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JUN 28 2018
Healthcare Licensing and Surveys

PRINTED: 05/29/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BH004	A. BUILDING: _____ B. WING _____	R 05/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF GILLETTE	2300 HARDER DRIVE GILLETTE, WY 82718

(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}	General Comments A follow up survey for Life Safety Code compliance was conducted by Healthcare Licensing and Surveys on May 15, 2018. Rules and Regulations for licensure of Boarding Homes, Chapter 7, Section 6. Building and Physical Plant. (o) All facilities exceeding one story in height shall be equipped with an automatic elevator. Facilities licensed prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as a boarding home. Multi-storied wood frame building shall be sprinklered. The facility was a single story, non-sprinklered, building of Type V (111) construction built in 1989. The building was equipped with a zoned fire alarm system. The facility had a capacity of 14 licensed beds with a census of 8 residents. All references are based on the requirements of NFPA 101, Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted.	{S 000}		
{S8019}	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide maintenance documentation for monthly fire extinguisher maintenance as required by the 1994 NFPA 10, The Standard for Portable Fire Extinguishers.	{S8019}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eric McMillan TITLE: President (X6) DATE: 6/27/18

Talked to Eric McMillan, President, Per Phone on 6/29/18 @ 2:20 PM and informed him of POC Acceptance. Will P. Alexander 3 of 3

Date of Compliance was 5/20/18.

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{S8019}	Continued From page 1 Failure to maintain fire extinguishers per NFPA 10 may result in injury or death due to a fire. The deficiency affected all fire extinguishers within the facility. The findings were: Document review on 5/15/2018 from 10:30 AM to 11:00 AM revealed missing documentation for monthly fire extinguisher maintenance for February 2018 and April 2018. Interview with facility administrator at the time of the document review indicated that she was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 - Section 7.7.4.1 1990 NFPA 10 - Section 4.3.1	{S8019}		
{S8027}	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide fire drills in accordance with the 1994 NFPA 101, Life Safety Code, and Chapter 8 of the Wyoming Department of Health Administrative Rules. Failure to provide fire drills as required may result in injury or death due to a fire. The deficiency affected two (2) of the previous twelve (12) months prior to the survey. The findings were: Document review on 5/15/2018 from 10:30 AM to	{S8027}		

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{S8027}	Continued From page 2 11:00 AM revealed missing fire drill documentation for the months of February and April 2018. Interview with facility administrator at the time of document review indicated that she was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: Chapter 8: Program Administration for Boarding Homes - Section 14 (c)(iv) 1994 NFPA 101, Section: 31-7.3	{S8027}		

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Prefix tag s-8017 annual fire system test

1. A fire system test was completed on by a local contractor
2. Date of compliance 5/20/18
3. The manager has been instructed on the rules that this test is to be completed every year.
4. The test for 2019 has been scheduled.
5. Corporate office will do yearly onsite inspections to ensure continued compliance.
6. Q&A and in-service meeting was conducted on 5/20/18 regarding life and safety.

Prefix tag s-8018 failure to fire sprinkler annually

1. The manager has been instructed that the fire sprinkler system needs to be tested annually.
2. A fire sprinkler system test was completed on by a local contractor.
3. The test for 2019 has been scheduled.
4. Corporate office will do yearly on-site inspections to ensure continued compliance.
5. Q&A and in-service meeting was held on 5/20/18 regarding fire sprinklers.

Prefix tag s-8019 fire extinguisher maintenance

1. A local contractor completed inspections and maintenance on all fire extinguishers including the one outside room #4 on 5/20/18.
2. The manager was instructed that all fire extinguishers need to be inspected monthly and certified annually.
3. Inspections and maintenance for all fire extinguishers has been scheduled 2019.
4. Corporate office will conduct yearly on-site inspections to ensure continued compliance.
5. Q&A and in-service meeting regarding life safety was held on 5/20/18

Prefix tag s-8022 NFPA electric

1. The manager was instructed to use a GFI for Christmas lights.
2. The Christmas lights were removed from room #2.
3. GFIs were purchased for future use with Christmas lights.

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4. Corporate office will ensure that GFIs are being used by conducting quarterly on-site inspections.
5. Q&A meeting was held on 5/20/18.

Prefix tag s-8027 fire drills

1. The manager was instructed that fire drills are to be performed monthly.
2. Monthly fire drills have been scheduled every month both on the calendar and the computer.
3. Corporate office will ensure continued compliance through monthly manager meetings.
4. Q&A and in-service meeting was held on 5/20/18 regarding fire drills.

Prefix tag s-8032 back flow preventer

1. Corporate office confirmed that there is a back-flow
2. preventer on the main line to the home.
3. Corporate office confirmed that the back-flow preventer has been inspected and tested.
4. Corporate office installed back flow preventers both on the shower and tub on 5/21/18.
5. Corporate office shortened the hose on the shower head.

