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 03/24/2021

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 complaint survey was conducted by Healthcare Licensing and Surveys on 3/22/21 to 3/24/21. The survey was prompted by complaint intake LIC-20-010. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 3/22/21 to 3/24/21. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the infection control survey.	S 000		
S5014	Ch 12 Sec 7 (a)(iv) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (iv) Assistance with obtaining medical, dental, and optometric care, in addition to social services; This State Rule and Regulation is not met as evidenced by: Based on resident record review, staff and family interview, review of hospital records, and review of posted written procedures, the facility failed to assist in obtaining timely medical care for 1 of 1 sample resident (#6) who had a significant change in condition. The findings were:	S5014		

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S5014	Continued From page 1 1. Review of a progress note written on 3/12/21 for the 7 AM to 7 PM shift revealed resident #6 didn't eat anything and no medications were given. The note showed "...Has thrown [himself/herself] on floor, started flip flopping around, pulled oxygen off. When trying to put it back on [him/her] would take it off again. When talking to [him/her] [s/he] wouldn't acknowledge me...[s/he] just kept wanting to sleep." Review of an incident report dated 3/12/21 showed at 5:50 PM an ambulance was called. The incident report showed the resident's breathing was "ragged" and s/he wouldn't keep the oxygen on. The resident was taken to the hospital. The following concerns were identified: a. A family interview on 3/23/21 at 7:24 PM revealed s/he called the facility on 3/12/21 to talk to the resident. She was told by certified nurse aide (CNA) #1 that the resident was "unresponsive and on the floor all day." S/he said s/he told the CNA to call an ambulance. S/he said the resident went to the local hospital and then was transferred to another hospital in Utah. b. During an interview on 3/24/21 at 1:06 PM CNA #1 stated on 3/12/21 the resident threw himself/herself to the ground and wouldn't keep his/her oxygen on. The CNA stated the resident "passed out...then would wake up." The CNA said the resident wouldn't respond to her. When asked how long the resident was like that, the CNA replied "most of the day." The CNA said the resident's family member called to talk to the resident and she told the family member what was going on. The family member told the CNA to call 911. The CNA stated there was no on-call nurse to call in emergencies. She stated "I probably should have called 911 earlier." c. Review of the hospital discharge report dated 3/13/21 showed the resident was admitted on 3/12/21 for "syncope." The report showed	S5014		

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S5014	Continued From page 2 "highest suspicion for hypoxia with possible hypoxic brain damage (pt dips to 40s here while off O2) that appears to be secondary to neglect on the part of the care staff at [his/her] ALF, who according to the sister, allowed her to lay on the ground unresponsive all day before the sister was able to convince them to call 911." The report further showed the final diagnoses included acute non-ST segment elevation myocardial infarction, syncope, schizophrenia, and neglectful caretaking. The patient was transferred to another hospital for cardiology. d. Review of a posted written procedure for incidents located in the CNA/nurse room on 3/24/21 at 1:30 PM showed it read "Assess person. Check Vitals. Call the on-call nurse. If emergency call 911. After situation is under control notify family." On 3/24/21 at 2:10 PM CNA #1 stated she did not take vital signs during the incident on 3/12/21. During an interview on 3/23/21 at 1:41 PM the manager stated the facility no longer had an on-call nurse to call for incidents, so staff would need to just call 911.	S5014		
S5052	Ch 12 Sec 7 (d)(iv)(A) Assisted Living Facility (ALF) Core Services (d) Medications. (iv) Medication assistance. (A) The staff shall be responsible for providing necessary assistance to residents deemed capable of self-medicating, but are unable to do so because of a functional disability, in taking oral medications. Non-licensed staff can only assist with oral medications. Medication assistance may include:	S5052		

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S5052	Continued From page 3 (I) Reminding resident to take medications; (II) Removing medication containers from storage; (III) Assisting with removal of cap; (IV) Assisting with the removal of a medication from a container for residents with a disability which prevents independence in this act; (V) Observing the resident take the medication; and (VI) Documentation of observation. This State Rule and Regulation is not met as evidenced by: Based on observation, resident record review, and staff, family and resident interviews, the facility failed to ensure medication assistance was provided, including documenting the observation of medications taken, for 6 of 6 sample residents (#1, #2, #3, #4, #5, #6) who were reviewed for medications. The findings were: 1. Review of progress notes showed on 3/19/21 resident #6 went to the hospital. The resident had not returned to the facility by the time of the survey. The following concerns were identified: a. Review of the March 2021 medication administration record (MAR) on 3/22/21 at 4:20 PM revealed many entries that were not initialed by staff (which would show medications were taken). Some examples included Divalproex DR [contains Valproic Acid and used to treat seizures) 500 milligrams (mg) every evening, which was blank for 3/5 through 3/11; Benztropine 1 mg (anti-tremor medication) was blank for the	S5052	Sm 4/17/21	

