

Healthcare Licensing and Surveys

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ALF010</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/20/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WILLOW CREEK HOMES OF EVANSTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1949 WEST UINTA STREET<br/>EVANSTON, WY 82930</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {S 000}                                                                   | <p><b>OPENING COMMENTS</b></p> <p>Rules and Regulations utilized for this survey are:</p> <p>Rules and Regulations for Program<br/>Administration of Assisted Living Facilities,<br/>Chapter 12, effective 08/24/2020.</p> <p>Rules and Regulations for Licensure of Assisted<br/>Living Facilities, Chapter 4, effective 06/28/2001.<br/>A revisit survey was conducted on 5/23/22<br/>through 6/20/22 for all previous deficiencies cited<br/>on 3/9/22.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | {S 000}                                                                                       |                                                                                                                          |                                                                    |
| {S5027}                                                                   | <p><b>Ch 12 Sec 7 (j)(iii) Assisted Living Facility (ALF)<br/>Core Services</b></p> <p>(j) (iii) Food service supervision:</p> <p>(A) Day to day responsibilities for food<br/>production and management of the dietary<br/>services shall be assigned to a person with<br/>nutrition and food service management<br/>experience equivalent to that of a Certified<br/>Dietary Manager.</p> <p>Based on review of the State Form (Statement of<br/>Deficiencies) and review of faxed documents, the<br/>facility failed to ensure day to day responsibilities<br/>for dietary services was assigned to a person with<br/>nutrition and food service management<br/>experience equivalent to that of a Certified<br/>Dietary Manager. The findings were:</p> <p>1. Review of the State Form (Statement of<br/>Deficiencies) from the 3/9/22 survey showed the<br/>facility was cited for not ensuring a staff person<br/>who had education and experience equivalent to<br/>a Certified Dietary Manager was assigned the day<br/>to day responsibilities for dietary services.</p> <p>2. Review of the website for the Certifying Board</p> | {S5027}                                                                                       |                                                                                                                          |                                                                    |

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Healthcare Licensing and Surveys

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| {S5027}                  | Continued From page 1<br><br>for Dietary Manager's (CBDM)<br>( <a href="https://www.cbdmonline.org/get-certified/eligibility">https://www.cbdmonline.org/get-certified/eligibility</a> , accessed 6/21/22) showed individuals were eligible to take the certifying exam for a dietary manager if they met one of the following pathways [education and experience]:<br>a. Pathway I: for graduates of an ANFP-approved foodservice manager training program. Candidate must submit a certificate of course completion and their name must appear on the official graduate list that is sent to the Association of Nutrition and Food Professionals (ANFP) by the college/school.<br>b. Pathway II: for graduates of a two-year, four-year or greater, college degree in foodservice management, nutrition, culinary arts, or hotel-restaurant management. Candidates must submit a copy of their transcript with exam application. Transcript requirements must include a minimum of one course in nutrition and two courses in foodservice management.<br>c. Pathway III(a): for graduates of a comprehensive, minimum 90-hour, foodservice course curriculum, who also have two years of full-time non-commercial foodservice management work experience. Candidates must submit a copy of their transcript and employment verification with exam application. Transcript requirements must include a minimum of one course in nutrition and two courses in foodservice management.<br>d. Pathway III(b): for graduates of the classroom and online instructional portion of an ANFP-approved foodservice manager training program, who also have two years of full-time non-commercial foodservice management work experience. Candidates must submit a copy of a certificate of course completion, their name must appear on the official graduate listing that is sent to ANFP by the college/school and they must | {S5027}             |                                                                                                                          |                          |

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| {S5027}                  | <p>Continued From page 2</p> <p>submit employment verification with exam application.</p> <p>e. Pathway IV: for current and former members of the U.S. military who have graduated from a military dietary manager, foodservice manager or culinary arts training program that is a minimum of 90 hours of foodservice management training. Candidates must submit their Joint Services Transcript (JST) as documentation of military training. Two courses in foodservice management and one in nutrition is required. Two years of noncommercial foodservice management experience is required as verified on the JST or the Employer Verification Form.</p> <p>f. Pathway V: for graduates with an alternate two-year, four-year or higher degree. Candidates must have a minimum of five years of full-time non-commercial foodservice management work experience. Candidates must submit a copy of their transcript and employment verification with exam application. Transcript requirements must include a minimum of one course in nutrition and two courses in foodservice management.</p> <p>3. Phone messages were left with the owner on 5/27/22 at 2:19 PM and on 6/8/22 at 11:06 AM requesting additional information. The owner did not return the telephone calls, but faxed documentation. Review of the documents faxed by the facility dated 6/9/22 and 6/11/22 showed the facility failed to demonstrate that either employee #1 or #2 had the education and experience equivalent to a Certified Dietary Manager. The facility provided documentation for the two employees which consisted of signed policy/attestation statements which read in part "...Given that the state regulation doesn't specify experience needing to be accredited, documented, certified or recorded, a personal</p> | {S5027}             |                                                                                                                          |                          |

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| {S5027}                  | Continued From page 3<br><br>attestation is acceptable and appropriate. On the<br>job experience for a period exceeding 1 month in<br>an approved facility, meets all the required criteria<br>for time and experience attained for a CDM<br>certificate...."<br><br>4. On 6/20/22 at 2:04 PM a phone message was<br>left for the owner stating the received faxed<br>documentation did not show the employees had<br>the training and experience equivalent to a CDM,<br>and therefore the deficiency would be re-written. | {S5027}             |                                                                                                                          |                          |



## Evansion

Survey Date: ~~March 23, 2022~~ Note: POC is for 6/20/22 visit, when citation was re-written. *QV*

Corporate office Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this State-level 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

SS027 Ch 12 Sec 7 (i) Assisted Living Facility (ALF) Core Services

1. Willow Creek Facility prepares meals planned and prepared by a Certified Dietician, based on a national dietary standard. We will utilize menus from our extensive 15-month, Dietsian produced menu or other resource material with printable dietary information
2. Corporate Office 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 in our Dietician produced menus
3. Corporate Office will have the designated staff document their experience worked in a facility that meets the description for an approved facility with experience that meets this "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 Creek's meals.
4. Willow Creek contracted RDN 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 menu.
5. Designated staff will take 3 different accredited national CDM exam practice tests demonstrating they possess knowledge a CDM would possess for taking the national CDM test, given that a CDM certificate is not required by the state guidelines. Facility will purchase a Credentialing Exam Study Guide and Flash Cards by an accredited ANPP program followed by their online test demonstrating knowledge of materials covered for a CDM exam.
6. 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.
7. Date of compliance 8/25/2022

Eric McMillan, President

Date

11/6/23 - Approved. Message left for owner. *J. Van Dyke*