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OCT 19 2020
Healthcare Licensing and Surveys

PRINTED: 10/06/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WH007	A. BUILDING _____ B. WING _____	09/22/2020

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 COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 9/15/20 through 9/22/20..	S 000		
S4008	Ch 8 Sec 5 (b)(ii) Management (b) Staffing (ii) No person with a reportable communicable, contagious or infectious disease shall be employed. This State Rule and Regulation is not met as evidenced by. Based on observation, review of the facility staff schedule, staff and resident interview, review of the facility COVID-19 risk management procedure, and review of CDC (Centers for Disease Control) guidelines, the facility failed to ensure an effective COVID-19 screening process was implemented for staff and visitors. The census was 5. The findings were: Observation on 9/15/20 at 9:55 AM on the front door to the facility showed signage which requested all visitors to the facility wear a mask and ring the doorbell before entering. The following concerns were identified: 1. The surveyor was invited into the facility at 9:55 AM by the assistant manager. At 10:05 AM the facility manager inquired of the surveyor if self-monitoring had been performed and then proceeded to obtain a body temperature. However, no screening questions were asked and the temperature was not recorded. Interview at that time with the manager revealed everybody who entered the facility was screened the same way. In addition, employees were to take their	S4008		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: President (X6) DATE: 10/16/20

Oct. 19. 2020 9:01AM WILLOW CREEK COMMUNITIES No. 4032 P. 4

Plan of Correction accepted 10/21/20, and the President was notified 10/21/20. Alleged Date of Compliance: 11/16/20. [signature], BSW

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S4008	Continued From page 1 own temperature and record it on the schedule next to their name. a. Review of the 8/25/20 through 8/31/20 staff schedule showed 5 individual staff temperatures were missing of the 28 opportunities. Review of the 9/1/20 through 9/15/20 staff schedule showed 13 individual staff temperatures were missing of the 60 opportunities. Other than the body temperature, there was no evidence the staff members were screened for signs and symptoms of COVID-19. b. Interview with the manager on 9/15/20 at 10:15 AM confirmed the staff did not consistently record their temperature. 2. Interview on 9/15/20 at 10:35 AM with resident #4 revealed s/he had "church people" visit on a weekly basis. Interview at 10:40 AM with the manager confirmed there were weekly visits from the church, however there was no evidence they were screened for signs or symptoms of COVID-19 or travel history. 3. Review of an undated "COVID-19 Temporary Risk Management Procedure" showed "No employees showing symptoms of COVID-19 will be working while showing symptoms ...We will be screening any and all people and staff who enter our facility. Screening will consist of taking your temperature immediately. Anyone who has a temp at or above 100 degrees will be refused entry ...Any person who has traveled out of state shall not enter our facility until they have self-isolated for 14 days with no symptoms. Any person who has traveled out of town, especially to high risk areas are asked in inform staff and avoid visiting until recommended isolation time has elapsed...If any person is feeling ill or has been around someone who is ill, they shall not enter our facility."	S4008		

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S4008	Continued From page 2 4. Review of the CDC guidance titled "Consideration for Retirement Communities and Independent Living Facilities" last updated 7/31/20 found at https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html and retrieved on 9/22/20 showed "Recognize Signs and Symptoms Symptoms of COVID-19 can range from mild symptoms to severe illness and death. Symptoms may appear 2-14 days after exposure. Watch for fever, cough, shortness of breath, or other symptoms (chills, headache, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting or diarrhea). These symptoms might not be the same in every person. In some cases, fever or other symptoms can take longer to develop in older adults and people of any age with underlying health conditions. In older adults, normal body temperature can be lower than in younger adults (closer to 97°F than 98.6°F). Fever temperatures can be lower in older adults. If feasible, conduct daily health checks or ask residents, workers, volunteers, and visitors to conduct self-checks (e.g., temperature screening and/or symptom checking)."	S4008		
S4012	Ch 8 Sec 5 (d)(ii)(A-H) Management (d) Admission, Transfer, and Discharge. (ii) Residents shall not be accepted, nor retained, if: (A) Their condition indicates the need for assisted or skilled nursing care; (B) They have reportable communicable	S4012		

