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 _____	03/09/2022

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 06/28/2001. A licensure survey was conducted by Healthcare Licensing and Surveys from 3/8/22 to 3/9/22.	S 000		
S5004	Ch 12 Sec 6 (e) Personnel and Staffing Requirements (e) Personnel Policies and Records. (i) Management shall provide new employee orientation and education regarding resident rights, evacuation, and emergency procedures, as well as training and supervision designed to improve resident care. (ii) A record for the manager and each employee shall be maintained and contain at a minimum, the following information: (A) Name, current address and telephone number; (B) Social Security Number; (C) Education; (D) Work experience, documentation of reference checks; (E) Date of employment; (F) Position in the assisted living facility	S5004		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eric McMillan | TITLE: President | (X6) DATE: 4/1/22

STATE FORM 6899 08E611 If continuation sheet 1 of 9

Changes made per phone on 5/5/22 @ 11:33 am with Eric McMillan, President. POC accepted. DOC 5/11/22. Jennifer Cox

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S5004	Continued From page 1 (job description); (G) Documentation of tuberculin testing; (H) Orientation checklist; (I) I-9, (Employment Eligibility Verification); (J) W-4, (Employee's Withholding Allowance Certificate); (K) Licensure, Certification, or Credentials; (e.g., RN, LPN, CNA, etc.); (L) Documentation of all completed background and Central Registry background check with no offenses. This State Rule and Regulation is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure personnel files contained a completed DCI fingerprint background check for 1 of 3 employees (certified nurse aide #1) reviewed. The findings were: 1. Review of the personnel file for certified nurse aide (CNA) #1 revealed no evidence of a completed DCI background check. 2. During an interview on 3/9/22 at 11:34 AM the manager stated he was unable to find documentation of the DCI background check. He stated the employee was hired in 2018. He further stated he called DCI and was told there was a background check from 2018 for the employee, but they were unable to send it to the facility.	S5004	4/1/22	

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S5006	Continued From page 2	S5006		
S5006	Ch 12 Sec 7 (b)(i) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services, The staff/contract Registered Nurse (RN) shall conduct initial and, at the minimum annually, and accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and /or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102: (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (II) The ALF 102 must be completed and signed by an RN. (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This State Rule and Regulation is not met as evidenced by:	S5006		

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S5006	Continued From page 3 Based on resident record review and staff interview, the facility failed to ensure an ALF 102 was completed on admission for 1 of 3 sample residents (#3) reviewed. The findings were: 1. Review of the resident record for resident #3 showed s/he was admitted on 2/28/22. Further review showed no completed ALF 102. 2. During an interview on 3/9/22 at 12:30 PM the manager stated the registered nurse (RN) was scheduled to complete the ALF 102 assessment on 3/11/22. He stated he thought they had 15 days after admission to complete assessments.	S5006		
S5008	Ch 12 Sec 7 (b)(iii) Assisted Living Facility (ALF) Core Services (b) (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical Status; (III) Sensory and physical impairments;	S5008		

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S5008	Continued From page 4 (IV) Nutritional status and requirements; (V) Special treatments and/or procedures; (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the registered nurse (RN) completed an initial assessment for 1 of 3 residents (#3) reviewed. The findings were: 1. Review of the resident record showed resident #3 was admitted on 2/28/22. Further review of the medical record showed no evidence the RN completed the initial assessment. 2. During an interview on 3/9/22 at 12:30 PM the manager stated the RN was scheduled to complete the initial assessment on 3/11/22. He stated he thought they had 15 days after admission to complete assessments.	S5008	Sue 4/1/22	

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S5011	Continued From page 5	S5011		
S5011	Ch 12 Sec 7 (b)(vi) Assisted Living Facility (ALF) Core Services (b) (vi) Resident assistance plan. (A) An RN shall develop an assistance plan for each resident. (B) Each facility shall construct its own forms for such plans, which at a minimum shall contain documentation of the following: (I) Who will provide the care/services; (II) What care/services will be provided; (III) When will care/services be provided; (IV) How the care/services will be provided; (V) The expected outcome; (VI) Resident participation in development of the assistance plan to the extent of his ability to do so. A relative or other interested part may also participate; and (VII) Dated signature of the RN, the facility manager, and the resident or the resident's responsible party. This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the	S5011	Ewm 4/1/22	

