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 10/15/2020

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 A revisit survey was conducted by Healthcare Licensing and Surveys on 10/13/20 through 10/15/20 for all previous deficiencies cited on 8/14/20. In addition, A COVID-19 focused infection control survey was conducted and it was determined, based upon the findings of the survey team, the facility was not in compliance with infection control requirements. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	{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.	S5007		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Erin McEwen TITLE: President (X6) DATE: 11/24/20

5899 1U6212

STATE FORM

Plan of correction accepted 11/25/20; the president was notified the same day. Alleged date of compliance: 11/30/20. MKW, BSW

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S5007	Continued From page 1 This State Rule and Regulation is not met as evidenced by: . Based on staff interview, policy and procedure review, and review of the Wyoming Department of Health guidance the facility failed to ensure personal protective equipment was worn during the transfer for 1 of 1 resident (#1) transferred to an alternate healthcare facility. The findings were: 1. Interview with CNA #1 on 10/15/20 at 12:05 PM revealed the CNA transported resident #1 from the facility to another facility in Casper, Wy in her personal vehicle. Further interview revealed CNA #2 traveled with the resident and CNA #1 and CNA #1 did not wear a mask during transportation of the resident. 2. Interview with CNA #2 on 10/15/20 at 1:38 PM revealed she traveled with resident #1 and CNA #1 to Casper, Wy and no masks were worn during transportation of the resident. 3. Interview with the facility manager on 10/15/20 at 4:09 PM revealed she expected staff and residents to wear face masks during transportation. 4. Review of the facility policy titled "Willow Creek Communities COVID-19 Temporary Risk Management Procedures" provided by the facility manager on 10/13/20 at 2:30 PM showed "...Staff shall wear facemasks while on shift even when social distancing is not achievable..." 5. Review of the Wyoming Department of Health (WDH) Skilled Nursing and Assisted living Guidance dated 10/1/20 showed "...Staff should use personal protective equipment (PPE) when appropriate, following CDC, CMS, and WDH	S5007		

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S5007	Continued From page 2 guidance..."	S5007		

Willow Creek
ElderCare Communities

Buffalo

ID Prefix Tag

S5007 12 Sec 6 (d)(i) Personnel and 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.

- Staff will follow policy & procedures for social distancing and PPE when performing all required duties.
- Corporate officer and manager will additionally conduct a Transportation Policy review, social distancing & PPE training with staff.
- Manager will review with residents, transportation policies and PPE requirements.
- Corporate officer and Manager will review training for PPE in 1 week from training.
- Future monitoring will include ensuring residents & transportation agencies will both have proper PPE arranged before they leave our facility. We respect a resident's freedom of choice, who they choose for transportation and wearing their PPE outside our facility. Management will oversee and monitor staff when assisting with transportation arrangements. Staff will encourage residents and 3rd party transportation to possess & wear their PPE outside our facility. Any decision by a resident to not wear proper PPE will require them to isolate for the recommended amount of time to help ensure they haven't contracted a respiratory illness or COVID -19.
- Corporate will review transportation & PPE policy success and any concerns where observed during the upcoming QA Meeting.
- Date of compliance 11/30/2020

Eric McMillan, President: _____ Date: 11/24/20