staff member. These meetings will review	

staffing levels, resident care outcomes, and compliance with state staffing requirements.

Audit results will be documented, trends analyzed, and corrective action plans updated as necessary.

Findings will be shared with staff during monthly meetings to reinforce accountability and promote transparency.

Completion Date: September 4th, 2025