PRINTED: 06/08/2018
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
	ALF010	A. BUILDING: _____ B. WING _____	05/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

(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
S5006	Ch 12 Sec 6 (c) Personnel and Staffing Requirements (c) Background checks. All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact. This State Rule and Regulation is not met as evidenced by: Based on staff interview and review of personnel files, the facility failed to ensure background checks were completed for 9 of 9 employees selected for review (employees #1, #2, #3, #4, #5, #6, #7, #8, #9). The findings were: 1. Review of the personnel files showed they were kept in an unlocked file cabinet in the office. Files for former employee #5, former employee #4, employee #8 and former employee #9 were unavailable. Review of personnel files for employee #6, employee #7, employee #3, employee #2, and manager/employee #1 showed no evidence of Department of Criminal Investigation (DCI) background screening, and only the file for employee #6 had a completed Department of Family Services (DFS) registry screen available for review. 2. A policy and procedure was requested related to personnel hiring and screening; however, the policy was not available. 3. Interview with the administrator/owner on 5/3/18 at 12:10 PM revealed he was unaware the background screening information was not in the personnel files. He stated to his knowledge they	S6006		

Accepted on 6/29/18 by LoriRuss

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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 5/2/18 to 5/3/18. The survey was prompted by complaint intake LIC-18-024.	S 000		
S5006	Ch 12 Sec 6 (c) Personnel and Staffing Requirements (c) Background checks. All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact. This State Rule and Regulation is not met as evidenced by: Based on staff interview and review of personnel files, the facility failed to ensure background checks were completed for 9 of 9 employees selected for review (employees #1, #2, #3, #4, #5, #6, #7, #8, #9). The findings were: 1. Review of the personnel files showed they were kept in an unlocked file cabinet in the office. Files for former employee #5, former employee #4, employee #8 and former employee #9 were unavailable. Review of personnel files for employee #6, employee #7, employee #3,	S5006		

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S5006	Continued From page 1 employee #2, and manager/employee #1 showed no evidence of Department of Criminal Investigation (DCI) background screening, and only the file for employee #6 had a completed Department of Family Services (DFS) registry screen available for review. 2. A policy and procedure was requested related to personnel hiring and screening; however, the policy was not available. 3. Interview with the administrator/owner on 5/3/18 at 12:10 PM revealed he was unaware the background screening information was not in the personnel files. He stated to his knowledge they had all been completed, and must have been removed or "stolen" from the facility.	S5006		
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:	S5054		

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S5054	Continued From page 2 (I) Full name of resident and former address; (II) Date of admission; (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	S5054		

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S5054	Continued From page 3 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; (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;	S5054		

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S5054	Continued From page 4 (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; (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 resident and staff interview, review of facility incident reports, and review of Licensing Division records, the facility failed to report 4 allegations of theft of resident funds (resident #3, #5, #10, and #11), and further failed to report 1 allegation of resident abuse (resident #11). The findings were: 1. Interview with resident #10 on 5/2/18 at 4:06 PM revealed a former manager had stolen his/her rent money. The resident stated the employee had also taken money from other residents, and this occurred in November, 2017. Further, the resident stated s/he had observed an incident where a facility employee "locked" resident #11 in his/her room by holding the door shut. 2. Telephone interview with the administrator/owner on 5/3/18 at 12:10 PM verified former employee #5 had stolen money from residents #3, #5, #10, and #11, and the case was pending with the police. He verified this happened in November 2017 and he had not	S5054		

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S5054	Continued From page 5 reported the theft to the Licensing Division because he thought it was a matter for the police, and he had provided a detailed statement to the police. The administrator/owner further verified there was an incident that he had recently become aware of with resident #11 that occurred on 4/1/18. He was informed employee #8 had mistreated the resident. When he learned of this, he conducted interviews and concluded there had been "abusive treatment." The employee was out on leave and he planned to terminate this employee when the leave ended. He had not reported this incident to the Licensing Division. 3. Review of facility incident documentation failed to show information related to these incidents or investigations. 4. Review of Licensing Division records showed no reports were made by the facility.	S5054		
S5065	Ch 12 Sec 7 (g)(iii) Assisted Living Facility (ALF) Core Services (g) Grievance Procedure. The written grievance procedure shall establish a system of receiving, reviewing, and alleviating concerns, complaints and allegations of resident rights violations, and poor service provided to include, but not limited to: (iii) List of agencies, with address and telephone numbers for residents to contact if grievances are not addressed satisfactorily (e.g. State Long Term Care Ombudsman and the Department of Health, Office of Licensing and Surveys); and This State Rule and Regulation is not met as	S5065		