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S5011	Continued From page 6 registered nurse (RN) developed an assistance plan for 1 of 3 residents (#3) reviewed. The findings were: 1. Review of the resident record showed resident #3 was admitted on 2/28/22. Further review of the medical record showed no evidence the RN developed an assistance plan. . 2. During an interview on 3/9/22 at 12:30 PM the manager stated the RN was scheduled to complete the initial assessment and develop an assistance plan on 3/11/22. He stated he thought they had 15 days after admission to develop the assistance plan.	S5011		
S5027	Ch 12 Sec 7 (j)(iii) Assisted Living Facility (ALF) Core Services (j) (iii) Food service supervision: (A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager. Based on staff interview, the facility failed to ensure day to day responsibilities for dietary services was assigned to a staff person who was a Certified Dietary Manager (CDM) or the equivalent. The findings were: 1. During an interview on 3/9/22 at 12:30 PM the manager stated none of the employees was a CDM or had the education or experience equivalent to a CDM. 2. During the exit conference on 3/9/22 at 1:06	S5027	Sm 4/1/22	

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S5027	Continued From page 7 PM the owner stated the facility had the menus approved by a registered dietitian (RD), and confirmed the facility did not have a CDM.	S5027		
S5042	Ch 12 Sec 7 (m) Assisted Living Facility (ALF) Core Services (m) Facility Policies and Procedures. (i) Management shall develop policies and procedures that are available to residents and staff, including but not limited to: (A) Resident rights; (B) Disciplinary procedures surrounding substantiated cases of resident abuse; (C) Admission, transfer, bed hold days, and discharge of residents; (D) Medication management; (E) Emergency care of residents (including missing resident, blizzard, water outage, etc.); (F) Fire/disaster plan; (G) Departure and return; (H) Smoking; (I) Visiting hours; (J) Activities; (K) Management of resident trust accounts;	S5042	Em 4/1/22	

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S5042	Continued From page 8 (L) Personnel policies; (M) Grievance procedure; (N) Per Diem rate/charges/fees, to include a listing of what is included in the established charges; (O) Incident reports; (P) Notification of change in established per diem rate/charges/fees; (Q) Outside contractual responsibilities; and (R) Identification and notification of change in resident's condition. This State Rule and Regulation Is not met as evidenced by: Based on review of policies and procedures and staff interview, the facility failed to develop all the required policies. The findings were: 1. Review of the facility's policies and procedures showed policies were lacking for: a. Transfer and discharge b. Departure and return 2. During an interview on 3/9/22 at 12:03 PM the manager stated he was unable to find policies for transfer, discharge, or departure and return.	S5042	Eur 4/1/22	

Willow Creek
ElderCare Communities

Evanston

Survey Date: March 23, 2022

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

S5004 Ch 12 Sec 6 (e) Personal & Staffing Requirements

1. The facility will have obtained the completed DCI background check documentation for the employee file by 5/1/2022.
2. Completed DCI background checks and DFS Central Registry Screening will be kept in all employee files & obtained prior to independent resident contact.
3. QA regarding DCI & DFS background checks, employee files checklists will occur by ~~1/5/1/2022~~. 5/1/22 JL
4. Corporate officer and manager will verify employee file checklists are complete for all necessary documentation for 1 month.
5. Date of compliance 5/1/2022.

S5006 Ch 12 Sec 7 (b) (i) Assisted Living Facility (ALF) Core Services

1. Resident #3 was admitted to the facility on 02/28/2022, by transfer from a local ALF facility by the decision of the resident who had meet the requirements for ALF. The resident's care plans/assistance plan, Alf 102, additional documentation shared from previous ALF Facility.
2. All documents ALF 102, care plan, initial assessment and other documentation were started on 2/28/22 by contracted RN for resident #3 upon admission and returned to

the facility after contracted RN's COVID-19 quarantine period. All documents for resident #3 are dated for 2/28/22 initial move in as when they were started and completed. Completed documentation was sent to the surveyor.

