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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 _____	C 04/09/2019

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 licensure survey was conducted by Healthcare Licensing and Surveys on 4/8/19 through 4/9/19. Also reviewed in the course of the survey was complaint intake LIC-19-022.	S 000		
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 resident record review and staff interview, the facility failed to ensure the registered nurse (RN) reviewed the medications every 62 days or when a new medication was prescribed for 3 of 3 sample residents (#1, #2, #3). The findings were: 1. Review of the records for the following residents revealed no evidence of an RN medication review:	S5018		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: _____ TITLE: President (X6) DATE: 5/3/2019

STATE FORM 6899 OC6711 Continuation sheet 1 of 8

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S5018	Continued From page 1 a. Resident #1 who moved in on 9/12/16. b. Resident #2 who moved in on 4/17/17. c. Resident #3 who moved in on 10/26/16. 2. On 4/9/19 at 10:18 AM the manager stated there was no evidence the RN reviewed medications for the residents.	S5018		
S5022	Ch 12 Sec 7 (b)(iii)(A-B) 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. (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical status; (III) Sensory and physical impairments; (IV) Nutritional status and	S5022		

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S5022	Continued From page 2 requirements; (V) Special treatments and/or procedures; (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate. This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the registered nurse (RN) conducted an assessment for 3 of 3 sample residents (#1, #2, #3). The findings were: 1. Review of the following resident records showed no evidence of an RN assessment: a. Resident #1 who moved in on 9/12/18. b. Resident #2 who moved in on 4/17/17. c. Resident #3 who moved in on 10/26/16. 2. During an interview on 4/9/19 at 10:18 AM the manager stated he was unable to find evidence of an RN assessment.	S5022		

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S5025	Continued From page 3	S5025		
S5025	Ch 12 Sec 7 (b)(vi)(A-B) 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. (vi) Resident assistance plan. (A) An RN shall develop an assistance plan for each resident. (B) Each facility shall construct its own forms for such plans, which at a minimum shall contain documentation of the following: (I) Who will provide the care/services; (II) What care/services will be provided; (III) When will care/services be provided; (IV) How the care/services will be provided; (V) The expected outcome; (VI) Resident participation in development of the assistance plan to the extent of his ability to do so. A relative or other interested party may also participate; and (VII) Dated signature of the RN, the facility manager, and the resident or the resident's responsible party.	S5025		

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S5025	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the registered nurse (RN) developed an assistance plan for 3 of 3 sample residents (#1, #2, #3). The findings were: 1. Review of records for the following residents showed no evidence of an assistance plan: a. Resident #1 who moved in on 9/12/16. b. Resident #2 who moved in on 4/17/17. c. Resident #3 who moved in on 10/26/16. 2. During an interview on 4/9/19 at 10:16 AM the manager stated he was unable to find assistance plans for the residents.	S5025		
S5028	Ch 12 Sec 7 (c)(i) Assisted Living Facility (ALF) Core Services (c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following: (i) Be treated with respect and dignity; This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure written resident rights were	S5028		

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S5028	Continued From page 5 posted in the facility. The census was 6. The findings were; Observations of the facility on 4/8/19 at 5 PM and on 4/9/19 at 8:42 AM revealed no posting of resident rights. During an interview on 4/9/19 at 11:30 AM the manager stated a copy of resident rights had been posted in a frame on the piano in the front entrance, but it fell and broke the frame. He confirmed there currently was no posting of resident rights in the facility.	S5028		
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 observation and staff interview, the facility failed to post the written grievance procedure. The census was 6. The findings were: Observations of the facility on 4/8/19 at 5 PM and on 4/9/19 at 8:45 AM revealed the written grievance procedure was not posted. During an interview on 4/9/19 at 11:30 AM the manager stated it used to be posted, but confirmed the grievance procedure was currently not posted.	S5067		
S5085	Ch 12 Sec 7 (k)(iv)(A-F) Assisted Living Facility (ALF) Core Services (k) Transfer and Discharge. (iv) Residents transferred to another health care facility shall be given written	S5085		

Sm 5/3/19

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S6065	Continued From page 6 transfer/discharge notice which includes: (A) The name of the resident; (B) The reason for the transfer/discharge; (C) The effective date of the transfer/discharge; (D) The location to which resident is transferred/discharged; (E) The name, address, and telephone number of the Ombudsman; and (F) A listing of all outside contracted services. This State Rule and Regulation is not met as evidenced by: Based on review of resident records and staff interview, the facility failed to ensure residents received a written transfer/discharge notice, and failed to ensure the transfer/discharge notice included contact information for the Ombudsman for 2 of 2 residents (#4, #6) who were transferred to another health care facility. The findings were: 1. Review of the "Discharge/Transfer Form" showed resident #4 was transferred to another health care facility on 2/9/19. Review of the form showed no contact information for the Ombudsman. In addition, there lacked evidence the resident received a copy of the form. 2. Review of the "Discharge/Transfer Form" revealed resident #6 was transferred to another health care facility on 4/27/18. Review of the form	S6065	Sara 5/3/19	

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S5086	Continued From page 7 showed no contact information for the Ombudsman. In addition, there lacked evidence the resident received a copy of the form. 3. During an interview on 4/9/19 at 9:57 AM the manager confirmed there was no contact information for the Ombudsman. In addition, he stated the residents did not receive a copy of the form.	S5085		
S5088	Ch 12 Sec 7 (I)(I)(A-D) Assisted Living Facility (ALF) Core Services (I) Quality Improvement. (I) The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services. (A) A member of the facility's staff shall be designated to coordinate the quality improvement program. (B) The quality improvement program shall encompass a review of all services and programs provided for all residents. The program shall have: (I) A written description; (II) Problem areas identified; (III) Monitor identification; (IV) Frequency of monitoring; (V) A provision requiring the facility to complete annually a self assessment survey of compliance with regulations; and	S5088		