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S5052	Continued From page 4 evening dose on 3/5, 3/8, 3/9 and 3/10; and Citalopram 20 mg (anti-depressant medication) in the morning was blank 3/7 through 3/10. A copy of the March 2021 MAR was requested on 3/22/21. b. The manager provided a copy of the March 2021 MAR on 3/23/21, but the blank entries were now filled out, and contained initials. During an interview on 3/23/21 at 5:17 PM the manager stated he had a talk with staff the day before about filling out MARs and confirmed the MAR had been changed since 3/22/21 when the surveyor asked for a copy. c. Observation on 3/23/21 at 1:15 PM showed the resident's medications were still in the medication cart. The medications were packaged in bubble packs, with each day's medications packaged together by time of administration (AM, PM, and noon). There were three bubble packs for the resident (each one contained a week's worth of medications); they were dated 3/1/21, 3/9/21, and 3/16/21. Further review of the bubble packs showed the only days that had medications punched out were the first two days (Wednesday and Thursday) of the bubble pack dated 3/1/21. All of the rest of the medications for the month were still in the bubble packs. This was confirmed by CNA #1 at the time of the observation. d. During an interview on 3/24/21 at 1:41 PM the manager was asked about the medications still in the bubble packs. He stated the resident "probably refused" or "might have been in the hospital on those days." However, review of the March 2021 MAR only showed documented refusals on 3/12 and 3/16. Review of progress notes showed the resident was in the facility on 3/1, 3/2, 3/3, 3/4, 3/5, 3/6, 3/7, 3/8 in the morning, 3/10, 3/11, 3/12 (although documented no meds were given), 3/17, and 3/19. e. During an interview on 3/23/21 at 7:24 PM	S5052		Sun 4/17/21

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S5052	Continued From page 5 a family member stated the resident would sometimes tell him/her that s/he hadn't received medications. f. Review of a laboratory report dated 3/8/21 while the resident was in the hospital showed Valproic Acid was low at 28.5 ug/mL (reference range 60 to 100). g. Review of discharge summary dated 3/9/21 from the hospital showed the resident was supposed to take Prednisone (sterold medication) for 14 days. Observation of the resident's medications on 3/24/21 at 1:15 PM did show a bottle containing Prednisone 2 mg dated 3/9/21. However, review of the March 2021 MAR showed the Prednisone was not included. During an interview on 3/24/21 at 1:41 the manager confirmed the Prednisone was not added to the MAR and stated "that is my fault." 2. On 3/22/21 at 6:59 PM resident #5 stated there were two nights in a row he didn't get his Naproxen (nonsteroidal anti-inflammatory medication) or "anxiety medication." The following concerns were identified: a. Review of the March 2021 MAR on 3/22/21 at 4:20 PM revealed many entries that were not initialed by staff (which would show medications were taken). Some examples included Naproxen not documented as given 3/16 through 3/19 and Trazadone (anti-depressant medication) not documented as given 3/16 to 3/19. A copy of the March 2021 MAR was requested on 3/22/21. b. The maneger provided a copy of the March 2021 MAR on 3/23/21, but some of the blank entries were now filled out, and contained initials. During an interview on 3/23/21 at 5:17 PM the manager stated he had a talk with staff the day before about filling out MARs and confirmed the MAR had been changed since 3/22/21 when the	S5052		

Em 4/17/21

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S5052	Continued From page 6 surveyor asked for a copy. During an interview on 3/24/21 at 1:41 PM the manager stated the resident needed to get a refill, and therefore s/he did not receive the Naproxen 3/18 to 3/22. He stated he didn't get a refill before the medication ran out for the resident. 3. Review of the March 2021 MARs on 3/22/21 at 4:20 PM revealed many entries that were not initialed by staff (which would show medications were taken) for residents #1, #2, #3, and #4. A copy of the March 2021 MARs were requested on 3/22/21. b. The manager provided a copy of the March 2021 MARs on 3/23/21, but the blank entries were now filled out, and contained initials. During an interview on 3/23/21 at 5:17 PM the manager stated he had a talk with staff the day before about filling out MARs and confirmed the MAR had been changed since 3/22/21 when the surveyor asked for a copy.	S5052		
S5054	Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender;	S5054		

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S5054	Continued From page 7 (C) Individual admission form. The form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number of other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing. (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by	S5054	Em 4/7/21	

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S5054	Continued From page 8 telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey, within 30 days, the resident's funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights;	S5054		

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S5054	Continued From page 9 (G) The resident's assessment and individualized assistance plan; (H) Copies of all applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff and family interview, the facility failed to ensure the family was notified of incidents for 1 of 1 sample resident (#6) with a change in condition. The findings were: 1. Review of incident reports dated 3/8/21 and 3/17/21 showed resident #6 went to the hospital via emergency medical services (EMS). Further review of the incident reports for "Family Notification:" showed "N/A" was written in. Both incident reports showed certified nurse aide (CNA) #1 was the CNA on duty at the time, and the manager had been contacted. During an interview on 3/23/21 at 7:42 PM a family member stated s/he was co-guardian for the resident, and had not been notified of some of the emergency room visits for the resident. On 3/24/21 at 1:06 PM CNA #1 stated she did not contact family for	S5054	Eun 4/17/21	

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S5054	Continued From page 10 the incidents, but let the manager know. During an interview on 3/24/21 at 1:41 PM the manager confirmed there was not documentation to show the family was notified on 3/8/21 or 3/17/21. He stated normally it was either the CNA or himself who would call family.	S5054		

Sara 4/17/21

Willow Creek
ElderCare Communities

Evanston

Survey Date: March 24, 2021

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.

