Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF010	A. BUILDING: _____ B. WING _____	R 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

(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 10/13/25 through 10/14/25 for all previous deficiencies cited on 4/30/25. Less commonly used abbreviations will be annotated in each deficiency.	{S 000}		
{S5041}	Ch 12 Sec 7 (l) Assisted Living Facility (ALF) Core Services (l) Quality Improvement. (i) The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services. (A) A member of the facility's staff shall be designated to coordinate the quality improvement program. (B) The quality improvement program shall encompass a review of all services and programs provided for all residents. the program shall have: (I) A written description; (II) Problem areas identified; (III) Monitor identification;	{S5041}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 11/6/25

12/19/25- I spoke with the facility manager, Mark Hainesworth, and let him know the plan was accepted with an alleged date of compliance of 11/20/25.
Tim Todd

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{S5041}	Continued From page 1 (IV) Frequency of monitoring; (V) A provision requiring the facility to complete annually a self-assessment survey of compliance with the regulations; and (VI) A satisfaction survey shall be provided to the resident, resident's family, or resident's responsible party at least annually. (C) Problems identified during the annual survey or the quality improvement process shall be addressed with appropriate written corrective actions. (D) The quality improvement program shall be re-evaluated at least annually. This State Rule and Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a Quality Improvement program was implemented. The facility census was 9. The findings were: 1. Review of a type written note dated 8/19/25 showed "On Tuesday August 19th I [facility manager name] received a phone call from [Name] corporate officer at Willow Creek Elder Care. We discussed the current plan of Correction of April 29, 2025." 2. Review of a type written note dated 8/20/25 showed "In a telephone conversation with [facility owner] I [facility manager] talked with [facility owner] about the plan of correction. We talked about what needed to being [sic] done to be compliant with the state survey agency and he	{S5041}	Sm 11/4/25	

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{S5041}	Continued From page 2 was told what was being done to reach that goal." 3. Interview with the facility manager on 10/13/25 Revealed he thought the written notes with the facility owner was the facility's quality assurance and the facility did not have a written plan for quality improvement. Interview with the facility manager on 10/14/25 at 9:02 AM revealed he saw the plan of correction for the first time "a couple of weeks prior" to being out of the facility for personal reasons.	{S5041}	Sm 11/6/25	

Willow Creek
ElderCare Communities

Evanston

Survey Date: October 14, 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.

Prefix Tag

S5041 Ch 12 Sec 7 (i) Assisted Living Facility (ALF) Core Services.

1. The facility manager & assistant manager will schedule a staff meeting to train and review staff on the new QA process, training and policies.
2. Corporate officer will review and re-educate on the facilities QA process and review documentation required for documenting the process correctly.
3. Corporate officer has created new training materials for the facility manager and staff. This will include new training materials and a test.
4. Facility manager will randomly distribute QA surveys to residents and we will track the QI satisfaction and improvement percentages with coinciding goals if improvement needs implemented.
5. QA including previous complaints will occur by 11/20/2025.
6. Corporate officer and manager will review documentation weekly for 1 month then monthly for 3 months then quarterly for 1 year.
7. Date of compliance 11/20/2025.

Eric McMillan, President

11/6/25
Date

Willow Creek
ElderCare Communities

ELDER CARE, INC
Casper, WY 82609
Phone: 307-215-0282
willowcreekcommunities@gmail.com

FAX TRANSMITTAL SHEET

Date: 11/6/25

To: Tim C Fax No. 777-7127

From: Eric Fax No. 307-333-2125

Total Number of Pages (including cover sheet) _____

Comments: Willow Creek of Evanston Pac