PRINTED: 09/15/2020
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 _____	09/01/2020

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 COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 9/1/20.	S 000		
S5007	Ch 12 Sec 6 (d)(i) Personnel And Staffing Requirements (d) Infection Control. Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These shall not be limited to: (I) Ensure a safe and sanitary environment for residents and personnel. This State Rule and Regulation is not met as evidenced by: Based on review of Wyoming Department of Health (WDH) recommendations and facility policies, staff interview and review of vital sign records, the facility failed to ensure staff were screened for possible COVID-19 infection each shift, and failed to ensure that residents were routinely screened for possible COVID-19 infection. The findings were: 1. During an interview on 9/1/20 at 1:44 PM CNA #1 stated staff took their own temperatures to	S5007		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eric McMillan — TITLE: President — (X6) DATE: 9/25/20

POC accepted. Spoke to Eric McMillan, President on 10/12/20 @ 3:23pm.
Janice Cox

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S5007	Continued From page 1 screen for COVID-19, but did not record that information anywhere. She further stated vital signs were taken for residents "when needed." 2. On 9/1/20 at 2:22 PM the manager stated staff were supposed to take their temperature at the beginning of each shift, but stated they did not document that information. He further stated residents only had their temperature taken with weekly vital signs. 3. Review of the "Weekly Vitals" documentation for August 2020 showed the following documentation of vital signs, including temperature: a. Resident #1 had vital signs documented 8/3/20, 8/10/20, 8/17/20, 8/24/20, and 8/31/20. b. Resident #2 had vital signs documented 8/3/20, 8/10/20, 8/17/20, 8/24/20 and 8/31/20. c. Resident #3 had vital signs documented 8/16/20, 8/24/20 and 8/31/20. 4. Review of the facility's "COVID-19 Temporary Risk Management Procedures (undated) showed "...We will be screening any and all people and staff who enter our facility. Screening will consist of taking your temperature immediately. Anyone who has a temp at or above 100 degrees will be refused entry and recommended to consult a physician." Further review of the policy showed screening residents was not addressed. 5. Review of the guidance to assisted living facilities issued by the Wyoming Department of Health (WDH) on 3/16/20 showed "...Staff, contract personnel, and residents should be screened for potential exposure to COVID-19, travel history, respiratory infection (fever, cough, shortness of breath or sore throat). Staff and contract personnel should be checked for a	S5007		

9/25/20

PRINTED: 08/19/2020
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Healthcare Licensing and Surveys

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	ALF010	A. BUILDING: _____ B. WING _____	09/01/2020

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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S5007	Continued From page 2 temperature of 100 degrees F [Fahrenheit] or greater at the beginning of each shift. Residents should be monitored for symptoms of potential infection." Review of the 6/12/20 and 8/11/20 updated guidance from the WDH read "...Continue to screen all residents and ensure those residents suspected of having COVID-19 are screened by a healthcare provider and tested for the virus."	S5007		

Em 9/25/20

JC

Willow Creek
ElderCare Communities

Evanston

ID Prefix Tag

S5007 Ch 12 Sec 6 (d)(i) Personnel & Staffing Requirements

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.

1. Corporate officer and manager will conduct a COVID-19 training for documentation of temperatures and 3rd party temp checks policies with staff.
2. Staff will continue to screen all visitors and employees that enter our facility as we currently do. Staff will take temperatures & verbally screen for Respiratory Infections, or other signs & symptoms of COVID-19 for visitors and staff.
3. Duel initials are required with staff temperature logs to ensure there is no self-testing, by adding 3rd party validation.
4. Manager will review with residents, enhanced temperature, and infectious screening processes recommendations. Residents are currently referred to healthcare providers for additional screening if any signs or symptoms of contagious illness are present. Staff will monitor for signs and symptoms with verbal cues and temp checks daily and documented in residents' files.
5. Corporate officer and Manager will continue screening residents with their weekly vitals as documented in the survey. We additionally we add daily temperature check and verbal screening for signs and symptoms and document. Following our policies, any positive signs or symptoms will be referred to medical professional for further testing.

6. As we are currently screening residents for signs and symptoms of COVID we will add our resident screening process to our policies.
7. Corporate officer and Manager will review training and documentation in 1 week from training. A review will be conducted every week thereafter for 1 month to ensure completion of documentation & duties.
8. Corporate officer and Manager will verify the success of training and policies in the upcoming Quality Assurance review.
9. Date of compliance 10/16/2020

Eric McMillan, President: _____ Date: 10/12/20

POC accepted 10/14/20