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5. The DON will monitor all residents to ensure that assessments are being completed on all residents on their yearly anniversary, change of condition, physician orders, or in the event of an accident.
6. The DON and manager will meet monthly to ensure that all nursing duties including assessments are being completed.
7. The local manager will meet monthly with corporate office to discuss nursing to ensure that all nursing duties are being completed including assessments.
8. The local manager will have monthly Q&A discussions with the DON and corporate office regarding nursing.

Prefix tag s-5053 medication administration

1. Corporate office contracted with a DON
2. Corporate office contracted with RNs
3. Corporate office has hired two medication aids
4. Residents 2,3,6,8 have their medications administered by the nursing staff
5. All resident's medications are managed and administered by the nursing staff.
6. The DON will monitor all residents to ensure that their medications are managed and administered by the nursing staff.
7. The DON will monitor the nursing staff to ensure that they are administering medications, and also will ensure that proper numbers of nursing staff are maintained to manage and administer medications.
8. The manager will monitor DON to ensure that nursing is in full compliance as to state guidelines.
9. Corporate office will discuss nursing monthly with the manager and the DON to ensure that nursing is in compliance with state rules and regulations.

Prefix tag s-5054 Resident records and reports

1. Corporate office hired a new manager
2. Corporate office contracted a DON
3. The manger with the resident file check list has reviewed each resident file to find any deficiencies and correct them, this was completed on 3/16/18
4. The DON and the manager will coordinate on all resident files to make sure they are up to date and complete.
5. The DON and the manager will coordinate on all new admission to ensure that all necessary records are complete and in the resident's files.
6. Corporate office will require reviews of all resident records by the manager and the DON every 60 days and the results forwarded to corporate office.

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7. Corporate office will conduct internal surveys of all resident files and records once per quarter to ensure that all record keeping is in compliance.

Prefix tag s-5054 reporting of incidents to the state

1. Corporate office replaced the former manager for not reporting incidents to corporate office and also for not completing the proper paperwork locally.
2. The new manager has been educated on proper policy and procedure for documenting and reporting incidents.
3. The new manager has been instructed to report all incidents no matter how minor.
4. The manager now has the authority and has been educated on proper procedure for directly reporting incidents to the state within 24 hours.
5. Resident # 1 was discharged as of 1/26/18.
6. Resident #8 was discharged as of 1/26/18
7. Resident # 11 was discharged as of 1/26/18
8. The manager will coordinate with the DON on all incidents that occur, and both will report to corporate office.
9. The DON will monitor all residents to ensure that they are appropriate for our home and will report to the manager.
10. The manager will monthly report to corporate office regarding all residents and their appropriateness.

Prefix tag s-5054 Resident rights

1. Currently there is a form that outlines resident rights and house rules that residents are required to sign upon admission.
2. The new manager has been instructed on both resident rights and also house rules and that a resident is required to sign acknowledging that they know and have received a copy of both resident rights and house rules and what constitutes grounds for discharge.
3. A check list has been in place that outlines requirements for admission.
4. An accounting system has been in place for the past 17 years for resident funds.
5. Company policy has changed as of 3/1/18 limiting resident accounts to a maximum of $50.00
6. The above-mentioned accounting system is administered by a licensed CPA.
7. Corporate office will conduct monthly inspections of accounting records to ensure that resident accounts are being accounted for.
8. Corporate office will ensure that the manager is conducting monthly Q@A meetings with residents regarding their rights and compliance with house rules.

Prefix tag s-5054 welfare of residents

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1. Corporate office replaced the former manager for not reporting incidents, and not insuring resident welfare.
2. The new manager has been educated on the safety and welfare of the residents, and to immediately report any incidents to both corporate office, the state, and the DON.
3. Resident # 11 was discharged on 1/26/18.
4. Resident # 8 was discharged on 1/26/18.
5. Upon investigation there was proved to be no validity to resident #2 claim of sexual abuse by resident #11.
6. The DON will monitor all residents to ensure appropriateness.
7. The manager will immediately investigate any allegations, or incidents regarding welfare of residents and report to corporate office and also involve the DON.
8. Corporate office will once per quarter conduct internal surveys on all incident reports and conduct random interviews with residents regarding their welfare.

Prefix tag s-5100 appropriateness

1. Corporate office replaced the former manager for not ensuring appropriateness of residents and not discharging residents that were not appropriate.
2. Corporate office contracted a DON
3. Residents 8 and 11 were discharged on 1/26/18
4. The DON with the nursing staff will monitor all residents to ensure that they remain appropriate to be in our home.
5. The DON will do a thorough assessment on all new residents prior to their admission to ensure that they are appropriate for our home.
6. The manager will monitor the DON and the nursing staff to make sure assessments on residents are current and complete.
7. Corporate office will conduct internal surveys quarterly on the appropriateness of all residents.

6/27/18