Willow Creek
ElderCare Communities

Buffalo

Survey Date: December 29, 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

S5002 Ch 12 Sec 6 (c) Personal & Staffing Requirements

1. The facility will have obtained any missing DCI background checks or DFS checks on all current employees by 1/25/2022.
2. Completed DCI background checks and DFS Central Registry Screening will be kept in all employee files & obtained prior to resident contact.
3. All employee (past and current) files will be kept in a locked filing cabinet
4. QA regarding DCI & DFS background checks, employee files checklists will occur by 1/25/2022.
5. Corporate officer and manager will verify employee file checklists are complete for all necessary documentation.
6. Date of compliance 1/25/2022.

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

1. Resident #7 discharged from facility on 09/10/2021, by decision of Case Manager, assisted by Willow Creek facility RN & Manager. All care services, responsibilities, custody and decisions remained with Resident #7 & Case Manager. Resident #7 was not an appropriate fit for our care services as discussed by facility, prior to discharge.
2. Corporate officer will review Resident Rights, Grievance protocol & mitigation techniques to resolve issues beyond the scope & practice of our facility.

Accepted 2/23/22 - James Thomas NT(ASCP)RN James Thomas

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3. Manager & Corporate Officer will hold a training on conflict resolution & resident responsibilities for goods, services & use of facility owned goods.
4. Management will discuss successes & concerns in upcoming QA meeting.
5. Date of compliance 1/25/2022.

S5028 Ch 12 Sec 7 (j) (4) Assisted Living Facility (ALF) Core Services

1. Willow Creek Facility will continue to post its menu 2 weeks in advance that is based on a national dietary standard. We will utilize menus from our extensive Dietician produced menu or other resourced material with printable dietary information.
2. Facility Manager will print the dietary menu for meals served and retain for 1 year per requirement.
3. Manager and Staff will continue to respect the Residents Freedom of Choice and input regarding menus served. Changes to the menu shall be updated on the posted menu for accuracy.
4. Management will discuss successes & concerns regarding the menu with residents in upcoming QA meeting.
5. Date of compliance 1/25/2022.

Eric McMillan, President

1/5/2022
Date

Healthcare Licensing and Surveys

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| | ALF024 | A. BUILDING: _____ B. WING _____ | C 12/29/2021 |

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| S 000 | OPENING COMMENTS<br><br>Rules and Regulations utilized for this survey are:<br><br>Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020.<br><br>Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001.<br>A licensure survey was conducted by Healthcare Licensing and Surveys from 12/28/21 through 12/29/21. Also reviewed in the course of the survey was complaint intake LIC-22-005. | S 000 | | |
| S5002 | Ch 12 Sec 6 (c) Personnel and Staffing Requirements<br><br>(c) Background checks. All staff of the assisted living facility shall successfully complete, at minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on review of facility records, staff interview and review of facility policy, the facility failed to obtain a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check for 4 of 6 (#1, #3, #4, and #8) employees. The findings were:<br><br>1. Review of facility employment records on 12/29/21 showed records of a State of Wyoming DCI fingerprint background check having been performed was not available for staff members #1, #3, #4, or #5. | S5002 | | |

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| S6002 | Continued From page 1<br><br>2. Interview with the facility manager on 12/29/21 at 11:23 AM revealed only the central registry screen had been completed for these employees. Only employees who had been at the facility for a long time had a fingerprint background check on file. Fingerprinting was not being done by the facility anymore.<br><br>3. Review of the "Policy and Procedure Manual" dated 10/01/17 showed "To assure the safety of residents, Willow Creek Communities will thoroughly check the background of all employees at the time of hire. Each employee's completed Employee History Statement, reference check documentation and all materials received from state or local law enforcement agencies pursuant to a request for background information will be kept in the employee's file at all times." | S5002 | | |
| S5014 | Ch 12 Sec 7 (c) Assisted Living Facility (ALF) Core Services<br><br>(c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following:<br><br>(I) Be treated with respect and dignity;<br><br>(II) Privacy;<br><br>(III) Free from physical or chemical restraints | S5014 | | |

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| S5014 | Continued From page 2<br>not required to threat the resident's medical symptoms. No chemical or physical restraints will be used except by order of a physician;<br><br>(iv) Not to be isolated or kept apart from other resident's<br><br>(v) Not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated, or punished.<br><br>(vi) Live free from involuntary confinement or financial exploitation;<br><br>(vii) Full use of the facility's common areas;<br><br>(viii) Voice grievances and recommend changes in policies and services;<br><br>(ix) Communicate privately, including, but not limited to, communicating by mail or telephone with anyone;<br><br>(x) Reasonable use of the telephone, which includes access to operator assistance for placing collect telephone calls;<br><br>(xi) Have visitors, including the right to privacy during such visits;<br><br>(xii) Make visits outside the facility. The facility manager and the resident shall share responsibility for communicating with respect to scheduling such visits;<br><br>(xiii) Make decisions and choices in the management of personal affairs, assistance plans, funds, or property; | S5014 | | |

