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JUL 27 2018
Healthcare Licensing and Surveys

PRINTED: 07/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BH007	A. BUILDING: _____ B. WING _____	06/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF SHERIDAN	561 AVOCA AVENUE SHERIDAN, WY 82801

(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 A Licensure survey was conducted by Healthcare Licensing and Surveys on 6/27/18. Rules and Regulations utilized for this survey are as follows: Rules and Regulations for Licensure of Boarding Homes, Chapter 7, effective 12/10/1998. Rules and Regulations for Program Administrative for Boarding Homes, Chapter 8, effective 12/11/1998.	S 000		
S4010	Ch 8 Sec 5 (c)(i)(A-P) Management (c) Policies and Procedures. (i) There shall be written policies and procedures available to residents, their families or legal representatives, staff, and the public. The policies and procedures shall include, but not be limited to: (A) Resident's Rights; (B) Admission, transfer, and discharge of residents; (C) Medications and administration; (D) Departure from and return to facility; (E) House rules, to include freedom permitted and limitations necessary to protect the rights of others; (F) Visiting hours; (G) Religious services;	S4010		

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

Eric McMillan | President | 7/23/18

Accepted on 8/3/18. No changes required. Spoke with Eric McMillan. Date of Compliance is 8/15/18.
Noralee Rimbo

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S4010	Continued From page 1 (H) Notifications in change in resident status; (I) Resident records; (J) Emergency are, disaster plans; (K) Smoking policies; (L) Fire plan; (M) Personnel policies; (N) Reporting of all complaints to the Long Term Care Ombudsman; (O) Grievance policy, and (P) Quality Assurance Plan. This State Rule and Regulation is not met as evidenced by: Based on review of the policy and procedures and staff interview, the facility failed to develop a grievance policy. The census was 8. The findings were: Review of the electronic policy and procedure files failed to show a grievance policy/procedure. Interview with the manager on 6/27/18 at 12:34 PM verified there was no specific procedure or policy she was aware of.	S4010		
S4013	Ch 8 Sec 5 (d)(iii) Management (d) Admission, Transfer, and Discharge. (iii) Each resident shall designate a personal	S4013		7/23/18

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S4013	Continued From page 2 physician and dentist to be called in case of an emergency. The boarding home shall make necessary arrangements to secure the services of a licensed physician if the resident's own physician is not available. This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure a personal physician and dentist were designated for 2 of 3 sample residents (#1, #2). The findings were: 1. Review of the resident record showed resident #1 moved in on 12/1/17. The record failed to show the resident had designated a personal physician and dentist. The form used for medical contacts was not completed. 2. Review of the resident record showed resident #2 moved in on 7/1/17. The record failed to show the resident had designated a personal physician and dentist. The form used for medical contacts was not completed. 3. Interview with the manager on 6/27/18 at 12:23 PM verified the information in these records needed to be completed.	S4013		
S4021	Ch 8 sec 5 (f)(iv) Management (f) Resident Records and Reports. (iv) A written account of all personal possessions and funds deposited with the boarding home. This State Rule and Regulation is not met as evidenced by:	S4021		7/23/18

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S4021	Continued From page 3 Based on resident record review and staff interview, the facility failed to ensure a written account of all personal possessions was included in the resident record for 2 of 3 sample residents (#1, #2). The findings were: 1. Review of the resident record showed resident #1 moved in on 12/1/17. The record failed to include a written account or inventory of the resident's personal possessions. 2. Review of the resident record showed resident #2 moved in on 7/1/17. The record failed to include a written account or inventory of the resident's personal possessions. 3. Interview with the manager on 6/27/18 at 12:23 PM revealed she was unable to find any account or list of personal possessions for these residents.	S4021		7/23/18

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Willow Creek
ElderCare Communities

Willow Creek of Sheridan

Sheridan

Date of Survey: 06/27/2018

ID Prefix Tag

S4010 Ch 8 Sec 5 (c)(i)(A-P) Management

1. A policy and procedure manual containing the following will be in place in the home for families, residents, and staff to access by June 15, 2018. The DON and corporate vice-president will place the procedure manual into hard copy. The manager of the home will be responsible for maintaining and updating
   A. Residents Rights
   B. Admission, transfer, and discharge of residents
   C. Medications and administration
   D. Departure from and return to facility
   E. House rules, to include freedom permitted and limitations necessary to protect the rights of others
   F. Visiting hours
   G. Religious services
   H. Notifications in change in resident status
   I. Resident records
   J. Emergency and disaster plans
   K. Smoking policies
   L. Fire plan
   M. Personnel policies
   N. Reporting of all complaints to the Long Term Care Ombudsman
   O. Grievance policy
   P. Quality assurance plan
2. The DON and corporate vice-president have a created a grievance policy, which will be entered into the policy and procedure book by 08/15/2018.
3. The policy and procedure manual will be audited, reviewed, and signed off annually by the manager and corporate.
4. All new policies created will be reviewed in monthly QA.
5. Date of Compliance 08/15/2018.

7/23/18

Willow Creek
ElderCare Communities

Willow Creek of Sheridan

S4013 Ch 8 Sec 5 (d)(iii) Management

1. Each resident will designate a personal physician and dentist whom may be called in case of an emergency, and these designations will be maintained in resident chart.
2. If the resident's primary physician is not available the services of another provider in the same clinic, an urgent care, or emergency room will be utilized.
3. Each resident will have a medical contacts form completed upon admission.
4. Each resident chart will be audited prior to admission from the manager or DON.
5. Resident #1 and #2 have designated physician and dental contacts and have the appropriate medical contacts form filed in charts.
6. QA meetings will be held monthly and each new resident chart and appropriate paperwork will be discussed and audited during the next QA meeting following admission.
7. Date of compliance 08/15/2018.

S4021 Ch 8 Sec 5 (f)(iv) Management

1. Each resident will have a written account of personal possessions inventoried and placed in chart.
2. Resident #1 and #2 will have personal possession inventory completed by 08/15/2018.
3. Each resident chart will be audited by the manager post admission to make sure inventory of personal belongings is in chart.
4. Each new resident will be discussed in monthly QA meetings as needed.
5. Date of compliance 08/15/2018.

7/23/18