3. Corporate officer has reviewed the resident documents and validated state requirements were followed and met with all documents in the resident's file.
4. Manager & Corporate Officer will review the next new resident admit and ensure company and state policies are followed.
5. Corporate & Management will meet with RN to discuss alternative mitigative strategies for
6. Corporate & Management will review current processes and procedures in upcoming QA meeting.
7. Date of compliance 5/1/2022.

S5008 Ch 12 Sec 7 (b) (iii) Assisted Living Facility (ALF) Core Services

1. Resident #3 was admitted to the facility on 02/28/2022, by transfer from a local ALF-1 facility by the decision of the resident who had meet the requirements for ALF-1. The resident's care plans/assistance plan, Alf 102, additional documentation were shared from previous ALF-1 Facility.
2. All documents ALF 102, care plan, initial assessment and other documentation were started on 2/28/22 by contracted RN for resident #3 upon admission and returned to the facility after contracted RN's COVID-19 quarantine period. All documents for resident #3 are dated for 2/28/22 initial move in as when they were started and completed. Completed documentation was sent to the surveyor.
3. Corporate officer has reviewed the resident documents and validated state requirements were followed and met with all documents in the resident's file.
4. Manager & Corporate Officer will review the next new resident admit and ensure company and state policies are followed.
5. Corporate & Management will meet with RN to discuss alternative mitigative strategies for
6. Corporate & Management will review current processes and procedures in upcoming QA meeting.
7. Date of compliance 5/1/2022.

S5006 Ch 12 Sec 7 (b) (i) Assisted Living Facility (ALF) Core Services

1. Resident #3 was admitted to the facility on 02/28/2022, by transfer from a local ALF facility by the decision of the resident who had meet the requirements for ALF. The resident's care plans/assistance plan, Alf 102, additional documentation shared from previous ALF Facility.

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2. All documents ALF 102, care plan, initial assessment and other documentation were started on 2/28/22 by contracted RN for resident #3 upon admission and returned to the facility after contracted RN's COVID-19 quarantine period. All documents for resident #3 are dated for 2/28/22 initial move in as when they were started and completed. Completed documentation was sent to the surveyor.
3. Corporate officer has reviewed the resident documents and validated state requirements were followed and met with all documents in the resident's file.
4. Manager & Corporate Officer will review the next new resident admit and ensure company and state policies are followed.
5. Corporate & Management will meet with RN to discuss alternative mitigative strategies for retaining completed resident documentation in the resident files in case of another medical emergency.
6. Corporate & Management will review current processes and procedures in upcoming QA meeting.
7. Date of compliance 5/1/2022.

S5027 Ch 12 Sec 7 (j) (iii) Assisted Living Facility (ALF) Core Services

1. Willow Creek Facility only prepares meals planned and prepared by a Certified Dietitian, 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. Corporate Officer will designate one or more staff members that are able to "Oversee the day-to-day responsibilities for food production and management of the dietary services" provided by our Dietician produced menus.
3. Corporate Officer will have the designated staff document their experience worked in a facility that meets the description for an approved facility with experience that meets the "experience equivalent to that of a CDM." This is additionally met and exceeded by having a registered and certified Dietician previously plan and prepare all of Willow Creeks menus.
4. Willow Creek contracted RN will recertify that all current residents have normal dietary requirements and don't have any special dietary requirements and are able to consume all menu items on our Dietician made menus.
5. Management will discuss trainings for staff to certify other employees through their direct experience at our facility and other related topics in our upcoming QA meeting and monitor for 1 month.
6. Date of compliance 5/10/2022.

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S5027 Ch 12 Sec 7 (m) Assisted Living Facility (ALF) Core Services

1. Willow Creek has a full and complete set of Policies and Procedures that has been provided on multiple occasions to the surveying agency.
2. Corporate Office will resend a digital & hard copy of all policy and procedures to the Willow Creek Manager as previous copies had been taken by surveying agency members and not returned.
3. As Policy and Procedures already exist for Transfer and Discharge & Departure and return, Manager will document that they are in hard copy form and on premises.
4. Corporate Officer will hold a training for the Manager on how to access & store the digital corporate files for future inquiries.
5. Manager will monitor for 1 month and review during next QA meeting.
6. Date of compliance 5/1/2022.

Eric McMillan, President

4/1/22
Date