PRINTED: 10/26/2017
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 _____	R-C 10/17/2017

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 An off-site follow-up survey to the 4/11/17 licensure survey was conducted by Healthcare Licensing and Surveys on 9/15/17 through 10/17/17.	{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 employee record review, staff interview, and policy and procedure review, the facility failed to ensure criminal background checks were completed at time of hire for 2 of 2 employees reviewed (CNA # 5, CNA #6). The findings were: 1. Review of the employee record for CNA #5 showed a date of hire of 9/30/17. Further review showed no evidence a criminal background check was completed at time of hire. Review of	{S5006}	A.It is standard operating procedure for Willow Creek Homes that all employees	

PRINTED: 10/26/2017
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 _____	R-C 10/17/2017

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
{S6006}	Continued From page 1 payment information submitted to the Department of Criminal Investigation dated 10/6/17, showed the facility requested a background check 37 days after the date of hire. 2. Review of the employee record for CNA #6 showed a date of hire of 9/2/17. Further review showed no evidence a criminal background check was completed at time of hire. Review of payment information submitted to the Department of Criminal Investigation dated 10/3/17, showed the facility requested a background check 31 days after the date of hire. 3. Interview with the facility owner on 10/17/17 at 8:38 AM confirmed background checks were to be completed upon hire. Further, he stated, the background checks did not get completed as they were supposed to. 4. Review of the policy titled "Personnel, General Provisions", dated 1/20/11, showed: " ... Background Check ... To assure the safety of resident, Bee Hive Homes will thoroughly check the background of all employees at the time of hire ..."	{S6006}	are required to complete a criminal background investigation through the state of Wyoming DCI and the department of family services central registry. 1. We have completed the finger print criminal background checks on CNAs 5&6 2. Both CNAs 5&6 background checks placed in their files. 3. The Operations Manager reviewed and confirmed that CNAs 5&6 were complete and in their files. 4. The operations manger was instructed to review all employee files from this point foreward at the time of their hiring to ensure that background checks are completed before new employees start on shift. 5. We have also changed from our Q&A comittee reviewing employee files semi-annually to quarterly to ensure compliance with all state guidlines.	10/20/17 10/23/17 10/30/17