PRINTED: 02/09/2018
FORM APPROVED

Healthcare Licensing and Surveys

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 _____	C 01/26/2018

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

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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 12/12/2007 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 from 1/25/18 to 1/26/18. The survey was prompted by complaint intakes LIC-17-034, LIC-18-007, and LIC-18-013. The following common abbreviations are used throughout the document: DON: Director of Nursing ALF: Assisted Living Facility RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5005	Ch 12 Sec 6 (b)(v) Personnel And Staffing Requirements (b) Staffing. (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 resident and staff interview, the facility failed to ensure a RN was employed or	S5005		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: President (X6) DATE

STATE FORM 6899 RSGL11 If continuation sheet 1 of 26

4/11/18 10:43 AM. Spoke with John Watson to accept the plan of correction with agreed upon changes. Date of compliance added as of 4/6/18. TC

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S5005	Continued From page 1 contracted at 1 of 1 facility (Willowcreek Assisted Living) to perform required services. The census was 9. The findings were: Interview with resident #2 on 1/25/18 at 6:10 PM revealed the facility did not have a nurse, and had not had a nurse since September 2017. Interview with the facility manager and owner on 1/26/18 at 4:12 PM confirmed the facility did not have a nurse on staff. Further, it was revealed the facility had been attempting since October 2017 to contract with a company to provide a nurse.	S5005		
S5013	Ch 12 Sec 7 (a)(iii) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (iii) Assistance with local transportation; This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview, the facility failed to ensure residents received assistance with local transportation for 2 of 4 sample residents (#2, #3) with transportation needs. The findings were: Interview with resident #2 on 1/25/18 at 6:10 PM revealed residents were told they have to "hire" an off-duty staff member to take them to appointments. Interview with resident #3 on 1/25/18 at 6:40 PM revealed some residents used public transportation to get to appointments; however, the resident was recently told s/he must find an alternate way to get to appointments. Interview with the facility manager and owner on 1/26/18 at 4:12 PM revealed residents were	S5013		

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S5013	Continued From page 2 required to find their own transportation to and from appointments.	S5013		
S5018	Ch 12 Sec 7 (a)(ix)(A) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (ix) Assessments completed by a Registered Nurse. (A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the resident's medication is changed; This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a Registered Nurse completed a medication review every 2 months or when a new medication was ordered for 8 of 8 sample residents (#1, #2, #3, #4, #5, #6, #8, #11) who received medications. The findings were: 1. Review of the medication administration record (MAR) for January 2018 showed resident #1 received medications which included glargine insulin (long-acting insulin) 110 units subcutaneous injection in the morning, and glargine insulin 60 units subcutaneous injection in the evening. Further, the resident received blood glucose monitoring at 7 AM, 11:45 AM, and 4:45 PM to identify need for Humalog (rapid acting insulin) subcutaneous injection as needed per a sliding scale. The sliding scale was 2 units for blood glucose level from 150 to 200, 4 units for	S5018		

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S5018	Continued From page 3	S5018		

blood glucose level from 201 to 260, 6 units for blood glucose from 261 to 300, 8 units for blood glucose level from 301 to 350, and 10 units for blood glucose level above 351. The following concerns were identified:

a. Review of the MAR for December 2017 showed the resident's Lantus was crossed out and "Levemir (long-acting human insulin) Flex Touch" was hand written onto the MAR at the same dose and times the Lantus was given during January 2018.

b. Review of the medical record showed no evidence a medication regimen review was conducted by an RN between September 2017 and January 2018.

2. Review of the MAR for January 2018 showed resident #2 received medications which included phenytoin sodium (anticonvulsant) 100 mg 2 capsules by mouth four times per day, clonazapam (anticonvulsant, benzodiazepine, anxiolytic) 1 mg by mouth three times per day, Vimpat (anticonvulsant) 100 mg 1 tablet by mouth twice per day, and Novolog (rapid-acting human insulin) 7 units before meals as needed. The following concerns were identified:

a. Review of the MAR for January 2018 showed no evidence of parameters to identify when the Novolog should be administered. Further, glucose readings were recorded only 9 times during the month and the Novolog was signed off as being administered 61 times during the month.

b. Review of the MAR for January 2018 showed a note on the MAR that indicated a "med change" was made for the phenytoin sodium to decrease it to 2 capsules twice per day and notify the physician after 7 days. Review of a letter dated 1/10/18 from the resident's physician showed the resident was "advised" to decrease

