Wyoming Department of Health
Office of Healthcare Licensing and Surveys

oNAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
SIERRA HILLS	4606 N. COLLEGE DRIVE CHEYENNE, WYOMING 82009	12/22/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
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. This requirement was not met as evidenced by: Based on record review, review of facility policies and procedures, and staff interview, the facility failed to accomplish TB screening for six (#1, #2, #3, #5, #8, #9) of nine sample residents when admitted to the facility. The findings were: 1. Record review for residents #1, #2, #3, #5, #8, and #9 revealed they declined to receive the purified protein derivative (PPD) skin test for TB, and no alternative TB screening was documented. 2. Review of the facility policy and procedure titled, "Mantoux Skin Test for Tuberculosis," under the heading "Policy" revealed it was "the policy of this community to protect residents and staff from tuberculosis by requiring a Mantoux skin test for tuberculosis when state and local regulation requires a skin test for tuberculosis." 3. Interview on 12/22/08 at 2:55 PM with the resident care coordinator (RCC) revealed the facility had no back up plan for TB screening when a resident declined to receive the PPD test. The RCC confirmed no TB screening was performed for the six residents.	7 (b) (ii) (A) The facility failed to accomplish TB screening for six (#1, #2, #3, #5, #8, #9) of nine sample residents when admitted to the facility. 1. Facility will accomplish TB screening for residents #1, #2, #3, #5, #8, #9 through chest X-ray or State approved alternative TB screening methods. 2. Facility will accomplish TB screening for all remaining current residents using PPD skin test, chest X-ray, or other State approved alternative methods. 3. Resident Care Coordinator and/or designee will accomplish TB screening on all future residents using PPD skin test, chest X-ray, or State approved screening questionnaire as an alternative method. 4. Administrator, Resident Care Coordinator and/or designee will audit resident records monthly to ensure TB Screening has been completed on all residents as required, and document in Health Services Quality Assurance records.	02/22/09
Section 7. Assisted Living Facility (ALF)Core Services (I) Quality Improvement (i) The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services. This requirement was not met as evidenced by: Based on medical record review, review of facility health services review schedule, and staff interview, the facility failed to ensure the quality improvement program was effective in identifying and resolving problems in the facility. The findings were: 1. Review of the previous survey findings dated 4/7/08 revealed the facility was	7 (I) (i) The facility failed to ensure the quality improvement program was effective in identifying and resolving problems in the facility. 1. The facility was using the quality control program effectively to meet TB screening requirements as understood by the facility at that time. Now that the facility is aware of the State's spirit and intent of the TB screening requirement, the facility will ensure quality control review of the TB screening requirement is reviewed and documented to meet the State's requirement through ensuring every resident completes TB screening through PPD skin test, chest X-ray, or State approved screening questionnaire as an alternative method.	02/22/09 remove

Administrator's Signature

01-07-09
Date

Those [illegible] accepted 1/15/09 with agreed as [illegible]

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<tr><th>oNAME OF FACILITY</th><th>FACILITY ADDRE</th><th>DATE OF SURVEY</th></tr>
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CHEYENNE, WYOMING 82009</td><td>12/22/08</td></tr>
<tr><td>cited at the time for having failed to accomplish TB screening as required. Review of the plan of correction for the 4/7/08 survey revealed (B) "All residents will have TB screening completed by 5/15/08."
2. Review of the 11/08 and 12/08 quality assurance (QA) documentation revealed the following information, "Complete TB review for residents to confirm, as applicable rules require, that all residents have TB test (or chest x-ray) complete." For each week in November 08 and the first three weeks in December 08 this category was marked as completed.
3. Interview with the administrator and resident care coordinator (RCC) on 12/22/08 at 3:10 PM revealed they met weekly to discuss QA issues. The administrator confirmed the "Health Services Review Schedule" was the only documentation the facility had concerning the QA meetings and stated they sometimes discussed "other stuff," but did not document anywhere else. The RCC and administrator stated they had not realized, when a resident refused the PPD test, an alternative TB screen would need to be done.</td><td>The facilities Quality Improvement program will address, in writing, any problem areas identified during state surveys and/or in the quality review process. The frequency of monitoring will be addressed in writing and problem areas will be documented and tracked by the facility until resolution.</td><td>2/22/09.</td></tr>
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This POC accepted 1/12/09 with agreed to changes between Alfred Mullings and Tony Hudson