Prefix Tag

S5014 Ch 12 Sec 7 (a) (iv) Assisted Living Facility (ALF) Core Services

1. Staff will continue to assist residents in scheduling appointments, services, and timely medical care.
2. All residents will update their existing Residential Agreements, identifying an emergency contact person if they so choose. A release form will need to be signed by the resident authorizing us to speak with their chosen representative regarding any, or all, of their needs.
3. Any resident that has a POA, or designee, needs to have their representative provide signed documentation from a judge proving their legal POA to make any medical or financial decisions for them in their file. Without having proper documentation, the facility will not be able to grant decision making authority, or share confidential information, regarding the resident's private information.
4. If any resident declines services or recommendations by staff or RN, resident will be required to sign a new decline of services form, acknowledging they are declining services that are recommended for their health or safety. If resident has a designated representative and both parties have signed HIPAA release forms, we will contact their designee to inform of the current concern at the resident's request.
5. Emergency Health Process will follow, any easily identifiable health emergency (ex. heart attack, stroke, serious falls) will immediately require calling 911. All other issues will require residents to consult with their health care provider, family or guardian as our facility can't make healthcare choices, make recommendations or diagnoses. If a resident needs assistance with healthcare choices/decisions and has designated an advocate,

POC accepted. Message left for Eric Newmiller, President, on 5/25/21 8:36am.
Janelle Cox

Willow Creek ElderCare Communities

family member or guardian to assist. Staff on duty will contact the resident's designated representative as soon as possible and notify the manager.

6. Manage and corporate officer will have a meeting with the staff and RN regarding training and policies for contacting family, resident's rights-respecting the residents rights regarding how to advocate and make choices for themselves, how to identify a change in conditions.
7. Topics of discussion and trainings will be discussed in upcoming QA meeting. (See Advanced Health Directives Policy, Incidental Medical and Dental Care Policy, and Emergent Care Policies)
8. Resident #6 discharged from facility on 03/23/2021, needing higher level of care services discussed by corporate with family, weeks prior to discharge.
9.
10. Date of compliance 5/30/21

S5052 Ch 12 Sec 7 (d) (iv) (A) Assisted Living Facility (ALF) Core Services

1. Each resident has and shall have a new medication self-assessment completed by contract RN every 62-days, anytime there is a medication change, anytime there is a new medication ordered, or anytime there is a change in condition.
2. Resident #1, #2, #3, #4, #5, #6, shall have a current, completed self-medication assessments with DON on or before 05/30/2021
3. Resident #6 discharged from facility on 03/23/2021, needing higher level of care services discussed by corporate with family, weeks prior to discharge.
4. Manager will review and sign MAR daily. Contract RN will review MAR weekly for one month with manager to validate accuracy & completion of MAR. Manager will send weekly reports to corporate for an additional month, validating accurate and completed MAR's.
5. Resident MAR, medication orders, changes, and change of conditions will be discussed in upcoming QA meetings with manager, contract RN, staff & corporate officer.
6. Corporate officer and manager will review MAR quarterly.
7. Date of compliance 05/30/2021.

Willow Creek
ElderCare Communities

S5054 Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services

1. Residents will update their existing agreement forms identifying their preferred emergency contact in case of accidents, injuries, incidents, illness, allegations of abuse, neglect or exploitation. Their appointed designee shall have a new HIPAA release form authorizing the facility to contact their POA regarding their private information or concerns.
2. Any POA designated, needs to provide a legal signed document showing their POA over medical or financial authorization in their file accompanied by the residents signed HIPAA release for staff to contact and discuss their private matters.
    a. Manage and cooperate officer will have a training with staff and RN regarding who can be contacted, regarding:
        i. residents private matters and what can be shared.
        ii. identifying if residents have authorized staff to share their private privileged information
        iii. how to respect a residents freedom of choice and independence
        iv. when to contact their chosen emergency contact, if they have one designee.
3. Resident medication orders, changes, and change of conditions will be discussed in QA meetings with manager, contract RN, or DON.
4. Resident #6 discharged from facility on 03/23/2021, needing higher level of care services discussed by corporate with family, weeks prior to discharge.
5. Date of compliance 05/30/2021.

Eric McMillan 5/24/21

Eric McMillan, President Date