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S5018	Continued From page 4 the phenytoin sodium during his/her first physician visit on 9/9/17. c. Review of the medical record showed no evidence a medication regimen review was conducted by an RN between September 2017 and January 2018. 3. Review of the MAR for January 2018 showed resident #3 received medications which included Xarelto (anticoagulant) 20 mg 1 tablet by mouth every day, Baclofen (muscle relaxant) 10 mg 1 tablet by mouth twice per day, and oxycodone (opiod) 15 mg 1 to 2 tablets as needed (if 1 tablet was taken may take the second in 4 to 6 hours, if 2 tablets are taken may taken next dose in 8 hours). The following concerns were identified: a. Review of the medical record showed no evidence a medication regimen review was conducted by an RN between September 2017 and January 2018. 4. Review of the MAR for January 2017 showed resident #4 received medications which included olanzapine (antipsychotic) 20 mg 1 tablet by mouth at bedtime. The following concerns were identified: a. Review of the medical record showed no evidence a medication regimen review was conducted by an RN between September 2017 and January 2018. 5. Review of the MAR for January 2018 showed resident #5 received medications which included quetiapine fumarate (antipsychotic) 100 mg 1 1/2 tablet by mouth nightly at bedtime and quetiapine fumarate 50 mg 1 tablet by mouth twice per day as needed for agitation, and trazodone (antidepressant) 100 mg 2 tablets by mouth at bedtime as needed for sleep. The following concerns were identified:	S5018		

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S5018	Continued From page 5 a. Review of the medical record showed no evidence a medication regimen review was conducted by an RN between September 2017 and January 2018. 6. Review of the MAR for January 2018 showed resident #6 received medications which included lorazepam (antianxiety) 0.5 mg 1 tablet by mouth 2 times per day as needed, benztropine mesylate (antiParkinson's) 0.5 mg 1 tablet by mouth at bedtime, and olanzapine (antipsychotic) 10 mg 1 tablet every day at bedtime. The following concerns were identified: a. Review of the January 2018 MAR showed the benztropine mesylate had a note that indicated the medication could also be taken as needed; however, there was no guidance for as needed use. b. Review of the medical record showed no evidence a medication regimen review was conducted by an RN between September 2017 and January 2018. 7. Review of the MAR for January 2018 showed resident #8 received medications which included ziprasidone hydrochloride (antipsychotic) 40 mg 1 capsule by mouth twice per day. The following concerns were identified: a. Review of the medical record showed no evidence a medication regimen review was conducted by an RN during the resident's stay. Review of the resident's service plan, completed on 10/8/17, showed the resident was admitted on 10/4/17. 8. Review of the MAR for January 2018 showed resident #11 received medications which included ropinirole hydrochloride (Parkinson's medication) 1 mg 1 tablet by mouth at bedtime, and diazepam (anticonvulsant, benzodiazepine) 10 mg 1 tablet	S5018		

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S5018	Continued From page 6 by mouth three times per day as needed. The following concerns were identified: a. Review of the medical record showed no evidence a medication regimen review was conducted by an RN between September 2017 and January 2018. 9. Interview with the facility manager and owner on 1/26/18 at 4:12 PM revealed the facility had no nurse since September 2017 and medication regimen reviews had not been completed since that time.	S5018		
S5020	Ch 12 Sec 7 (b)(i)(A) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and/or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102; (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (II) The ALF 102 must be completed and signed by an RN.	S5020		

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S5020	Continued From page 7 (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a Registered Nurse completed the ALF 102 for 2 of 11 sample residents (#5, #8) within 45 days of admission. The findings were: 1. Review of the "Resident File Cover Page" for resident #5 showed the resident was admitted on 11/13/17. Review of the ALF 102 showed it was completed on 5/5/17, more than 45 days prior to admission. 2. Review of the service plan completed on 10/8/17 showed resident #8 was admitted to the facility on 10/4/17. Review of the medical record showed no evidence an ALF 102 was completed prior to the resident's admission. 3. Interview with the facility manager and owner on 1/26/18 at 4:12 PM revealed the facility had no RN on staff since September 2017 and there had been no ALF 102s completed since that time. Further, it was confirmed resident #5 was a readmission and an ALF 102 should have been completed.	S5020		
S5023	Ch 12 Sec 7 (b)(iv)(A-C) Assisted Living Facility (ALF) Core Services	S5023		

