Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	R 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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 revisit survey was conducted on 2/19/25 through 2/20/25 for all previous deficiencies cited on 12/5/24. Also reviewed in the course of the survey was complaint intakes LIC-25-026 and LIC-25-030. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	{S 000}		
{S5020}	Ch 12 Sec 7 (e) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender;	{S5020}		

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{S5020}	Continued From page 1 (C) Individual admission form. This form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number or other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing; (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare of safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by	{S5020}		

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{S5020}	Continued From page 2 telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in the excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with personal funds deposited with the facility, the facility must convey, within 30 days, the resident's funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid of Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights;	{S5020}		

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{S5020}	Continued From page 3 (G) The resident's assessment and individualized assistance plan; (H) Copies of al applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. (ii) The resident shall be assured of confidential treatment of all information in the record, and the resident's written consent (or the consent of the guardian) shall be required for the release of information to persons not otherwise authorized for receive it. (iii) All residents' records shall be retained in a physically secure area for a minimum of six (6) years after the resident has left the facility and may be disposed of, by shredding or burning, after that time. (iv) In the event of dissolution of the facility, the manager shall notify the Licensing Division as to the location of all residents' records. (v) All records shall be protected from damage by fire, water and other hazards. (vi) All entries in each resident's record shall be made in ink, signed and dated.	{S5020}		

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{S5020}	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff and resident interview, and state survey agency incident database review, the facility failed to report allegations of financial exploitation for 3 of 5 sample residents (#1, #2, #3) reviewed for incidents. The findings were: 1. Interview with resident #1 on 2/19/25 at 3:09 PM revealed CNA #1 had recently been arrested for taking money and other financial information from residents. Resident #1 revealed the CNA had taken blank checks from the resident's check book and used them to obtain money. The resident revealed the CNA had cashed 3 checks and each were written in the amount of $500. The resident revealed her daughter notified local law enforcement before the resident was aware the incident had occurred. Review of the resident's medical record showed no evidence of an incident report or investigation. 2. Interview with resident #2 on 2/19/25 at 3:55 PM revealed CNA #1 took pictures of her bank cards; however, s/he was not aware of any missing funds. Review of the resident's medical record showed no evidence of an incident report or investigation. 3. Interview with resident #3 on 2/19/25 at 4 PM revealed CNA #1 had taken picture of the resident's bank card and used the information to make purchases and withdraw money. The resident revealed the CNA had taken "about $3000" and the resident was working with his/her bank's fraud department to have it returned. The resident revealed s/he had asked the facility to	{S5020}		

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{S5020}	Continued From page 5 contact law enforcement. Interview with the resident on 2/20/25 at 8:49 AM revealed s/he had reported it to the police and the bank. Review of the resident's medical record showed no evidence of an incident report or investigation. 4. Review of the state survey agency incident database showed the facility had not reported any incidents in December 2024, January 2025, or February 2025. 5. Interview with the facility manager on 2/19/25 at 4:33 PM revealed she was aware resident money had been stolen and law enforcement provided the facility with a copy of a no trespass order for CNA #1. The manager revealed she was not aware of how much money had been stolen and when she asked the facility owner about reporting the stolen money, he said they didn't need to. 6. Interview with the facility manager on 2/20/25 at 9:07 AM revealed law enforcement came to the facility on 12/20/24 to talk to resident #1. When the facility manager asked why they needed to speak to the resident, she was told it didn't involve the facility. The facility manager further revealed she found some checks in a file for a resident the following Monday, she notified law enforcement, and CNA #1 was arrested for forgery. The facility manager confirmed the facility owner said they did not need to report the incident.	{S5020}		

Willow Creek
ElderCare Communities

Buffalo

Survey Date: February 20th 2025

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.

Willow Buffalo- 2/20/25

1. Identification of the Deficiency

- The deficiency involves improper reporting to the state level agency in a timely manner.

2. Corrective Actions

- Staff-Wide Corrective Action:
  - A staff meeting will be held to address the findings of the survey. The meeting will include a review of the policy of reporting to management.
  - A corporate executive will hold a meeting with the House manager to go over the log- in and report to the state level agencies in the allotted time it needs to be reported.
  - All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records
  - Residents insisting on keeping valuables onsite in their rooms shall be requested to obtain a safe or lock box to keep their possession's in. Residents are encouraged to remit any money or valuables with their families or POA as stated in the resident handbook. If a resident can't afford a safe or lock box, the facility may consider providing one for them given a contract can be agreed upon for the return of company property and a release since autonomous use can't be guaranteed.

- Policy Review and Update:
  - The facility's reporting policies will be reviewed to confirm compliance with state regulations, ensuring that all reports are done within the time.
  - Clear communication protocols will be established for all staff (e.g., CNAs & non-CAN's) to communicate any and all reportable matters.
- Delegation and Supervision:

- The facility house manger will ensure that all required reportable accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone

  or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long-Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records

4. Monitoring and QAPI Involvement

- Weekly Audits (First 4 Weeks):
  - Weekly audits will be conducted for the first four weeks to monitor compliance with reporting to state level agencies, any identified issues will be addressed immediately, and staff will receive additional training if necessary. Resident records will be reviewed for reportable incidents and grievances.
- Monthly Audits (Following Period):
  - After the initial four weeks, monthly audits will be conducted for the next three months to ensure ongoing compliance. These audits will focus on adherence to policies, correct documentation, and reviewing any reports made
- QAPI Meetings:
  - The facility's QAPI meetings will include a review of audit results and reports made. These meetings will be used to identify trends, adjust corrective actions, and ensure that all deficiencies are addressed.
  - Staff feedback will also be solicited during these meetings to continuously improve reporting practices.

5. Completion Timeline

- ~~Immediate Actions (within 7 days):~~
  - ~~Immediate training for all staff involved with resident contact after POC acceptance.~~
- Ongoing Monitoring:
  - Weekly audits for four weeks, followed by monthly audits for three months.
  - Monthly QAPI meetings for at least three months or until substantial compliance is achieved.

Date of Compliance = 4/18/25

Responsible Party: Manager or designee will be responsible for overseeing all corrective actions, system changes, monitoring, and QAPI Involvement to ensure compliance.

Eric McMillan, President — 3/10/25 Date

7/30/25 - 11:30 AM The plan was accepted with agreed upon changes via teleconference with the facility manager, Shelby Young, and facility owner, Eric McMillan.