PRINTED: 07/31/2018
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	B. WING	R-C 07/19/2018

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
{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 revisit survey was conducted on 7/18/18 through 7/19/18 for all previous deficiencies cited on 5/3/18.	{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 review of personnel files and staff interview, the facility failed to ensure DCI background checks and DFS central registry screenings were completed for 3 of 3 employees (certified nurse aide (CNA) #1, CNA #2, manager). The findings were: During an interview on 7/19/18 at 8:42 AM the manager stated the facility had three employees: CNA #1, CNA #2, and himself. Review of personnel files showed no evidence the three employees had DCI background checks or DFS	{S5006}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 8/10/18

POC accepted. Called Mark Hainsworth, manager, on 8/20/18 @ 3:30pm.
DOC - 7/31/18

Janice G

7/20/18

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	ALF010	A. BUILDING: _____ B. WING _____	R-C 07/19/2018

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

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{S5006}	Continued From page 1 central registry screenings completed. The manager stated on 7/19/18 at 8:42 AM that the facility had submitted the information, but "it got sent back because we didn't use the correct form." He stated the information had been re-submitted, but they did not have results yet.	{S5006}		8/10/18

8/10/18

Willow Creek
ElderCare Communities

Evanston

Survey Date: July 19, 2018

ID Prefix Tag

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

1. The facility completed DCI fingerprints and background checks on all current employees by 06/20/2018.
2. The facility will completed Department of Family Services Central Registry Screening on all current employees.
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. All DCI and DFS paperwork received from appropriate agencies on 07/31/2018.
7. New employees and their paperwork will be discussed in monthly QA.
8. Date of compliance 07/31/2018.

8/10/18