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S4012	Continued From page 3 diseases or infectious conditions; (C) They have physical limitations preventing ambulation. Persons requiring wheelchairs or walkers shall be able to exit the building without staff assistance; (D) They require assistance in transferring to and from a wheelchair; (E) They have mental defects which interfere with their ability to understand and follow instructions relating to rules or the boarding home; (F) They require intravenous therapy; (G) They are incapable of self-administration of medications; or (H) They are wanderers, or have destructive, aggressive or violent behavior toward self or others. This State Rule and Regulation is not met as evidenced by: Based on observation, review of resident screening documentation, staff and resident interview, review of the facility COVID-19 risk management procedure, and review of CDC (Centers for Disease Control) guidelines, the facility failed to ensure an effective COVID-19 screening process was implemented for facility residents. The census was 5. The findings were: Observation on 9/15/20 from 9:55 AM until 11:30 AM showed resident #4 was sitting in his/her wheelchair at the dining room table and was socially distanced, however s/he was not wearing a facemask. Interview with the resident at 10:40	S4012		

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S4012	Continued From page 4 AM revealed s/he had returned from an overnight stay in the hospital. The following concerns were identified. 1. Interview on 9/15/20 at 10:40 AM with the manager confirmed resident #4 had returned from the hospital on 9/14/20 and had been tested for COVID-19, however there was no evidence of the result of the test. In addition, the manager stated, at the beginning of the pandemic the residents were screened daily, however, now it was only done "several times a week". a. Review of the 8/12/20 through 9/18/20 resident screening documentation showed resident #1 and resident #2 had temperature readings recorded on 7 of the 38 days. Resident #3 and resident #4 had temperature readings recorded on 5 of the 38 days. Resident #10 had temperature readings recorded on 6 of the 38 days. b. Interview with the facility manager on 9/21/20 at 2:43 PM confirmed resident screening for signs or symptoms of COVID-19 was not being done consistently. 2. Review of the CDC guidance titled "Consideration for Retirement Communities and Independent Living Facilities" last updated 7/31/20 found at https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html and retrieved on 9/22/20 showed "Recognize Signs and Symptoms Symptoms of COVID-19 can range from mild symptoms to severe illness and death. Symptoms may appear 2-14 days after exposure. Watch for fever, cough, shortness of breath, or other symptoms (chills, headache, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting or diarrhea). These symptoms might not	S4012		

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S4012	Continued From page 5 be the same in every person. In some cases, fever or other symptoms can take longer to develop in older adults and people of any age with underlying health conditions. In older adults, normal body temperature can be lower than in younger adults (closer to 97°F than 98.6°F). Fever temperatures can be lower in older adults. If feasible, conduct daily health checks or ask residents, workers, volunteers, and visitors to conduct self-checks (e.g., temperature screening and/or symptom checking)."	S4012		

Willow Creek
ElderCare Communities

Sheridan

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. 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.

ID Prefix Tag

S4008 Ch 8 Sec 5 (b)(ii) Management

1. Employees are responsible to screen all visitors and workers upon entry, for signs and symptoms of respiratory illness, elevated temperatures, and other COVID-19 symptoms.
2. Staff will document temperatures taken for all residents, staff & visitors. Temperature logs and screening documentation will be retained in our COVID-19 binder, documentation for residents will be kept in their health records.
3. We will additionally require a second set of initials on our screening form to give a 3rd party validation for non-biased screening.
4. Manager and Corporate officer will conduct training for COVID-19 policies, temp. checks, verbal screening, and documentation processes with all personnel.
5. Corporate officer and Manager will audit documentation and screening practices weekly for 30 days.
6. Corporate Officer and Manager will evaluate the success of COVID training and polices during upcoming Quality Assurance review.
7. Date of compliance 11/16/20

Prefix tag S4012 Ch 8 sec 5 (d) (ii) (A-H) Managsment

1. Staff will insist on procuring copies of COVID-19 tests performed for all residents from their care providers for our facility, to be added to residents' files.
2. Residents who have outside travel or appointments and are gone from the facility overnight or longer, shall be quarantined in their rooms for 10-14 days to protect other residents and staff, accompanied by a negative COVID-19 test.
3. Staff will verbally screen residents daily for signs and symptoms of respiratory infection daily as well as temperature checks following our facilities COVID policies.
4. All staff will review Policies and complete training with the manager for COVID-19.
5. Corporate officer and Manager will monitor screening forms for residents and staff each week for 1 month.
6. Corporate Officer and Manager will evaluate the success of COVID training and polices during upcoming Quality Assurance review.
7. Date of compliance 11/16/2020

Eric McMillan, President: _____ Date: 10/20/20