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Wyoming Department of Health
Office of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
ASPEN WIND ASSISTED LIVING COMMUNITY	**4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001**	**4/8/08**

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
Rules of the Wyoming Department of Health Aging Division Chapter 12: Program Administration for Assisted Living Facilities Section 6(d) Infection Control (ii) Tuberculin Testing (A) Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. This requirement was not met as evidenced by: Based on staff interview and personnel record review, the facility failed to ensure tuberculin testing was accomplished prior to employment for two (#32, #6) of four sample employees. The findings were: 1. Personnel record review revealed employee #32 had a date of hire of 3/5/08. Further review revealed tuberculin testing was accomplished for this employee on 3/19/08. 2. Personnel record review revealed employee #6 had a date of hire of 2/13/08. Further review revealed tuberculin testing was accomplished for this employee on 3/13/08. 3. Interview with the assistant administrator on 4/8/08 at 9:50 AM confirmed the date of hire was the first date employees began work. Interview with the administrator and resident care coordinator (RCC) on 4/8/08 at 2:30 PM confirmed they were unaware tuberculin testing had to be accomplished prior to employment.	**Section 6(d) Infection Control (ii) Tuberculin Testing** The facility will ensure Tuberculin Testing will be accomplished for each employee prior to employment and annually thereafter by: A) Resident Care Coordinator, Kelly Milatzo, RN will maintain a Tuberculin testing binder with all employees sorted by month. Resident Care Coordinator, Kelly Milatzo, RN will audit this binder monthly to determine which employee's are due for annual Tuberculin Testing. Administrator to monitor for compliance. B) Resident Care Coordinator, Kelly Milatzo, RN will coordinate the Tuberculin testing to be done and read prior to all new employee's beginning their employment. ~~Administrator to monitor for compliance~~. The Quality Assurance Committee will monitor tuberculin testing quarterly for one year.	4/18/08
Section 7 (b) Resident Assessment and Services The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medical review. (i)The completion of the ALF 102. (A)The current version of the ALF 102 is the designated screening tool. The form may be updated and /or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102: (i) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This requirement was not met as evidenced by: Based on staff interview and medical record review, the facility failed to ensure a new ALF 102 was completed annually for three (#4, #6, #8) of eight sample residents. The findings were:	**Section 7 (b) Resident Assessment and Services** The facility will ensure that the ALF 102 will be completed at least annually and when there is a change in the resident's condition by: A) Resident Care Coordinator, Kelly Milatzo, RN will conduct annual accurate, standardized, reproducible assessments of each resident's functional capacity, physical assessment and medical review using the ALF 102 screening tool. Administrator to monitor for compliance. B) Resident Care Coordinator, Kelly Milatzo, RN will complete the annual ALF 102 on each Resident by January 16th of the new year and upon resident's change of condition. ~~Administrator to monitor for compliance~~. The Quality Assurance Committee will monitor ALF 102 completion quarterly for one year.	4/18/08

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David J. Lovato, Administrator — 4/18/08
Administrator's Signature — Date

This POC was accepted with agreed to changes David Lovato and Tony Trujillo on 6/13/08.

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ASPEN WIND ASSISTED LIVING COMMUNITY	**4010 NORTH COLLEGE DRIVE** **CHEYENNE, WY 82001**	**4/8/08**

Residents #4, #6, and #8 had a most recent ALF 102 completion date of 2/20/07. Interview with the RCC on 4/8/08 at 8:20 AM confirmed she was "behind" in completing the ALF 102 forms.

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, service, 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 onsite review of dietary services.

This requirement was not met as evidenced by:

Based on staff interview and medical record review, the facility failed to employ or contract with a registered dietitian concerning special dietary needs for nine (#6, #7, #8, #9, #10, #11, #12, #13, #14) of nine residents with special diet orders. The findings were:

Medical record review revealed the following special diets:

1. Controlled carbohydrates for residents #6, #10, and #11.
2. No added salt, controlled carbohydrates for residents #8 and #12.
3. No added salt for resident #13.
4. Controlled carbohydrates, regular dessert for resident #7.
5. Low-fat, low-cholesterol for resident #9.
6. Low-fat, low-cholesterol, low-salt, controlled carbohydrates for resident #14.

Interview with the dietary manager on 4/8/08 at 11:45 AM confirmed the nine residents received special diets. The dietary manager also confirmed there was no registered dietitian employed or contracted with the facility to approve written menus and dietary modifications, approve special diets, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring.

Section 7 (j) Food Service and Nutrition
(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.

This requirement was not met as evidenced by:

Based on staff interview the facility failed to employ a food service supervisor with the education and experience equivalent to that of a Certified Dietary Manager. The findings were:

Section 7 (j) Food Service and Nutrition

4/18/08

The facility will ensure that a Registered Dietician will be contracted with in order to approve written menus, dietary modifications, approve special diet needs, plan individual diets and provide guidance to Dietary staff in areas of preparation, service, and monitoring. This will be accomplished by:

A) Administrator along with Sunwest Managements Regional Dining Services Manager, Tami Verley has contracted with Crandall Corporate Dieticians on 4/8/08 to provide RD oversight for Resident's who need therapeutic or mechanically modified diets. ~~Administrator to monitor for compliance.~~

The registered dietitian will complete at a minimum, a monthly onsite review of dietary services. The Quality Assurance Committee will monitor the addition of a contracted Dietitian quarterly for one year.

Section 7(j) Food and Service Nutrition (iii) Food Service Supervision

6/23/08
~~4/18/08~~

The facility will ensure that the Dietary Services will be managed by a Certified Dietary Manager. This will be accomplished by:

A) Administrator along with Sunwest Managements Regional Dining Services Manager, Tami Verley will be enrolling Shannon Swenson, Dietary Manager in the University of North Dakota's Dietary Managers Course that will be completed online. Shannon Swenson, Dietary Manager will be enrolled within the next 60 days. ~~Once enrolled, the Administrator will monitor for compliance and update the State monthly on progress.~~

The Quality Assurance Committee will monitor the enrollment and continuing education of the Dietary Manager until she is certified. A progress report will be sent to OHLS monthly until completion.

This POC was accepted with agreed to changes by Shand Lovato and Troy Worthen on 6/13/08.

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NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
ASPEN WIND ASSISTED LIVING COMMUNITY	**4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001**	**4/8/08**
Interview with the dietary manager on 4/7/08 at 3:30 PM revealed that she had been the dietary manager for three years and had completed an eight –hour ServSafe course. The dietary manager confirmed she had not completed a formal dietary manager course. Interview with the administrator on 4/8/08 at 1:30 PM confirmed the dietary manager enrolled in a certified dietary manager program during the current survey.		

This POC was accepted with agreed to changes by David Sorato and Tony Mayfield on 6/12/08.