Wyoming Department of Health
Office of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
SIERRA HILLS	4606 N. COLLEGE DRIVE CHEYENNE, WYOMING 82009	4/7/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
Wyoming Department of Health Aging Division Rules For Program Administration of Assisted Living Facilities Chapter 12 Rules For Program Administration of Assisted Living Facilities Section 6 Personnel and Staffing Requirements (b) Staffing (v) If the assisted living facility does not employ a registered nurse (RN), the facility shall contract with an RN to provide the initial assessment, periodic reviews, assistance plan, as well as the periodic updates of resident assessments, reviews, assistance plans, and medication management. The REQUIREMENT was not met as evidenced by: Based on record review and staff interview, the consultant RN did not complete assessments and assistance plans for six (#35, #42, #55, #57, #58, and #59) of six sample residents. The assessments and assistance plans were either completed by a non-qualified person or were unsigned. The findings were: 1. Review of resident #35's records revealed an assessment and service plan dated 7/20/07 that was not signed, one for 11/26/07 signed by a licensed practical nurse (LPN), and one dated 12/4/07 that was not signed. Review of resident #42's records revealed an assessment and service plan dated 10/25/07 signed by an LPN and one dated 1/3/08 that was not signed. 2. Review of resident #55's records revealed assessments and service plans for 3/20/07, 7/25/07, and 10/26/07 that were signed by an LPN and one for 1/3/08 that was not signed. 3. Review of resident #57's records revealed assessments and services plans for 3/19/07 and 7/27/07 that were signed by an LPN. 4. Review of resident #58's records revealed an assessment and service plan dated10/29/07 that was not signed and one dated 12/20/07 that was signed by an LPN. 5. Review of resident #59's records revealed an assessment and service plan dated 12/28/07 that was not signed. 6. Interview on 4/8/08 at 3 PM with the consultant RN confirmed an LPN was completing assessments and service plans. Section 6 (c) Background checks	6 (b) (v) The consultant registered nurse (RN) did not complete assessments and assistance plans for six of six sample residents. A) A review of all remaining assessments has been completed. RN will have all assessments reviewed and updated by May 15, 2008. including #35, 42, 55, 57, 58, 59 B) RN consultant will conduct all initial assessments, annual assessments, change of condition assessments and medications reviews. C) Resident Care Coordinator (RCC) will audit for compliance monthly per the Health Services Review Schedule. & Report to QA 5/2/08 Called administrator asking for dates on Sec 7(j)(iii) A and Sec 7(n) M. He said he was waiting for approval from corporate office. Told him POC could not be approved without dates. He said he understood 5/30/08 Called administrator again asking for date. He still has not got approval from corporate office 6/9/08 Returned administrator's call from 6/6/08. Above dates Recieved. POC accepted 6/9/08 @ 0930. Day of compliance is 6/18/08 except for 2 above named areas RECEIVED APR 25 2008 Wyoming Dept of Health Licensing and Surveys Karla Hollo	05/15/08