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S5023	Continued From page 8 (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (iv) Frequency of assessment. An assessment must be conducted: (A) No earlier than one (1) week prior to admission; (B) Immediately upon any significant change in the resident's mental or physical condition; or (C) No less than once every twelve (12) months. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure an assessment was completed for 1 of 1 sample residents (#5) with a readmission to the facility. The findings were: Review of the "Resident File Cover Page" showed resident #5 admitted to the facility on 11/13/17. Review of the service plan showed it was completed on 2/17/17. Review of the nursing assessment showed it was completed on 2/17/17. Interview with the facility manager and the owner on 1/26/18 at 4:12 PM revealed the facility had not had a nurse on staff since September 2017. Further, the resident was a readmission and a new assessment was not completed.	S5023		

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S5053	Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services (d) Medications. (v) Medication Administration (A) An RN shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act, and the Wyoming Board of Nursing Rules and Regulations. This State Rule and Regulation is not met as evidenced by: Based on medical record review and resident and staff interview, the facility failed ensure a RN was responsible for for supervision and management of all medication administration for 6 of 8 sample residents (#1, #2, #3, #6, #8, #11) who received medications. The findings were: 1. Review of the medication administration record (MAR) for January 2018 showed resident #1 received medications which included glargine insulin (long-acting insulin) 110 units subcutaneous injection in the morning and glargine insulin 60 units subcutaneous injection in the evening. Further, the resident received blood glucose monitoring at 7 AM, 11:45 AM, and 4:45 PM to identify need for Humalog (rapid-acting insulin) subcutaneous injection as needed per a sliding scale. The sliding scale was 2 units for blood glucose level from 150 to 200, 4 units for blood glucose level from 201 to 260, 6 units for blood glucose from 261 to 300, 8 units for blood glucose level from 301 to 350, and 10 units for blood glucose level above 351. The following concerns were identified: a. Review of the MAR for December 2017	S5053		

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S5053	Continued From page 10	S5053		

showed the resident's Lantus was crossed out and "Levemir (long-acting human insulin) Flex Touch" was hand written onto the MAR at the same dose and times the Lantus was given during January 2018.

b. Review of the MAR for January 2018 showed no evidence of parameters for when to notify a physician related to blood glucose monitoring.

c. Review of "Nurses Notes" dated 1/20/18 and timed "NOC" (night) showed "Res [resident] blood sugars [sic] was low (48) at 8 PM. Gave [him/her] some OJ and a piece of blueberry cake. Came up an hour later (103). Res stayed in bed all night. [His/her] Blood Sugar at 3 AM is 86."

d. Review of "Nurses Notes" dated 12/25/17 and un-timed showed "Res [resident] came out of room and watched some T.V. Residents [sic] sugar's [sic] have been high all day but seems okay. Is eating and showing no signs of feeling faint or wobbly."

e. Review of "Nurses Notes" dated 12/19/18 showed "Res [resident] had decent day. Was in [and] out of room this evening. Had snacked and @ [at] dinner [his/her] sugar was high so [his/her] PRN [as needed] was given. Besides high blood sugar [s/he] was in good mood."

f. Review of "Nurses Notes" dated 12/8/17 and un-timed showed "Appears to be that res's [resident's] blood glucose was low at lunch time."

g. Review of "Nurses Notes" dated 12/4/17 and un-timed showed "Resident came out of [his/her] room for supper and was dizzy an [sic] unsteady, nearly falling in the dining room."

h. Review of "Nurse's Notes" dated 12/4/17 and un-timed showed "Appears res. [resident] almost fell on Night Shift CNA, [his/her] sugars were low as [sic] 81."

i. Review of "Nurses Notes" dated 12/1/17 and un-timed showed "Appears that res's