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S5065	Continued From page 6 evidenced by: Based on review of policy and procedure, observations, and staff interview, the facility failed to ensure the grievance procedure met requirements. The census was 10. The findings were: Request of the grievance policy and procedure showed an undated "Grievance Procedure" which defined how staff and residents were to report wrongful treatment, problems, and concerns. The procedure showed "all problems will be documented in writing" and an investigation would be completed. The following concern was identified: a. Review of the procedure showed it was lacking a list of agencies with contact information for residents to contact if their grievances were not satisfactorily addressed. The procedure further failed to include information related to the requirement to provide written reports of grievances and resolutions within 10 days to the Ombudsman and the Licensing Division. b. Interview with the manager/employee #1 on 5/3/18 at 11:24 AM revealed he was unaware of further written procedures.	S5065		
S5067	Ch 12 Sec 7 (g) Assisted Living Facility (ALF) Core Services (g) Grievance Procedure. The written grievance procedure shall be posted in a conspicuous place within the facility. This State Rule and Regulation is not met as evidenced by: Based on review of policy and procedure,	S5067		

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S5067	Continued From page 7 observations, and staff interview, the facility failed to ensure grievance procedure was posted in a conspicuous place within the facility. The census was 10. The findings were: Request of the grievance policy and procedure showed an undated "Grievance Procedure" which defined how staff and residents were to report wrongful treatment, problems, and concerns. The procedure showed "all problems will be documented in writing" and an investigation would be completed. The following concern was identified: a. Observation on 5/3/18 at 10:15 AM showed there was no posting of the grievance procedure in a conspicuous place within the facility as required. b. Interview with the manager/employee #1 on 5/3/18 at 11:24 AM verified there was not a posting in the facility related to how to file a grievance.	S5067		
S5069	Ch 12 Sec 7 (i)(i) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (i) The facility must assure that all residents are protected from abuse. This includes the resident's right to be free from verbal, physical, mental, or sexual abuse in accordance with the definition of abuse as stated in Section 4(a) of these rules. This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview, and review	S5069		

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S5069	Continued From page 8 of employee files, the facility failed to protect residents from abuse. The census was 10. The findings were: 1. Interview with resident #10 on 5/2/18 at 4:06 PM revealed there were staff members who had been involved in mistreatment of residents. This resident stated a former manager (employee #5) had stolen his/her rent money. The resident stated the former manager had taken money from other residents as well. The theft occurred in November 2017, and the administrator/owner and police were working on getting the money returned to the residents. Continued interview with the resident revealed s/he was also aware of other employees who would "threaten" residents and "called people names." The resident identified these employees as employees #4 and #8. The resident described an incident s/he observed where employee #8 "locked" resident #11 in his/her room by holding the door shut. Resident #11 had moved out since the incident. 2. Interview with resident #5 on 5/2/18 at 4:26 PM revealed employee #4 "threatened people." The resident stated the former employee threatened to withhold cigarettes from resident #4 if s/he did not take a bath. 3. Interview with employee #2 on 5/3/18 at 9:10 AM verified a previous manager had stolen money from residents. She knew the administrator/owner was aware and they were working with the police to get the money returned. The employee further revealed she had observed a certified nurse aide who was no longer employed (employee #4) "bad mouth" residents. She stated the employee was "really rude" and called residents names such as "stupid", "dirty", and "disgusting." Employee #2 stated she had not	S5069		