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Administrator's Signature

April 25, 2008
Date

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All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact. The REQUIREMENT was not met as evidenced by: Based on record review and staff interview, the facility failed to complete background checks on three employees before they had contact with residents. The findings were: 1. Review of personnel records for CNA #2 revealed the Central Registry background check was completed on 11/14/07. Interview with the assistant administrator revealed the employee started work on 10/9/07. 2. Review of the personnel file for CNA #7 revealed the Central Registry background check was completed on 6/14/07. Interview with the assistant administrator revealed the employee started work on 6/5/07. 3. Review of the personnel file for the dietary aide revealed the Central Registry background check was completed on 3/25/08. Interview with the assistant administrator revealed the employee started work on 2/28/08.	6 (c) The facility failed to complete background checks on three employees before they had contact with residents. A) Assistant Administrator was in-serviced on April 9, 2008 on proper regulatory new hire procedures per Wyoming Department of Health Aging Division Rules For Program Administration of Assisted Living Facilities Chapter 12 Rules For Program Administration of Assisted Living Facilities. B) The facility will ensure new employees successfully complete a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and Department of Family Services Central Registry Screening before direct resident contact. Assistant Administrator will verify completion of these requirements and coordinate with supervisors prior to allowing scheduling of employees having direct resident contact. C) Administrator will audit for compliance quarterly to ensure compliance per Quality Assurance (QA) schedule.	04/09/08
Section 6 (d) Infection Control (ii) Tuberculin Testing Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. The REQUIREMENT was not met as evidenced by: Based on record review and staff interview, the facility failed to have tuberculin testing done prior to day of hire with four employees. The findings were: 1. Review of the personnel records for CNA #2 revealed the tuberculin test was read on 2/29/08. Interview with the assistant administrator revealed the employee started work on 10/19/07. 2. Review of the personnel records of LPN #2 revealed the tuberculin test was read on 8/3/07. Interview with the assistant administrator revealed the employee started work on 4/4/07. 3. Review of the personnel records for CNA #7 revealed the tuberculin test was read on 6/5/07. Interview with the assistant administrator revealed the employee started work on 5/30/07. 4. Review of the personnel records for the dietary aide revealed the tuberculin test was read on 3/13/08. Interview with the assistant administrator revealed the employee started work on 2/28/08.	6 (d) (ii) The facility failed to have tuberculin testing done prior to day of hire with four employees. 1. Assistant Administrator was in-serviced on April 9, 2008 on proper regulatory tuberculin testing requirements per Wyoming Department of Health Aging Division Rules For Program Administration of Assisted Living Facilities Chapter 12 Rules For Program Administration of Assisted Living Facilities. 2. The facility will ensure tuberculin testing is accomplished for employees prior to employment hire date. Assistant Administrator will verify tuberculin testing is completed on all newly hired employees prior to assigning work start date. 3. Administrator will conduct quarterly audits to ensure compliance. + Report to QA	04/09/08

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Section 7 Assisted Living Facility (ALF) Core Services
(b) Resident Assessment and Services
(ii) Admission Orders
(A) Admission orders shall include an order for TB (tuberculin) screening, influenza and pneumococcal immunization status and orders for immunizations if required, unless contraindicated.

The REQUIREMENT was not met as evidenced by:

Based on record review and staff interview, the facility failed to do TB screening for six (#35, #42, #55, #57, #58, #59) of six sample residents when admitted to the facility. The findings were:

1. Record review of the admission orders for residents #35, #42, #55, #57, #58, #59 revealed there were no orders for TB screening.
2. Interview on 4/7/08 at 10:45 AM with the resident care coordinator revealed TB screening was not done. According to the interview, the facility was unaware that TB screening was required for residents of assisted living facilities.

Section 7 (d) Medications
(v) Medication Administration
(A) An RN (registered nurse) shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act and the Wyoming Board of Nursing Rules and Regulations.

The REQUIREMENT was not met as evidenced by:

Based on observation and professional standards, the facility failed to administer eye drops correctly, dispose of a narcotic patch properly or follow doctor's orders for medication administration. The findings were:

1. Observation on 4/8/08 at 7:45 AM revealed licensed practical nurse (LPN) #1 administered eye drops to resident #16. While administering the eye drops, the top of the eye drop bottle touched the resident's bottom eyelid of each eye. "Nursing Intervention and Clinical Skills," 3rd edition, by Elkin, Perry, and Potter, copyright 2004, page 440 revealed, "...Contact of eyedropper with eye contaminates the container (ophthalmic medications are sterile.)"
2. Observation on 4/8/08 at 7:50 AM revealed the assistant care coordinator (LPN) removed residents #42's duragesic (narcotic) patch and disposed of it in the garbage. "Nursing Intervention and Clinical Skills", 3rd edition, by Elkin, Perry, and Potter, copyright 2004, page 437 states when discarding medication patches, "...discard safely....Residual medication can be a

7 (b) (ii) (A) The facility failed to do TB screening for six (#35, #42, #55, #57, #58, #59) of six sample residents when admitted to the facility.

A) A review of remaining residents TB screening has been completed. including #35, 42, 55, 57, 58, 59

B) All residents will have TB screening completed by May 15, 2008. — 05/15/08

C) Resident Care Coordinator (RCC) will audit resident TB records quarterly per the Health Services Review Schedule. + Report to QA

Section 7 (d) Medications
(v) Medication Management
(A) AnRN (registered nurse) shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act and the Wyoming Board of Nursing Rules and Regulations.

7 (v) (A) The facility failed to administer eye drops correctly, dispose of a narcotic patch properly or follow doctor's orders for medication administration.

1. LPN #1 was in-serviced on proper medication administration procedures on April 9, 2008.

2. Assistant Resident Care Coordinator was in-serviced on proper medication administration procedures on April 9, 2008.

3. Nurses will function under the direction of a licensed physician, and medications will be available for residents as directed by the licensed physician.