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S5053	Continued From page 11 [resident's] blood glucose had gotten very low, when [s/he] was in taken [sic] a shower, [manager's name] (manger [sic]) with res. I came back out and got cranberry juice for res. Res was than [sic] vomitting [sic] and having diarrhea. Res had eaten lunch in [his/her] room, [s/he] did not eat very much. I had checked [his/her] blood glucose and it was 59, at 16:30 [4:30 PM] this afternoon. Appears that res. does have a UTI, [his/her] daughter called and let staff know." j. Review of "Nurses Notes" dated 10/19/17 and timed 7 PM showed "[Resident's name] did have high blood sugar before dinner but ate after [s/he] took humalog..." k. Review of "Nurses Notes" dated 10/16/17 and timed 6 PM showed "Gave 4 U [units] Novalog @ [at] dinner time. BS [blood sugar] was 233. Ate dinner cooperative." l. Review of "Nurses Notes" dated 10/12/17 and un-timed showed "Passed information re: [regarding] New Medicine to House manager." m. Review of a "Nurses Notes" entry date 10/13/17 and un-timed showed "Resident c/o [complained of] a stomach ache. Refused Breakfast BS [blood sugar] @ [at] 0900 [9 AM] 176. Held PRN [as needed] Novalog d/t [due to] BS 176. Had meds [with] H2O [water]. Didn't want to get up." n. Review of a "Nurses Notes" entry dated 10/9/17 and un-timed showed " R [refused] breakfast. BS was 86 @ [at 0800 [8AM] Gave meds and 110 units Glargine as ordered c/o [complained of] upset stomach [and] just wanted to sleep. Was [up] for lunch BS [blood sugar] @ [at] 12 was 67. Gave PB sandwich [and] lunch..." o. Review of a "Nurses Notes" entry dated 10/6/17 showed "[Resident's name] was at 240 administered 4 units of Novolog @ [at] 6:30 PM. Re check level 1-2 hrs [hours] will report nursing notes results."	S5053		

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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
S5053	Continued From page 12 p. Interview with the resident on 1/26/18 at 4:08 PM revealed facility staff give him/her the insulin and s/he is unsure what amount was received. Further, the resident was unsure what the frequency of the medication was. 2. Review of the MAR for January 2018 showed resident #2 received medications which included Novolog (rapid acting human insulin) 7 units before meals as needed. The following concerns were identified: a. Review of the MAR for January 2018 showed no evidence for parameters to identify when the as needed Novolog should be administered and held. Further, glucose readings were recorded 9 times during the month and the Novolog was signed off as being given 61 times during the month. 3. Review of the MAR for January 2018 showed resident #3 received medications which included duloxetine hydrochloride (antidepressant) 30 mg 1 capsule by mouth every day, propranolol hydrochloride (beta-blocker) 40 mg 1 tablet by mouth twice per day, Xarelto (anticoagulant) 20 mg 1 tablet by mouth every day, Baclofen (muscle relaxant) 10 mg 1 tablet by mouth twice per day, and oxycodone (opiod) 15 mg 1 to 2 tablets as needed (if 1 tablet was taken may take the second in 4 to 6 hours, if 2 tablets are taken may taken next dose in 8 hours). The following concerns were identified: a. Review of a "Medication Use/Self-Medicate Assessment" completed on 5/8/17 showed the resident had signs of self-medication issues which indicated the resident could not determine the need for medication, state why s/he was taking the medication, read the name of medications, determine the dosage of each medication per administration, follow directions	S5053		

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S5053	Continued From page 13 on how to take the medications or know the time of day medications were to be taken. 4. Review of the MAR for January 2018 showed resident #6 received medications which included amlodipine (antihypertensive) 5 mg 1 tablet by mouth everyday, lorazepam (anxiolytic) 0.5 mg 1 tablet by mouth 2 times per day as needed, benztropine mesylate (anti -Parkinson drug) 0.5 mg 1 tablet by mouth at bedtime, and olanzapine (antipsychotic) 10 mg 1 tablet every day at bedtime. The following concerns were identified: a. Review of the January 2018 MAR showed the benztropine had a note that indicated the medication could also be taken as needed; however, there were no directions for when the as needed medication should be taken. b. Review of the "Medication Use/Self-Medicate Assessment" completed on 5/20/17 showed the resident had signs of self-medication issues which indicated the resident could not identify the number of medications, tell side effects of medications or when they are to be reported, determine the dosage of each medication per administration, and get the right medication container at the right time of day. Further, the assessment showed "... [S/he] is capable of learning about [his/her] medications but most likely will never be independent." 5. Review of the MAR for January 2018 showed resident #8 received medications which included ziprasidone hydrochloride (antipsychotic) 40 mg 1 capsule by mouth twice per day and mirtazapine (antidepressant) 15 mg 1 tablet by mouth at bedtime. The following concerns were identified: a. Review of a "Medication Use/Self-Medicate Assessment" completed on 10/8/17 showed the resident had signs of self-medication issues	S5053		