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S5069	Continued From page 9 written a report, however, she reported these concerns to her then-manager, and as far as she knew, the administrator/owner was made aware. Employee #4 later became the acting facility manager in approximately December 2017 until she quit in March 2018. 4. Interview with employee #6 on 5/3/18 at 9:36 AM revealed employee #8 had a "bad temper" and had treated resident #11 "badly." She stated employee #8 had called the resident a "F-ing B." Employee #6 stated she had not reported this because she was afraid for her job, and employee #4 had threatened her with losing her job. 5. Review of facility incident and concern reports failed to show information related to these incidents. 6. Review of the personnel files showed they were kept in an unlocked file cabinet in the office. There were several files that were unavailable. These included files for former employee #5, former employee #4, employee #8 and former employee #9. Review of the available files for employee #6, employee #10, employee #3, employee #2, and manager/employee #1 showed no evidence of DCI background screening, and only the file for employee #6 had a completed DFS registry screen available for review. 7. Interview with the administrator/owner by phone on 5/3/18 at 12:10 PM verified former employee #5 had stolen money from residents and the case was pending with the police. He verified he had not reported the theft to the Licensing Division because he thought it was a matter for the police, and he had provided a detailed statement to the police. The	S5069		

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S5069	Continued From page 10 administrator/owner further verified there was an incident that he had recently become aware of with resident #11 that occurred on 4/1/18. He was informed employee #8 had mistreated the resident. When he learned of this, he conducted interviews and concluded there had been "abusive treatment." The employee was out on leave and he planned to terminate this employee when the leave ended. He had not reported this incident to the Licensing Division. Further, the administrator/owner had been made aware of mistreatment to residents and staff by former employee #4. The administrator/owner had not reported these incidents because the employee was no longer working at the facility. The administrator/owner verified the employee had been "snippy" with the residents, and she was also suspected of removing resident and employee documentation from the facility. There was now a no trespass order against the former employee for the protection of the residents and staff. He stated the missing personnel files were thought to have been taken by this individual.	S5069		
S5070	Ch 12 Sec 7 (i)(ii) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated. Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately.	S5070		

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S5070	Continued From page 11 This State Rule and Regulation is not met as evidenced by: Based on staff interview, review of personnel files, and policy and procedure review, the facility failed to adhere to written policies and procedures related to prohibition of abuse. The census was 10. The findings were: 1. Review of the personnel files showed they were kept in an unlocked file cabinet in the office. There were several files that were unavailable. These included files for former employee #5, former employee #4, employee #8 and former employee #9. Review of the available files for employee #6, employee #7, employee #3, employee #2, and manager/employee #1 showed no evidence of DCI background screening, and only the file for employee #6 had a completed DFS registry screen available for review. A policy and procedure was requested related to personnel hiring and screening; however, the policy was not available. In addition, evidence of training and education related to abuse topics was not found in the files that were available. 2. Interview on 5/3/18 at 11:24 AM with the manager/employee #1, revealed a recent (previous week) staff meeting was held where resident and staff treatment was discussed. However, this meeting was not documented. 3. Review of policy and procedures showed an undated grievance procedure which defined how staff and residents were to report wrongful treatment, problems, and concerns. The procedure showed "all problems will be documented in writing" and an investigation would be completed. There were no policies available to	S5070		

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S5070	Continued From page 12 show how staff and potential employees were screened, or provided education or inservicing related to abuse topics. The manager on site and the administrator/owner were unable to provide access to such policies.	S5070		

Willow Creek
ElderCare Communities

Evanston

Survey Date: May 3, 2018

ID Prefix Tag

S5006 Ch 12 Sec 6 (c) Personnel and Staffing Requirements

1. The facility will complete DCI fingerprints and background checks on all current employees by 06/20/2018.
2. The facility will complete Department of Family Services Central Registry Screening on all current employees by 06/20/2018
3. The facility will complete DCI fingerprints and background checks and Department of Family Services Central Registry Screening on all new employees prior to resident contact.
4. All employee (past and current) files will be kept in a locked filing cabinet
5. QA regarding DCI fingerprints and employee files occurred on 06/20/2018.
6. New employees and their paperwork will be discussed in monthly QA.
7. Date of compliance 06/20/2018.

S5054 Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services

1. Each resident will have a record and report individual file which shall contain:
   A.) Referring agent information
   B.) History and Physical performed by a physician or physician extender
   C.) An individual admission form containing: full name of resident and former address, date of admission, sex, race, date of birth, social security number, former occupation, name, home address, and telephone number of relative of POA, name, address, and telephone number of primary provider, dentist, optometrist, or ophthalmologist, Medicare and other insurance number, written inventory of all personal possessions excluding clothing items.
   D.) All accidents, injuries, illnesses, and allegations of abuse shall be documented and reported to the resident's family or responsible party.
   E.) All appropriate accidents, injuries, illnesses, and allegations affecting the health and welfare of the resident will be reported to the Licensing Division within 24 hours of occurrence, and an investigative report will be sent to the Licensing Division or Ombudsmen within five working days.