4. RN consultant and Resident Care Coordinator will conduct monthly medication pass observations on each nurse to ensure compliance.

A) In-service will be conducted April 25, 2008 with all nurses to review proper medication administration procedures. — 04/25/08

B) Resident Care Coordinator will audit monthly to ensure medication pass observations are done and that medication administration requirements are followed.

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hazard..."

3. Review of resident #42's March 2008 medication administration record (MAR) revealed 18 doses of Rozerum 8mg and 3 doses of Topamax 50 mg were not given because the medications were not available. Review of April 2008 MAR revealed 2 doses of Topamax 50mg were not given because the medication was not available. According to the State of Wyoming Nursing Practice Act of July 2005 and the Administrative Rules and Regulations of November 2003, pages 3-6, nurses must function under the direction of a licensed physician.
4. The consultant RN was not present during medication administration. Interview with the RN consultant revealed the medications were not given to resident #42 because they were waiting for insurance approval.

Section 7 (j) Food Service and Nutrition

(i) Assisted Living Facilities that choose to admit residents who need therapeutic or mechanically modified diets must employ or contract with a Registered Dietitian who shall approve written menus and dietary modifications, approve special diet needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, services, and monitoring. The frequency of visits is determined by the residents' needs and the competency of the dietary staff but must include at least a monthly on site review of dietary staff.

The REQUIREMENT was not met as evidenced by:

Based on record review and staff interview, the facility chose to admit residents who needed therapeutic or mechanically modified diets, but failed to employ or contract with a Registered Dietitian. The findings were:
Review of the list of residents with their diet orders provided by the facility revealed 23 (#45, #47, #12, #7, #36, 3#37, #62, #61, #41, #50, #51, #9, #32, #30, #26, #11, #53, #6, #29, #58, #10, #5, #4) residents on therapeutic or mechanically modified diets.
Interview on 4/7/08 at 12:10 PM with the consultant registered nurse confirmed there were residents on therapeutic and mechanically altered diets and there was not a Registered Dietitian on staff.

Section 7 (j) (iii)Food Service supervision:

(A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager.

7 (j) (i) The facility chose to admit residents who needed therapeutic or mechanically modified diets, but failed to employ or contract with a Registered Dietician.

A) The facility has contracted with Crandall Corporate Dieticians to provide Registered Dietician support.

B) Registered Dietician visit will be happen within 60 days. 06/08/08

by approving written menus and dietary modifications, approve special diet needs, plan individual diets, and provide guidance to dietary staff in areas of preparation services and monitoring. The frequency of visit ~~is determined~~ will be determined by the Residents' needs and the competency of the dietary staff but must include at least monthly. Dietitian will also participate in QA process

7 (i) (iii) (A) The facility failed to ensure a Certified Dietary Manager was in charge of dietary services.

A) Facility has researched and found an educational resource—the University of North Dakota—to provide Dietary Manager the required education and experience.

B) The Dietary Services Supervisor will be enrolled in the University of North Dakota Dietary Manager on-line course within sixty (60) days. ~~06/09/08~~ 3/6/09

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The REQUIREMENT was not met as evidenced by:

Based on staff interview, the facility failed to ensure a Certified Dietary Manager in charge of dietary services. The findings were:

Interview on 4/8/08 at 2 PM with the administrator confirmed the food service supervisor had not completed an educational program equivalent to a dietary manager educational program.

Administrator will updated liscensing office monthly on progress of Dietary manager course until completion

Section 7 (j) (vi) The kitchen and dining area shall be kept clean and sanitary in accordance with the standards established in the current edition of FDA Food Code...

This REQUIREMENT was not met as evidenced by:

Based on observation, and resident and staff interview, the facility failed to ensure a clean and sanitary environment in the dining room and kitchen. The findings were:

