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FORM APPROVED

OCT 08 2020

Healthcare Licensing and Surveys

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF024	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/14/2020
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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)	(X6) 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 COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 8/13/20 through 8/14/20.	S 000		
S5077	Ch 12 Sec 7 (j)(vi) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (vi) The kitchen and dining area shall be kept clean and sanitary in accordance with standards established in the current edition of FDA Food Code. The dining area shall provide suitable furniture and adequate space to comfortably seat all residents. This State Rule and Regulation is not met as evidenced by: Based on review of facility policies, and staff interview, the facility failed to ensure adequate space for social distancing of residents during meals. The census was 12. The findings were: Review of the Wyoming Department of Health (WDH) 8/11/20 "Skilled Nursing and Assisted Living Guidance" showed "...Due to the current prevalence of COVID-19 in Wyoming, as of August 10, 2020, and identified clusters of COVID-19 cases impacting long-term care facilities in Wyoming, the WDH recommends that all nursing facilities and assisted living facilities	S5077		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

6899

1U8211

If continuation sheet 1 of 2

Plan of correction accepted 10/8/20. I spoke with the administrator on 10/8/20. Alleged date of compliance: 9/23/20.
K. BSW

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK HOMES OF BUFFALO			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S5077	Continued From page 1 maintain current practices to mitigate the potential spread of the virus ...Continue to limit communal dining and requiring distancing of at least six (6) feet between residents in dining situations..." The following concerns were identified: Review of the facility policy titled "Willow Creek Communities COVID-19 Temporary Risk Management Procedures" on 8/13/20 showed the discontinuation or modification of communal dining activities was not addressed. Interview with the facility manager on 8/13/20 at 1:25 PM revealed the facility was continuing with communal dining for all residents to make meal preparation easier, and because the residents benefited from social interaction during meals. The manager confirmed she had received recommendations for infection prevention, including the recommendation to socially distance during meals, from the Wyoming Department of Health.	S5077			

See 10/8/20



Buffalo

ID Prefix Tag

S5077 Ch 12 Sec 8 (j)(vi) Food Services & Nutrition

Corporate office Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by Willow Creek Community, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by Willow Creek Community of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

- Staff will follow procedures for dining with social distancing, alternate dining times & other dining arrangements.
- Corporate officer and manager will additionally conduct a COVID-19 training for dining & social distancing policies with staff, recommended seating arrangements & split dining times that better suite social distancing recommendations.
- Manager will review with residents, enhanced seating and dining arrangements that better suite social distancing and alternate dining time recommendations.
- Dining tables have been arranged and marked for social distancing of 6' as recommended and split dining times reviewed.
- Corporate officer and Manager will review training and dining services in 1 week from training.
- Corporate officer and Manager will monitor & document meal service for social distancing again each week for 1 month.
- Corporate will review COVID-19 policy success and any concerns where observed during the upcoming QA Meeting.
- Date of compliance 9/23/2020

Eric McMillan, President:

A handwritten signature in dark ink, appearing to read "Eric McMillan", is written over a horizontal line.
Date: 10/8/20