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 04/23/2024 |

| 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<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 complaint survey was conducted by Healthcare Licensing and Surveys from 4/15/24 to 4/23/24. The survey was prompted by complaint intake LIC-24-043. | S 000 | | |
| S5012 | Ch 12 Sec 7 (b)(vii) Assisted Living Facility (ALF) Core Services<br><br>(b) (vii) The assistance plan shall be reviewed and updated by the RN at least annually or when a significant change occurs, with input from direct care-givers, the resident, and others as designated by the resident.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on medical record review, incident review, and staff, case manager, and resident interview, the facility failed to review and update the assistance plan with a significant change for 1 of 1 sample resident (#1) who had a significant change which resulted in death. The findings were:<br><br>1. Review of the medical record for resident #1 showed a move in date of 11/20/23. An initial assessment and ALF-102 dated 11/12/23 was the only assessment conducted on the resident and the medical conditions listed were "depression, anxiety, ulcers, (and) chronic pain." Further review showed a signed and dated "Resident | S5012 | | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

See plan of correction



POC accepted 6/17/24 @ 9 AM. Eric notified.
Doc 6/23/24. JHoppenburg RN

Healthcare Licensing and Surveys

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| S5012 | Continued From page 1<br>Admission Agreement" that described the basic services provided by the facility, included..."E. Emergency interventions and coordination of outside services...4. Change in residents condition: Should the resident's condition change significantly; a licensed health care professional must conduct a re-assessment of the Resident's needs and the facility's ability to meet those needs...6. Emergency services...In the event of an emergency, [the facility] will call 911 and follow their directions..." The following concerns were identified:<br>a. Review of the resident's "Plan of Care-Individual Service Plan" dated 11/17/23 showed the plan was "...to be completed within 30 days after admission, updated at significant change, and every 6 mo. [months]..: Further review showed no evidence the facility had updated the plan related to the resident's use of alcohol, potential alcohol withdrawal, or emergency interventions related to alcohol use, abuse, or withdrawal.<br>b. Review of a "concern report" written by CNA #1 on 3/31/24 and signed by the manager on 4/1/24 showed the resident "seems to be declining." Review of a "concern report" written by CNA #1 on 3/31/24 and signed by the manager on 4/1/24 showed the resident was "still not doing well." Further review showed the facility contacted the resident's case manager and asked if she would come and check on the resident related to the resident "is going through withdrawal, I explained that could be dangerous..."<br>c. Review of an incident report written by the manager on 4/1/24 showed the case manager found the resident on the floor and an ambulance was called to the facility.<br>d. Interview with CNA #1 on 4/15/24 at 3:22 PM revealed resident #1 had been ill "most of the weekend" preceding the resident's death on | S5012 | | |

Healthcare Licensing and Surveys

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| S5012 | Continued From page 2<br>4/1/24 and the concerns were shared with the manager.<br>e. Interview with the resident's case manager on 4/15/24 at 3:39 PM revealed she was not employed by the facility, however, the staff called her rather than the facility RN because the facility RN "was impossible to reach." She further revealed the staff reported the resident had been ill over the weekend and when she arrived she found the resident laying face down on the floor Monday, 4/1/24, and called 911.<br>f. Interview with the manager on 4/16/24 at 9:05 AM revealed he was aware the resident was not feeling well and was potentially withdrawing from alcohol but had not called 911, had not notified the residents provider or notified the facility RN regarding the resident's change of condition prior to the residents death. He further confirmed staff was worried about the resident all weekend so they "monitored" the resident and called the resident's waiver case manager to check on the resident because she was a nurse.<br>g. Interview with CNA #2 on 4/16/24 at 12:28 PM revealed she did not know how to reach the RN if there were concerns about residents.<br>h. Interview with RN #1 on 4/15/24 at 3:15 PM verified he was the registered nurse and was under contract for nursing services. Further interview revealed he had not been notified of resident #1's change of condition.<br>i. Review of the state survey agency incident database showed the incident was reported on 4/2/24. Further review showed the report indicated the resident ' s case manager notified the facility of the resident ' s death following emergent transfer on 4/1/24. | S5012 | | |

Willow Creek
ElderCare Communities

Evanston

Survey Date: May 7th, 2024 4/23/24 JS

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. The POC shall only be a required effort to respond to the unsubstantiated and subjectively biased allegations alleged in the survey document. 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

S5012 Ch 12 Sec 7 (b) (vii) Assisted Living Facility ALF Core Services

1. The facility manager will schedule a staff meeting to discuss the facilities policy on contacting the appropriate personnel and documents corollate regarding residents change on condition or annual documentation.
2. Corporate office will conduct a training for the staff and RN to effectively streamline the documentation and reporting for resident healthcare needs.
3. Facility staff will contact EMS for any resident with a healthcare concern or emergency. Any resident that chooses to invoke their freedom of choice to decline medical services will be required to sign documentation for both EMS and the facility, formally documenting their right of refusal. This copy will be kept in the resident file for future reference.
4. QA including change in condition & reporting will occur by 6/23/2024.
5. Corporate officer and manager will review documentation for 1 month to validate compliance, any discoveries or need for retraining will be reflected in the QA meeting and a new review time will be established.
6. Date of compliance 6/23/2024.

Eric McMillan, President

5/23/24
Date

JS