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S5053	Continued From page 14 which indicated the resident could not determine the need for medication, state why s/he was taking the medication, name medications on container, identify number of medications, read the name of medications, distinguish tablet/capsule shapes/sizes/colors, tell side effects of medications or when they are to be reported, determine the dosage of each medication per administration, get the right medication container at the right time of day, follow directions on how to take the medications, and did not know the time of day medications are to be taken. Further, the assessment showed "PT [patient] confused and disoriented. Is cooperative. Will need total med [medication] assistance." 6. Review of the MAR for January 2018 showed resident #11 received medications which included ropinirole hydrochloride (anti-Parkinson's medication) 1 mg 1 tablet by mouth at bedtime, diazepam (anticonvulsant, benzodiazepine) 10 mg 1 tablet by mouth three times per day as needed, doxepin hydrochloride (antidepressant) 10 mg 3 capsules by mouth every day at bedtime, and escitalopram oxalate (antidepressant) 10 mg 1 tablet by mouth every day. The following concerns were identified: a. Review of a "Medication Use/Self-Medicate Assessment" completed on 10/8/17 showed the resident had signs of self-medication issues which indicated the resident could not follow directions on how to take the medications, Further, the assessment showed "Client has displayed signs of ETOH (alcohol) abuse and has become verbally abusive regarding [his/her] medications and other things to all of staff...I believe [s/he] is an alcoholic and requires a higher level of care..." 7. Interview with the former DON on 2/2/18 at	S5053		

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S5053	Continued From page 15 11:49 AM revealed she ended her employment with the facility on 9/13/17. Further, she revealed facility CNAs checked blood sugars and administered insulin to residents. 8. Interview with the facility manager and owner on 1/26/18 at 4:12 PM revealed the facility had no nurse since September 2017 and medication regimen reviews had not been completed since that time. Further, it was revealed CNAs were administering the medications.	S5053		
S5054	Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender; (C) Individual admission form. The form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission;	S5054		

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S5054	Continued From page 16 (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number of other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing. (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility;	S5054		

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S5054	Continued From page 17 (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey, within 30 days, the resident ' s funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident ' s estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights; (G) The resident's assessment and individualized assistance plan; (H) Copies of all applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies;	S5054		

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S5054	Continued From page 18 (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, review of facility incident reports, and review of the Licensing Division incident log, the facility failed to report 12 of 12 incidents that affected the health, welfare or safety of residents (residents #2, #8, #11). The findings were: 1. Review of an incident report dated 1/24/18 showed resident #11 "was angry and shaking all morning res [resident] accused staff of being drunk. Res [resident] got angry and went to street and got in the middle of street to stop traffic. Some guy stopped to try to help and to help staff with Res [resident]. Res. [resident] began to throw himself out of wheelchair. I called Police [and] ER [emergency room]. Unclear at this point if resident was having a withdrawal from alcohol or Diazepam." 2. Review of an incident report dated 1/25/18 showed resident #11 was sent to the emergency room and tested positive for marijuana. Further, the incident report indicated 2 staff members at the facility admitted smoking "pot" with the resident. 3. Review of an incident report dated 10/11/17 showed resident #8 entered the room of resident #11. Resident #11 yelled at resident #8 and	S5054		

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S5054	Continued From page 19 "cornered" him/her. Resident #11 was observed by staff to be "kicking" resident #8. After the residents were separated, resident #8 attempted to leave the facility because s/he "wanted to go home." 4. Review of an incident report dated 10/10/17 showed resident #8 and #2 had an altercation because resident #8 had entered the room of resident #2. Resident #2 alleged resident #8 had "sexually assaulted" him/her. The staff member told resident #2 "...it didn't matter what [s/he] had supposedly done [s/he] didn't have the right to be shoving [his/her] walker at [him/her] and telling [him/her] stay in [his/her] room..." Further review showed the staff member told resident #2 "...if [s/he] didn't like [resident #8] being around [him/her] to go to [resident #2's] room and lock the door so [s/he] couldn't get in..." and "[resident #2] told me that [s/he] wasn't a three year old and I couldn't treat [him/her] like one and then [s/he] made a comment of how [s/he] didn't run the place and I said that [s/he] needed to stop acting like it and go to [his/her] room if [s/he] couldn't handle being around [resident #8]." 5. Review of an incident report dated 8/24/17 and timed 8 AM showed resident #11 "had been drinking all day" and "putting [sic] [his/her] trash in the little trash can that all res [residents] have been using to put cigarrette [sic] butts in. [s/he] put a burning cigarrette [sic] in the can and it caught the trash on fire..." 6. Review of "Nurses Notes" dated 1/13/18 and timed "NOC [night]" showed resident #11 "had a Goodnight except when [resident #8] went into [his/her] room kicked [resident #8] with [his/her] boots on..."	S5054		

