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 09/22/2021

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 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/26/2001. A complaint survey was conducted by Healthcare Licensing and Surveys on 9/21/21 to 9/22/21. The survey was prompted by complaint intake LIC-21-027. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 9/21/21 to 9/22/21. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the infection control survey.	S 000		
S5015	Ch 12 Sec 7 (d)(i) Assisted Living Facility (ALF) Core Services: (d) Medications (i) An individual record shall be kept for each resident, recording any prescription drugs administered by the facility. This record shall include: (A) Name of resident; (B) Name and telephone number of primary physician; (C) Name and telephone number of primary pharmacy; (D) Name and description of the	S5015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eric McMillan TITLE: President (X6) DATE: 10/11/21

6899 S96Z11

STATE FORM

POC accepted. Spoke to Eric McMillan, President on 1/28/22 @ 9:40 am.
Jennifer Gr

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S5015	Continued From page 1 medication, including prescribed dosage; (E) Dosage administered; (F) Quantity; (G) Times and dates administered; (H) Method of administration; (I) Any adverse reactions to the medication; (J) Signature of licensed staff administering medication; and (K) RN review date and signature This State Rule and Regulation is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure the medication administration record (MAR) was accurate for 3 of 4 residents (#1, #2, #3). The findings were: 1. Review of the physician orders for resident #1 showed an order for Trazadone HCL 100 milligrams (mg), 2 tablets, every night. However, review of the MAR for August and September 2021 showed "Trazadone 500 mg x 2" was documented as given. The resident's medications were no longer in the facility (discharged 9/10/21), but documentation in the medical record showed his/her medications in the bubble pack given to the resident on the day of discharge included Trazadone 100 mg. Interview with the manager on 9/22/21 at 9:20 AM revealed the MAR was inaccurate.	S5015		

Evan 10/11/21

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S5015	Continued From page 2 2. Review of physician orders showed resident #2 had an order for Clozapine 100 mg, 2 tablets, three times per day. Review of the August 2021 MAR showed "Colzapine [sic] 200 mg" at 7 AM, 2 PM and 7 PM. However, there was another "Colzpine [sic], no dosage, for 7 PM" that was documented as given each day. On 9/22/21 at 9:02 AM the manager stated he thought the MAR was inaccurate, and the resident was not getting an extra dose of the medication. Observation at that time of the resident's medication minder box showed the resident only received one dose of Clozapine (2 100 mg tablets) at 7 PM in accordance with the orders. 3. Review of physician orders showed resident #3 was ordered Bupropion HCL XI 300 mg, 1 tablet, daily. However, review of the August 2021 MAR showed Bupropion was not listed. Observation of the resident's bubble pack on 9/22/21 at 9:16 AM showed Bupropion was included in the resident's medications. During an interview at that time the manager confirmed the MAR was inaccurate. Further review of the August 2021 MAR showed no dosages were included for the following medications: duloxetine, metformin, Trazadone, atorvastatin, glimepiride, and methadone.	S5015		
S5035	Ch 12 Sec 7 (k)(i) Assisted Living Facility (ALF) Core Services (k) Transfer and Discharge. (i) Residents shall receive a thirty (30) day written notice prior to any facility initiated transfer or discharge, unless the resident imposes an imminent danger to self and/or others or the resident's level of care exceeds that which can be provided by an assisted living facility. Residents	S5035		

Surv 10/4/21

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S5035	Continued From page 3 shall have the right to object to the request, except where undue delay might jeopardize the health, safety or well-being of the resident or others. The notice shall include contact information for the Long Term Care Ombudsman. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to provide a written discharge notice in advance, which included contact information for the Ombudsman and the resident's right to object, for 1 of 1 residents (#1) who had a facility-initiated discharge. The findings were: 1. Review of the written discharge notice dated 9/10/21 revealed resident #1 was being discharged effective 9/10/21 to a motel due to "continued policy violations." The following concerns were identified: a. Further review of the discharge notice showed the notice did not contain the contact information for the Ombudsman, nor did it contain a statement that the resident had the right to object to the discharge. b. Review of a discharge/transfer form showed the resident was discharged to a hotel on 9/10/21, the same day s/he was issued the written notice. c. During an interview on 9/22/21 at 9:38 AM the manager stated the resident was told "verbally" about discharge, but that a written notice wasn't issued until 9/10/21. He confirmed the notice did not contain information for the Ombudsman or the right to object. He further stated the resident wasn't verbally told about his/her right to object. d. During the interview on 9/22/21 at 9:38 AM the manager stated a 30 day discharge notice	S5035		

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S5035	Continued From page 4 was not issued because the resident was an imminent threat due to smoking inside his/her room. However, review of medical record documentation showed the resident had been smoking inside for months. Documentation showed s/he was caught smoking inside on 4/19/21, 5/3/21, 7/13/21, 7/17/21, and 7/29/21.	S5035		

Corr 10/4/21

Willow Creek
ElderCare Communities

Evanston

Survey Date: September 22, 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

S5015 Ch 12 Sec 7 (d) (i) Assisted Living Facility (ALF) Core Services

1. Resident #1 discharged from facility on 09/10/2021, by decision of POA, Case Manager, assisted by facility. All care services, responsibilities, custody and decisions remained with POA. Resident #1 needed higher level of care services discussed by corporate with family, 1 Month prior to discharge.
2. Manager will review and sign MAR daily. Contract RN will review MAR to 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 for residents 2 & 3.
3. Resident MAR, medication orders, changes, and change of conditions will be discussed in upcoming QA meetings with manager, contract RN, staff & corporate officer.
4. Corporate officer and manager will review MAR quarterly. DON will review MAR with upcoming 62 day med assessments.
5. DON will review and conduct MAR documentation and training with staff and manager
6. Date of compliance 11/15/2021.

Willow Creek
ElderCare Communities

S5035 Ch 12 Sec 7 (k) () Assisted Living Facility (ALF) Core Services

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2. Corporate officer will review with Manager and staff, complete discharge protocol for immediate discharge for danger to self or others.
3. Manager & Corporate Officer will hold a training on discharge paperwork.
4. Corporate officer and manager will monitor discharges for up to 3 months or review the first facility discharge available.
5. Management will discuss successes & concerns in upcoming QA meeting.
6. Date of compliance 11/15/2021.

Eric McMillan 1/20/2022

Eric McMillan, President Date

POC accepted.
1/28/22