1. Confidential interview on 4/7/08 at 11 AM with a resident revealed the resident believed it had been two to three years since the dining room had been cleaned. The Resident stated the curtains were dirty and dusty. Observation on 4/7/08 at 3:20 PM revealed multiple large stains and spots on the dining room carpet. The white sheer curtains had spots and stains. The area where the coffee and ice tea dispensers were had multiple spills and stains and the floor in that area also was stained from spills.
   Interview on 4/8/08 at 1:30 PM with the housekeeping supervisor revealed the dining room carpet was shampooed once a month and more often if needed, but he confirmed there were several stains in the carpet. He stated the drapes had been vacuumed two weeks before, but the white curtains had not been cleaned. He did confirm this needed to be done.
   Observation in the kitchen on 4/8/08 at 10:45 AM revealed multiple grease spots on the aluminum backsplash behind the range and grill. The top surface and side of the range were coated with a blackened residue, and there was an accumulation of spills on top of the stove. A build up of blackened residue had accumulated along the interior floors of two of three ovens. The exteriors of four 8-inch skillets were heavily coated with a greasy black film. The interior food contact surfaces of the skillets were badly damaged, and the original non-stick coating was worn away. A shelf under the steam table was splattered with an unidentifiable residue where clean pots and pans were stored. The microwave was splattered with food residue

7 (j) (vi) The facility failed to ensure a clean and sanitary environment in the dining room and kitchen.

1. Dining room carpet was cleaned on April 9, 2008.
2. White sheer curtains in dining room were dry cleaned, returned, and replaced on dining room windows on April 23, 2008.
3. Stains and spills on the coffee bar floor were cleaned on April 8, 2008.
4. Grease spots on aluminum backsplash behind the range and grill were cleaned on April 9, 2008.
5. Top surface and side of the range were coated with a Blackened residue on the top surface and side of the range, and spills on top of the stove, were cleaned on April 9, 2008.
6. Interior of ovens were cleaned on April 9, 2008.
7. Four 8-inch skillets that were heavily coated with a greasy black film were discarded on April 7, 2008.
8. Shelf under steam table was cleaned on April 8, 2008.
9. Inside of microwave in kitchen was cleaned on April 8, 2008.
10. Chocolate beneath the spout of the dispenser in kitchen was cleaned, and drip container was placed under the dispenser on April 8, 2008.
11. Ice scoop storage container was cleaned on April 8, 2008.

A) Dietary Services Supervisor will conduct monthly kitchen cleaning audits and Administrator will conduct monthly building inspections to ensure compliance.
+ Report to QA

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on all interior surfaces. There was an accumulation of spilled hot chocolate beneath the spout of the dispenser. The ice scoop was stored in a plastic container that was contaminated with dust. Interview on 4/8/08 at 3:30 PM with the food service supervisor revealed she was aware that the stove and ovens were in need of cleaning. In addition, she stated she was aware of the condition of the other soiled and damaged equipment. Kitchen sanitation inspections done by the facility on 2/5/08 and 3/25/08 confirmed the dietary staff were aware the kitchen was not clean.		
Section 7 (j) (ix) Persons handling soiled tableware and/or silverware shall wash their hands before handling clean ware. The REQUIREMENT was not met as evidenced by: Based on observation, the facility failed to ensure clean dishes were handled in a way that did not contaminate them. The findings were: Observation on 4/8/08 at 1 PM revealed a dietary aide was loading a rack for the dishmachine with dirty dishes. While rinsing the dishes and putting them in the rack, she brushed the back of one of her hands across her face three times. When the dishmachine had finished the cycle, the dietary aide went to the other side of the machine, pulled out the rack of clean dishes and started putting the dishes away. The dietary aide did not wash her hands or remove the soiled apron prior to handling the clean dishes.	7 (j) (ix) Dietary Aide did not wash her hands or remove the soiled apron between handling soiled and clean ware. A) Dietary Aide was in-serviced on April 9, 2008. Remaining dietary staff will be in-serviced on proper kitchen sanitation standards on April 25, 2008. B) Dietary Service Supervisor will conduct monthly kitchen audit to ensure compliance. + Report to QA	04/25/08
Section 7 (n) Furnishing, Building, Physical Plant (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on the wall or ceiling The REQUIREMENT was not met as evidenced by: Based on observation and staff interview, the facility failed to provide save floor covering. The findings were: Observation throughout the survey on 4/7/08 and 4/8/08 revealed loose, bunched carpet in the hallway between the front lobby and the dining room. Interview on 4/8/08 at 2 PM with the maintance director confirmed the bunched carpet was a hazard, but they had not replaced it due to budgetary constraints.	7 (n) (M) The facility failed to provide safe floor covering. A) Facility conducted research and requested carpet bids for new carpeting. Carpet bids were received on April 18, 2008 for new carpet throughout common areas. B) New carpet will be installed in common areas throughout the facility. Administrator and Director of Environmental Services will monitor installation of the new carpeting. C) Administrator will notify the State upon completion of carpet installation, in writing.	7/25/08 ~~06/08/08~~