1/2/22

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| S5014 | Continued From page 3<br><br>(A) Including choice of home health agencies, pharmacies, personal care providers and any other private pay provider.<br><br>(xiv) Except the cooperation of the provider in achieving the maximum degree of benefit from those services which are made available by the facility;<br><br>(xv) Exercise choice in attending and participating in religious activities;<br><br>(xvi) Reimbursed at an appropriate rate for work performed on the premises for the benefit of the operator, staff, or other residents, in accordance with the resident's assistance plan;<br><br>(xvii) Informed by the facility thirty (30) days in advance of changes in services or charges;<br><br>(xviii) Have advocates visit, including members of community organizations whose purpose include rendering assistance to the residents;<br><br>(xix) Wear clothing of choice unless otherwise indicated in the resident's plan, and in accordance with reasonable dress code;<br><br>(xx) Participate in social activities, in accordance with the assistance plan; and<br><br>(xxi) Examine survey results.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on resident interview, staff interview, and policy review, the facility failed to ensure residents were treated with dignity for 1 of 7 (#7) | S5014 | | |

Jan 1/2/22

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| S6014 | Continued From page 4<br>residents reviewed for complaints or grievances. The findings were:<br><br>1. Interview with resident #7 on 12/28/21 at 4:07 PM revealed a disagreement with the facility manager over the dispensing of TUMS (over-the-counter antacid) occurred just before the Christmas holiday. When resident #7 requested an antacid, the manager told the resident they could only have one TUMS at a time. During the ensuing argument the manager threw the bottle of TUMS at the resident. Further interview revealed the resident was not hit by the bottle, but the resident felt the manager "humiliated me in front of the other residents. Ever since I was admitted after my hospital stay I felt intimidated and she talked to me with a nasty voice." The following concerns were identified:<br>a. Interview with the facility manager on 12/29/21 at 11:23 AM revealed resident #7 was admitted from a respite status. The resident was "always verbally abusive to staff and demeaning to other residents. S/he expected the staff to be his/her servants. The resident could self-administer medications and did not have an order for antacids. S/he was informed that TUMS was not a prescription medication and the facility did not have to provide them. On the day of the disagreement the resident had been asking for TUMS constantly. After a verbal exchange "I tossed the bottle across the counter and they went on the floor." In further interview the manager stated, "That was not one of my best moments." It was decided administratively the resident was not the right "fit" for the facility.<br>b. Review of the "Resident Handbook and General Guidelines" with revision date of 05-20, showed on page 4: "All Willow Creek Communities residents have the following rights: 1. To be treated with consideration, respect, and | S5014 | | |

Jan 1/2/22

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| S5014 | Continued From page 5<br>full recognition of personal dignity and autonomy." | S5014 | | |
| S5028 | Ch 12 Sec 7 (j)(iv) Assisted Living Facility (ALF) Core Services<br><br>(j) (iv) A minimum of three meals in a twenty-four (24) hour period shall be provided to each resident during normal dining hours. In addition, meals and between meal snacks shall be palatable, attractive in appearance, consist of a variety of foods, and shall be served at the proper temperature.<br><br>(A) Menus shall be planned based on recognized national dietary standards recommended by a Regional Dietitian. Menus shall be prepared at least two weeks in advance and posted in the kitchen. Reasonable substitutions of similar nutritive value must be available to residents who refuse or/ are unable to eat the food served. The daily menus shall be corrected to show the food actually served, and the corrected copy kept on file and available for inspection for one (1) year. A current diet manual shall be approved by the Registered Dietitian, and sufficient copies of the approved manual must be available to dietary and nursing staff in the assisted living facility.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation, resident and staff interview, and policy review the facility filed to provide menus based on recognized national dietary standards recommended by a Registered Dietitian or prepare menus at least two weeks in advance and post in the kitchen. The census was 6. Further review showed the facility did not use | S5028 | | |

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| S5028 | Continued From page 6<br>the services of a registered dietitian. The findings were:<br><br>1. Observation of the kitchen and dining area on 12/28/21 at 5 PM showed a two week menu posted in the kitchen area. It was noted that the menu did not reflect what was being served.<br><br>2. Interview with 4 of the 6 residents in the dining area on 12/28/21 at 5 PM revealed they never paid attention to the menu in the kitchen because it was never what was being served. Observation at that time of the daily menu posted on the white board in the dining area showed it indicated the correct menu.<br><br>3. Interview with Staff #2 on 12/28/21 at 5:15 PM revealed the planned menus were not followed. The staff member stated "We fix pretty-much what the residents like and will eat."<br><br>4. Interview with the facility manager on 12/28/21 at 1:30 PM revealed the facility did not have to use a registered dietitian or dietary manager because "We do not need to, we do not take residents with special dietary needs." In further interview the manager stated "I guess we really don't know if the residents are getting a balanced diet. We serve what the majority of the residents want."<br><br>5. Review of the "Policy and Procedure Manual" dated 10/01/17 showed on page 31 under Nutrition and Menu Planning: A. "Willow Creek Communities will serve at least three nutritionally balanced meals or their equivalent daily. Meals served will be palatable, properly prepared, attractively served and sufficient in quality and quantity to meet Recommended Daily Dietary Allowances..." B. "Menus have been planned to | S5028 | | |

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| S6028 | Continued From page 7<br>meet the nutritional needs of residents and reflect the food preferences of residents..." C. "Menus have been planned at least one week in advance. A different menu will be followed for each day of the week..." | S6028 | | |

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