Sun 5/3/19

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S5086	Continued From page 8 (VI) A satisfaction survey shall be provided to the resident, resident's family, or resident's responsible party at least annually. (C) Problems identified during the annual survey or the quality improvement process shall be addressed with appropriate written corrective actions. (D) The quality improvement program shall be re-evaluated at least annually. This State Rule and Regulation is not met as evidenced by: Based on staff interview, the facility failed to have an active quality improvement program including a written description of the program, a satisfaction survey, and evidence of an annual self assessment survey of compliance with the regulations. The census was 6. The findings were: When asked for evidence of the facility's quality improvement program on 4/9/19 at 10:52 AM the manager stated there was no evidence to provide. He stated there was no written description for the program. He further stated the facility did not do satisfaction surveys for residents/families and the facility had not done an annual self assessment survey of compliance with the regulations.	S5086		

Sara 5/3/19

Willow Creek
ElderCare Communities

2wq

Willow Creek of Evanston

Survey Date: April 09, 2019 Ref: LH-2019-0381

ID Prefix Tag

S5018 Ch 12 Sec 7 (a)(ix)(A) Assisted Living Facility (ALF) Core Services.

1. Medications for the residents were being distributed by a licensed RN every day, Record requests were made for 62 day medication assessments and haven't been provided to date.
2. Current 62 day Medication reviews have been ordered and will be completed by RN and overseen by DON.
3. Chart audit forms will be redone and verified for all mandatory documents including 62 Day Medication Review by Manager and DON or Corporate Officer and left in resident file.
4. Each resident will have a medication review completed by contract RN or DON every 62-days, anytime there is a medication change, anytime there is a new medication ordered, or anytime there is a change in condition.
5. Residents #1, #2, #3, and all others will have a completed medication review with contracted RN or DON by 06/08/2019.
6. Resident medication orders, changes, and change of conditions will be discussed in monthly QA meetings with manager, contract RN, or DON monthly.
7. Date of compliance 06/08/2019.

S5022 ch 12 Sec 7 (b)(iii)(A-B) Assisted Living Facility (ALF) Core Services

1. The DON or RN will complete RN Assessments on all residents.
2. All current residents (resident 4 discharged) will have an assessment and ALF-102 which includes but is not limited to; medical and past medical conditions, physical status, sensory and physical impairments, nutritional status, special treatments and/or procedures, mental and psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, and medication regimen completed by the DON prior to 06/08/2018.

POC accepted. Message left for Eric McMillen, CEO, on 5/16/19 9:15am. DOC 6/8/19.
Janelle Cox

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jc

Willow Creek
ElderCare Communities

3. The facility has contracted an RN to fulfil the needs of the residents through annual assessments and after an incident, change in condition, or discharge from hospital or rehabilitation facility.
4. All residents change in condition, care needs, medication needs, or any other care needs will be discussed in monthly QA meeting.
5. Charts will be audited initially by June 08, 2019 and then every 6 months thereafter.
6. Date of compliance 06/08/2019.

S5025 Ch 12 Sec 7 (b)(vi)(A-B) Assisted Living Facility (ALF) Core Services

1. The DON or RN will complete a residents assistance plan, annually, with new admission or change of condition.
2. Each residents chart will be audited and updated by June 08, 2019.
3. Monthly QA meetings will occur to discuss any care need changes with residents. Dote of compliance June 08, 2019.
4. Each residents chart will be audited every 6 months thereafter.
5. The DON or RN will develop an assistance plan (by 06/08/2019) for each current resident 1, 2, 3, which contains:
    A.) Who will provide care services
    B.) What care/services will be provided
    C.) When will care/services be provided
    D.) How the care/services will be provided
    E.) The expected outcome
    F.) Will have resident participate in the development of the assistance plan within their ability to do so
    G.) Each care plan will have a signature and date of the assessment by the RN, facility manager, and the resident/resident's responsible party.

S5028 Ch 12 Sec 7 (c)(i) Assisted Living Facility (ALF) Core Services

1. Resident Rights shall be posted in a conspicuous place
2. The frame our Resident Rights was posted in, has been replaced. It is rehung in it's normal place outside our office.
3. Date of compliance 5/03/2019

Willow Creek ElderCare Communities

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 05/03/2019.
2. Date of compliance 5/3/2019

S5085 Ch 12 Sec 7 (K) (iv) (A-F) Assisted Living Facility (ALF) Core Services

1. Upon discharge or transfer, all residents will have a completed form including:

   (A) Name of Resident

   (B) Reason for transfer/discharge

   (C) Effective date of the transfer/discharge

   (D) Location resident will be transferred/discharged to

   (F) A list of outside contracted services

   (G) Contact information for Ombudsman

2. Copies of all the above information will be placed in the residents file for future evidence.
3. Date of compliance 6/08/2019

S5088 Ch 12 Sec 7 (I) (i) (A-D) Assisted Living Facility (ALF) Core Services

(I) Quality Improvement

(A) The Manager and President and DON will design and implement a better Quality Improvement program encompassing all areas of the quality improvement program.

(B) A written description of issues, problem areas identified, monitor identification, frequency of monitoring, provision for annual self assessment survey of compliance & regulations, a satisfaction survey for all residents or family or POA, a corrective action plan and follow up documentation for problem resolution, dates for annual re-evaluation.

(C) Date of compliance 6/08/19