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F.) Any resident who requests personal funds be held will have monies documented and safe-guarded.

G.) Any resident wishing to have more than $100 of personal funds held will have funds deposited into an interest bearing account. The resident's wishes to hold personal funds will be in writing and the transaction will be documented in the resident's chart.

H.) The facility will hold a separate accounting sheet for any resident wishing to have more than $100 in funds retained.

I.) Each resident will have a signed copy of resident's rights

J.) Each resident who requires assistance contracts shall have them signed by both parties

K.) Each resident will receive and sign admission/discharge policies

L.) Each resident's chart will contain a current ALF-102

M.)Each resident will have signed by both parties any third party provider service contracts

N.) All of the above will be audited by corporate, the manager, or DON every 6 months to maintain compliance.

O.) Resident charts will be discussed in monthly QA. Each chart will be audited prior to June 30, 2018 QA then every 6 months after initial audit.

2. Date of compliance 06/30/2018.

S5065 Ch 12 Sec 7 (g)(iii) Assisted Living Facility (ALF) Core Services

1. A grievance procedure following state standards has been written and will be implemented by 06/30/2018.
2. Each resident/resident representative will receive a copy of the grievance procedure and each policy will be signed by both parties by 06/30/2018.
3. Any grievance will be reviewed in the monthly QA meeting.
4. Date of compliance 06/30/2018.

S5067 Ch 12 Sec 7 (g) Assisted Living Facility (ALF) Core Services

1. The grievance procedure will be posted in a conspicuous place within the facility by 06/30/2018.

S5069 Ch 12 Sec 7 (i)(i) Assisted Living Facility (ALF) Core Services

1. Resident's Rights policy and procedure, including protection from abuse of any form including verbal, physical, mental, or sexual, has been updated as of 05/16/2018.
2. Each resident will receive a copy of Resident's Rights and will be signed by both parties by 06/30/2018.

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3. The facility will educate all staff members regarding Resident Rights and adult protection by 06/30/2018. Each staff member will sign an education roster.
4. The facility will educate all new staff members regarding Resident Rights and adult protection. Each new employee will sign an education roster documenting this education occurred prior to contact with residents.
5. The facility will complete DCI fingerprints and background checks on all current employees by 06/30/2018.
6. The facility will complete Department of Family Services Central Registry Screening on all current employees by 06/30/2018
7. The facility will complete DCI fingerprints and background checks and Department of Family Services Central Registry Screening on all new employees prior to resident contact.
8. Each new staff member and their paperwork will be reviewed in monthly QA. After initial discussion each staff file will be audited every 6 months by manager.
9. Date of compliance 06/30/2018.

S5070 Ch 12 Sec 7 (i)(ii) Assisted Living Facility (ALF) Core Services

1. Resident's Rights policy and procedure, including protection from abuse of any form including verbal, physical, mental, or sexual, has been updated as of 05/16/2018.
2. Each resident will receive a copy of Resident's Rights and will be signed by both parties by 06/30/2018.
3. The facility will educate all staff members regarding Resident Rights and adult protection by 06/30/2018. Each staff member will sign an education roster.
4. The facility will educate all new staff members regarding Resident Rights and adult protection. Each new employee will sign an education roster documenting this education occurred prior to contact with residents.
5. The facility will complete DCI fingerprints and background checks on all current employees by 06/30/2018.
6. The facility will complete Department of Family Services Central Registry Screening on all current employees by 06/30/2018
7. The facility will complete DCI fingerprints and background checks and Department of Family Services Central Registry Screening on all new employees prior to resident contact.
8. The facility will create an abuse and reporting abuse protocol for employees by 06/30/2018
9. The facility manager will provide education regarding abuse reporting protocols and investigation of abuse to all current employees and all new employees. The current employee education will be completed by 06/30/2018.

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10. The facility will hold monthly QA meetings and each employee folder will be audited every 6 months.
11. Date of compliance 06/30/2018.

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