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S5054	Continued From page 20 7. Review of "Nurses Notes" dated 11/2/17 and un-timed showed resident #11 was "...upset that another resident was in [his/her] room. [Resident's name] began running into [him/her] repeatedly as res [resident] was trying to get around [him/her]..." 8. Review of "Nurses Notes" dated 10/21/17 and un-timed showed "Had to call police for assistance w/ [with] [resident #11] violent behavior w/ [with] other resident. Both parties involved w/ [with] physical abuse." 9. Review of "Nurses Notes" dated 10/25/17 and un-timed showed resident #8 "...wandered out of house [and] down st [street]. Read incident report." 10. Review of "Nurses Notes" dated 10/21/17 and un-timed showed "[Resident #8] punched [resident #11] in the face I had to call police." 11. Review of "Nurses Notes" dated 10/17/17 showed "Res [Resident #8] was very upset [with] another res. [resident] pushing [him/her] up against the wall today. I had heard res. [resident] cussing under [his/her] breath about another res. [resident]" 12. Review of "Nurses Notes' dated 10/4/17 and un-timed showed resident #8 "... walked out the back door and walked to the senior center. Check bracelet 1 time a day hold device on board to bracelet and it should flash. Keep an eye on [him/her] every minute..." 13. Review of the Licensing Division incident logs showed the facility did not report any incidents between July 2017 and January 2018.	S5054		

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S5054	Continued From page 21 14. Interview with the facility manager and facility owner on 1/26/18 at 4:12 PM revealed the facility did not report any incidents to the Licensing Division.	S5054		
S5100	Ch 12 Sec 8 (a)(vi) Services Which Cannot Be Provided By Level I Services which cannot be provided by the Level I Assisted Living Facility staff. (a) The following services cannot be provided: (vi) Care of resident whose wandering jeopardizes the health and safety of the resident; This State Rule and Regulation is not met as evidenced by: Based on medical record review, review of facility incident reports, and resident and staff interview, the facility failed to ensure residents did not require services which could not be provided by the Level I Assisted Living Staff for 1 of 1 sample residents (#8) whose wandering jeopardized health and safety. The findings were: 1. Review of "Nurses Notes" dated 10/4/17 and un-timed showed "We got a new [resident]... [S/he] has dementia and will need redirecting a lot. Needs pushed to eat. 4 hours in and [s/he] walked out the back door and walked to the senior center. Check bracelet 1 time a day hold device on board to bracelet and it should flash. Keep an eye on [him/her] every minute..." 2. Review of an incident report dated 10/10/17 showed resident #8 and #2 had an altercation because resident #8 had entered the room of	S5100		

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S5100	Continued From page 22 resident #2. Resident #2 alleged resident #8 had "sexually assaulted" him/her. The staff member told resident #2 "...it didn't matter what [s/he] had supposedly done [s/he] didn't have the right to be shoving [his/her] walker at [him/her] and telling [him/her] stay in [his/her] room..." Further review showed the staff member told resident #2 "...if [s/he] didn't like [resident #8] being around [him/her] to go to his/her room and lock the door so [resident #8] couldn't get in..." 3. Review of an incident report dated 10/11/17 showed resident #8 entered the room of resident #11. Resident #11 yelled at resident #8 and "cornered" him/her. Resident #11 was observed by staff to be "kicking" resident #8. After the residents were separated, resident #8 attempted to leave the facility because s/he "wanted to go home." 4. Review of "Nurses Notes" dated 10/25/17 and un-timed showed resident #8 "...wandered out of house [and] down st [street]. Read incident report." 5. Review of "Nurses Notes" dated 12/20/17 and un-timed showed "[Resident #8] was following another resident around touching everything [s/he] touched was [sic] scaring other resident. Resisted re-direction by CNA, tried to go out the back door." 6. Review of "Nurses Notes" dated 1/13/18 and timed "NOC [night]" showed resident #11 "had a Goodnight except when [resident #8] went into [his/her] room kicked [resident #8] with [his/her] boots on..." Review of a "Nurses Notes" entry on 11/2/17 and un-timed showed resident #11 was "...upset that another resident was in [his/her] room.	S5100		

