Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BH011	A. BUILDING: _____ B. WING _____	08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF WORLAND	711 SOUTH 15TH STREET WORLAND, WY 82401

(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 Boarding Homes, Chapter 8, effective 12/11/1998. Rules and Regulations for Licensure of Boarding Homes, Chapter 7, effective 12/10/1998. A licensure survey was conducted by Healthcare Licensing and Surveys from 8/10/21 to 8/11/21.	S 000		
S4002	Ch 8 Sec 5 (c) 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; (H) Notifications in change in resident	S4002		

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S4002	Continued From page 1 status; (I) Resident records; (J) Emergency care, disaster plans; (K) Smoking policy; (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 facility resident admission packet, and resident and staff interview, the facility failed to ensure written grievance policies were available to residents, their families, or legal representatives, staff and the public. The census was 10. The findings were: 1. Review of the "Resident Handbook and General Guidelines" (document undated) failed to provide a procedure for submitting complaints or grievances. 2. Review of the "Resident Rights" document from the resident admission packet showed in section 9, "It will be the policy of Willow Creek Communities to guarantee the following rights to our residents: "to voice grievances and recommend changes in policies and services." Further review showed no further information on	S4002		

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S4002	Continued From page 2 the grievance procedures. 3. Interview on 8/10/21 at 10:05 AM with the facility manager revealed "There is no grievance log because there have been no complaints." It was further revealed that residents took their concerns directly to the manager and they were resolved "without the need of documentation." 4. Interview with resident #5 on 8/10/21 at 1:30 PM revealed the residents took their concerns directly to the manager.	S4002		
S4006	Ch 8 Sec 6 (a)-(c) Complaint Investigations (a) Formal complaints and problems of residents shall be referred in writing to the Long Term Care Ombudsman. (b) The office of the Ombudsman shall complete all complaint investigations within an appropriate time frame depending upon the seriousness of all allegations. (c) Written reports of investigations and the status of resolutions shall be provided to the Department's Director designee, which is the Licensing Division, within thirty (30) days after the investigation. This State Rule and Regulation is not met as evidenced by: Based on review of staff personnel file and staff interview, the facility failed to refer complaint information to the Ombudsman and further, failed to provide a written report to the Licensing Division for 1 of 1 complaint cases reviewed. The findings were:	S4006		

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S4006	Continued From page 3 1. Review of the personnel file for employee #6 showed his/her employment was terminated due to the misappropriation of resident monies. Further review showed no evidence the theft was referred to the Ombudsman, and no evidence a written report of the investigation was provided to the Licensing Division. 2. Interview on 8/10/21 at 2 PM with the facility manager revealed they had been told by the investigating officer to not tell anyone. It was further revealed that corporate leadership stated that only the corporate office could contact anyone else. It was confirmed the Ombudsman had not been notified, and no state reports were made.	S4006		
S4017	Ch 8 Sec 8 (a)(x) Residents' Rights (a) Every resident in a boarding home shall have the right to: (x) Be free from mental and physical abuse. This State Rule and Regulation is not met as evidenced by: Based on review of staff personnel file and staff interview, the facility failed to ensure residents were free from mental abuse including misappropriation of property for 2 of 2 (resident #2 and #11) complaint cases reviewed. The findings were: 1. Review of the personnel file termination record for employee #6 showed debit cards were taken and used without consent or knowledge of residents #11 and #2 resulting in the misappropriation of resident monies. The	S4017		

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S4017	Continued From page 4 following concerns were identified: a. Review of the personnel file for employee #6 showed on 6/2/20 at 5 AM the facility manager was notified by resident #11's son (the power of attorney for resident #11) that there were unusual charges on the resident's charge card. The son was directed to contact the local police department. b. Following investigation by the police detective it was determined that employee #6 had taken the charge card. Resultant actions included termination and subsequent arrest of employee #6. c. Facility-initiated interviews of residents showed another charge card was missing from resident #2. This case was reported as still under investigation. d. Interview on 8/10/21 at 2 PM with the facility manager revealed they had been told by the investigation officer to not tell anyone. It was also revealed that corporate leadership stated that only the corporate office could contact anyone.	S4017		

Willow Creek
ElderCare Communities

Worland

Survey Date: August 25, 2021

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.

Prefix Tag

S4002 Ch 8 Sec 5 (c) Management

1. Management will include Grievance forms (Policy & Procedure, Reporting, Auditing, Action, Monitoring, Electronic Monitoring) in one binder to make all forms pertaining to Grievances easy to access & available.
2. Corporate officer and Manager will add language to the Resident Handbook, referencing our Grievance Policy so future inquiries will be aware to ask for any additional information
3. Grievance forms are located outside management's office for ease of access.
4. Manager will hold a resident meeting and training for company grievance procedures.
5. Topics of discussion and trainings will be discussed in upcoming QA meeting. (See Grievance Policy and Procedures, Grievance Audit Form, Grievance Monitoring).
6. Manager will monitor throughout the following weeks to verify that no current incidents and report all findings during the upcoming QA Meeting.
7. Date of compliance 9/20/21

S4005 Ch 8 Sec 6 (a) – (c) Complaint Investigation

- Corporate Officer and Manager will in future events continue to comply with outside agencies and report incidents in a timely manner to the Licensing Division.

This POC was accepted via phone on 10/13/21 @ 9:18 AM.

42180

Willow Creek
ElderCare Communities

- Corporate Officer and Manager will hold a staff training for reporting all (Abuse, Neglect, Theft, Misappropriation, or other Resident Rights).

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- Manager will conduct a Resident training for Resident Rights and contacting their Local Ombudsman or Corporate or any Agency they feel will be beneficial to their wellbeing.
- Topics of discussion and trainings for reporting will be discussed in upcoming QA meeting.
- Manager will monitor throughout the following weeks to verify that no current incidents and report all findings during the upcoming QA Meeting.
- Date of compliance 9/20/2021.

S4017 Ch 8 Sec 8 (a) (x) Complaint Investigation

- Corporate Officer and Manager will in future events continue to comply with outside agencies and report incidents in a timely manner to the Licensing Division.
- Corporate Officer and Manager will hold a staff training for reporting all (Abuse, Neglect, Theft, Misappropriation, or other Resident Rights.
- Manager will conduct a Resident training for Resident Rights and contacting their Local Ombudsman or Corporate or any Agency they feel will be beneficial to their wellbeing.
- Topics of discussion and trainings for reporting will be discussed in upcoming QA meeting.
- We will monitor all grievances on our Grievance Monitoring form for 1 month.
- Date of compliance 9/20/2021.

_____ _____

Eric McMillan, President Date