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S5100	Continued From page 23 7. Interview with resident #10 on 1/26/18 at 10:15 AM revealed s/he placed a dresser in front of the door to prevent resident #8 from entering his/her room and s/he did not feel safe. 8. Interview with the facility manager and facility owner on 1/26/18 at 4:12 PM revealed resident #8 was easily redirected when s/he admitted to the facility; however, the resident had declined and the facility determined s/he was not appropriate for the facility around November 3rd, 2017. Further, the facility tried to keep the resident safe by shutting the fire doors and keeping the resident in the "Main Area."	S5100		
S5104	Ch 12 Sec 8 (a)(x) Services Which Cannot Be Provided By Level I Services which cannot be provided by the Level I Assisted Living Facility staff. (a) The following services cannot be provided: (x) Care of the resident with inappropriate social behavior; e.g., frequent aggressive, abusive, or disruptive behavior; and This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure residents did not require services which could not be provided by the Level I Assisted Living Staff for 1 of 1 sample residents (#11) with inappropriate social behavior. The findings were: 1. Review of an incident report dated 8/24/17 and timed 8 AM showed resident #11 "had been	S5104		

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S5104	Continued From page 24 drinking all day" and "putting [sic] [his/her] trash in the little trash can that all res [residents] have been using to put cigarette [sic] butts in. [s/he] put a burning cigarette [sic] in the can and it caught the trash on fire..." 2. Review of an incident report dated 10/11/17 showed resident #11 was observed kicking another resident who had entered his/her room. 3. Review of "Nurses Notes" dated 10/21/17 and un-timed showed "Had to call police for assistance w/ [with] [resident #11] violent behavior w/ [with] other resident. Both parties involved w/ [with] physical abuse." 4. Review of "Nurses Notes" dated 1/13/18 and timed "NOC [night]" showed resident #11 kicked another resident who had entered [his/her] room. 5. Review of an incident report dated 1/24/18 showed resident #11 "was angry and shaking all morning res [resident] accused staff of being drunk. Res [resident] got angry and went to street and got in the middle of street to stop traffic. Some guy stopped to try to help and to help staff with Res [resident]. Res. [resident] began to throw himself out of wheelchair. I called Police [and] ER [emergency room]. Unclear at this point if resident was having a withdrawal from alcohol or Diazepam." 6. Interview with the facility manager and facility owner on 1/26/18 at 4:12 PM revealed resident #11 would drink until s/he threw up, would urinate on him/herself, and would get "very" angry with staff and other residents. Further, it was confirmed the resident had been involved in several verbal and physical altercations with other residents.	S5104		

Healthcare Licensing and Surveys

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	ALF024	A. BUILDING: _____ B. WING _____	C 01/26/2018

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

Prefix tag s-5005 facility does not employ RN

1. Corporate office has contracted with a director of nursing

2. Corporate office has contracted with an RN and an LPN

3. Corporate office has hired two MAs

4. Resident #2 is now receiving the necessary nursing care as required by state rules and regulations.

5. The DON will monitor the nursing staff to maintain appropriate levels of staffing to ensure that all residents are receiving the required nursing care.

6. Corporate office will conduct Q&A meetings with the DON and manager to ensure continued compliance with state regulations and also to ensure that residents are receiving high quality care.

Date of Compliance
4/06/18

Prefix tag s 5013 Assistance with local transportation

1. Corporate office has hired a new manager who has been instructed on the rules regarding transportation.
2. The manager and staff will schedule rides for residents and have been educated on the local resources that are available.
3. Residents #2 and 3 will have rides scheduled for them by staff as needed.
4. A ride sheet has been created for residents to request needed rides.
5. The manager will be auditing residents weekly if their ride needs are being met and keep a record.
6. The manager will hold monthly Q&A meetings with residents and staff regarding transportation needs and any improvements that need to be made.

Date of Compliance
4/06/18

Prefix tag s-5018 medication reviews

1. Corporate office has contracted an DON
2. Corporate office has contracted with RNs

Date of Compliance
4/6/18

3. Medications reviews were completed on all residents on 2/24/18
4. Medication reviews were completed on residents 2,3,4,5,6 and 8 on 2/24/18
5. Medication reviews were not completed on residents 1 and 11 as there were discharged.
6. The DON will monitor all residents and resident files to ensure that all reviews are done and completed when they are due.
7. The manager will monthly review all residents with the DON to ensure that the medication reviews are complete on all residents.
8. The manager will report to corporate office monthly confirming that all medication reviews are in compliance and complete.
9. Corporate office will quarterly do an internal survey of medication reviews.

Prefix tag s-5020 ALF 102 assessments

1. Corporate Office has contracted with a DON
2. Corporate office has contracted with RNs
3. ALF 102 assessments and paperwork were completed on all residents as of 2/25/18
4. Residents 5 and 8 had assessments that were completed on 2/25/18
5. The DON will monitor all residents to ensure that ALF 102 assessments are completed when they are due and that new residents have their assessments including ALF 102s completed per State rules and regulations.
6. The manager will have monthly meetings with the DON regarding any Q&A issues and to ensure all nursing duties including assessments are up to date, complete and done when they are due and records kept and copies sent to corporate office.
7. The local manager will monthly meet with corporate office to ensure that all nursing duties are complete and being completed per state requirements and guidelines.

Date of Compliance
4/6/18

Prefix tag s 5023 resident assessments

1. Corporate office has contracted an DON
2. Corporate office has contacted with RNs
3. Assessments were completed on all residents as of 2/25/18
4. An assessment was completed on resident #5 as of 2/25/18
5. The DON will monitor all residents to ensure that assessments are being completed on all residents on their yearly anniversary, change of condition, physician orders, or in the event of an accident.
6. The DON and manager will meet monthly to ensure that all nursing duties including assessments are being completed and records kept and turned into corporate.
7. The local manager will meet monthly with corporate office to discuss nursing to ensure that all nursing duties are being completed including assessments.
8. The local manager will have monthly Q&A discussions with the DON and corporate office regarding nursing.

Date of Compliance
4/6/18

Prefix tag s 5053 medication administration

1. Corporate office contracted with a DON
2. Corporate office contracted with RNs
3. Corporate office has hired two medication aids

Date of Compliance
4/6/18

4. Residents 2,3,6,8 have their medications administered by the nursing staff
5. All residents medications are managed and administered by the nursing staff.
6. The DON will monitor all residents to ensure that their medications are managed and administered by the nursing staff.
7. The DON will monitor the nursing staff to ensure that they are administering medications, and also will ensure that proper numbers of nursing staff are maintained to manage and administer medications and records will be kept.
8. The manager will monitor DON to ensure that nursing is in full compliance as to state guidelines.
9. Corporate office will discuss nursing monthly with the manager and the DON to ensure that nursing is in compliance with state rules and regulations.

Prefix tag s 5054 reporting of incidents to the state

1. The manager has been educated on proper policy and procedure for documenting and reporting incidents.
2. The manager has been instructed to report all incidents no matter how minor.
3. The manager now has the authority and has been educated on proper procedure for directly reporting incidents to the state with in 24 hours and will send a copy to corporate office.
4. Resident # 1 was discharged as of 1/26/18.
5. Resident #8 was discharged as of 1/26/18
6. Resident # 11 was discharged as of 1/26/18
7. The manager will coordinate with the DON on all incidents that occur and both will report to corporate office.
8. The DON will monitor all residents to ensure that they are appropriate for our home, and will report to the manager.
9. The manager will monthly report to corporate office regarding all residents and their appropriateness.
10. Corporate office will quarterly conduct quarterly internal surveys to ensure that all incidents are reported.

Date of Compliance
4/6/18

Prefix tag s-5100 appropriateness

1. Corporate office replaced the former manager for not ensuring appropriateness of residents and not discharging residents that were not appropriate.
2. Corporate office contracted an DON
3. Residents 8 and 11 were discharged on 1/26/18
4. The DON with the nursing staff will monitor all residents to ensure that they remain appropriate to be in our home.
5. The DON will do a through assessment on all new residents prior to their admission to ensure that they are appropriate for our home.
6. The manager will monitor the DON and the nursing staff to make sure assessments on residents are current and complete.
7. Corporate office will conduct internal surveys quarterly on the appropriateness of all residents.

Date of Compliance
4/6/18

Prefix tag s-5104 appropriateness

1. Corporate office contracted an DON.
2. Residents 8 and 11 were discharged 1/26/18.
3. The DON with the nursing staff will monitor all residents to ensure that they remain appropriate to be in our home.
4. The DON will do a through assessment on all residents prior to their admission to ensure that they are appropriate for our home.
5. The manager will monitor the DON and the nursing staff to make sure assessments on residents are current and complete.
6. Corporate office will conduct internal surveys quarterly on the appropriateness of all residents.

Date of Compliance
4/6/18