Per telephone call c̄ Jerry Yenny Administrator accepted c̄ corrections on 12/11/08 at 2pm c̄ date of compliance 12/10/08 Karla H[illegible]

Wyoming Department of Health
Office of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
HOMESTEAD LIVING CENTER	950 HOMESTEAD AVE. RIVERTON, WYOMING	C 10/30/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE

SUMMARY OF DEFICIENCY

WYOMING DEPARTMENT OF HEALTH AGING DIVISION RULES FOR PROGRAM ADMINISTRATION OF ASSISTED LIVING FACILITIES

CHAPTER 12

Section 6. Personnel and Staffing Requirements

(a) Management

(i) The Manager shall:

(G) Be familiar with and follow the State's promulgated Assisted Living Facility Licensure and Program Administration Rules;

(H) Pass an open book test on the same. The open book test shall be administered by the Program Division. The passing score will be 85% or greater. Those individuals who successfully completed the examination administered by the Licensing Division shall have their test scores honored;

This REQUIREMENT was not met as evidenced by:

Based on review of personnel files and staff interview, the facility failed to ensure the manager met the requirements of the position. The findings were:

(a) Review of the manager's personnel file revealed no evidence of completion of the required examination.

(b) Interview on 10/30/08 at 1:45 PM with the manager revealed she had the test at home and had completed it the day before, but as of 10/30/08, she had not returned it to the Program Division.

FACILITY PLAN OF CORRECTION

(a) Management [Testing]

(i) We perceive corporate management as responsible for corrective action.

(ii) Given recent developments in our human resources it is the observation of the corporate entity which owns the Homestead Assisted Living that it would be in the best interest of all parties; state, corporation, residents and employees that personnel in certain positions within the corporate structure be qualified by satisfactorily completing the examination referred to in this deficiency. Such personnel meeting the pertinent prerequisite of Section 6 (a) and (b).
Our sense being that we then have available someone qualified to temporarily step into the manager position in the event of extended scheduled or unscheduled absences of certain personnel.

(iii) To that end we have requested from the Program Division delivery of two examinations to Riverton Senior Center for our execution.
And of course, corporate management will monitor to ensure that newly named managers when discerned timely complete the examination.
This issue will be included as a Quality Assurance checklist item for manager employment documentation.

(iv) Anticipated appropriate date: We estimate completion and return of completed examinations to Program Division no later than December 10, 2008.

Administrator's Signature

Date: 12-12-08

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Section 6 Personnel and Staffing Requirements

(b)Staffing

(iv) There shall be at least one RN, LPN, or CNA on duty every shift. There shall be at least one person on duty and awake at all times.

This REQUIREMENT was not met as evidenced by:

Based on review of the staff schedule, and staff interview, the facility failed to have required staff in the facility at all times. The findings were:

Review of the facility staff schedule for October 7, 2008 revealed the following concerns:

(a) The schedule showed the 11 PM to 7 AM shift was staffed with housekeeping staff only.

(b) Interview on 10/30/08 at 1:45 PM with the manager confirmed the housekeeping staff, who were not licensed nurses or CNAs, covered the 11 PM to 7 AM shift. She further confirmed they were the only staff in the facility and they assisted the residents if needed, including medications.

(b) Staffing [CNA]

(i) Responsibility for correcting this deficiency is identified to corporate management. Deficiency is associated to problem of shortage of CNA personnel in local market.

(ii) In an attempt to alleviate the problem management has recruited and enrolled six present employees in the CNA class at Central Wyoming College on January 12, 2009 and finishing on February 15, 2009. Unfortunately that puts our most positive remedy well beyond the 60 day prescribed solution window. More immediately we have been successful in hiring additional CNA personnel so we are able with careful scheduling to ensure appropriate staffing.

(iii) Management will continue to seek additional CNA personnel and regulate schedules to ensure appropriate staffing. apprise the And Report to QA comm.

(iv) Anticipated appropriate correction date: ~~December 30, 2008~~ to be extended to 11/15/08 ~~February 15, 2009~~.

Section 6. Personnel and Staffing Requirements

(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 review of personnel files, and staff interview, the facility failed to verify tuberculin testing was accomplished timely for 3 (#3, #4, #5) of 6 CNA's. Two (#3, #5) CNA's had no evidence of tuberculin testing prior to employment, and one (#7) CNA lacked an annual test. The findings were:

Review of the personnel files of the 6 CNAs employed at the facility revealed the following concerns:

(d) Infection Control [TB Testing]

(i) Facility manager is responsible for correction.

(ii) Manager has reviewed records of all Homestead Assisted Living personnel. Test results for CNA #3 and #5 have been obtained and filed. CNA #4 was tested and "negative" result filed November 6, 2008.

(iii) Manager will monitor status of tuberculin testing results on all employees. TB test results will be an item of the Quality Assurance checklist.

(iv) Appropriate date for correction: November 6, 2008.

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(a) Personnel record review on 10/30/08 revealed CNA #3 and #5 had no evidence of tuberculin testing in their files.
(b) Further review showed CNA #4 had tuberculin testing done 5/23/07, over a year ago.
(c) Interview on 10/30/08 at 1:45 PM with the manager confirmed there were no tuberculin test results in the file of CNA #3 and #5 and the test for CNA #4 was a year old and past due.

Section 6. Personnel and Staffing Requirements

(e) Personnel Policies and Records
(ii) A record for the manager and each employee shall be maintained and contained at a minimum, the following information:
(K) Licensure, Certification, or Credentials (e.g., RN, LPN, CNA)

This REQUIREMENT was not met as evidenced by:

Based on review of personnel files and staff interview, the facility failed maintain personnel files with a copy of CNA certifications for 5 (#2, #3, #4, #5, #6) of 6 CNAs employed by the facility. The findings were:

Review of the 6 CNA personnel files revealed the following concerns:
(a) Review of personnel files for CNA #2, #3, #4, #5, and #6 revealed no evidence of certification from the Wyoming State Board of Nursing.
(b) Interview on 10/30/08 at 1:45 PM with the manager confirmed there was no evidence of certification in the personnel files.

Section 7. Assisted Living Facility (ALF) Core Services

(b)Resident Assessment and Services
(i)The completion of the ALF 102
(II) The ALF 102 must be completed and signed by an RN.

(e) Personnel Policies and Records [Credentials: CNA]
(i) Facility manager is responsible for correction
(ii) Manager has reviewed records of all personnel. Credentials for CNA #2, #3, #4, #5 and #6 have been acquired and filed in applicable files.
(iii) Manager will monitor status of credentials on all personnel. Manager will prepare spreadsheet on personnel suitable for tracking status of credentials. Item will be included in Quality Assurance checklist.
(iv) Appropriate date for correction: November 6, 2008.

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This REQUIREMNT was not met as evidenced by:

Based on medical record review, review of a letter of agreement, and staff interview, the facility failed to have an RN complete the ALF 102 for 2 (#15, #24) of 16 non-sample residents. The findings were:

Medical record review of 6 sample and 16 non-sample residents revealed all ALF 102 had been completed. The following concerns were noted:

(a) Review of the ALF 102 for resident #15 revealed an LPN signature on 10/10/08 and an RN signature on 10/14/08.

(b) Review of the ALF 102 for resident #24 showed there was a LPN signature on 10/10/08 and an RN signature on 10/15/08.

(c) Interview on 10/30/08 at 1:45 PM with the manager revealed the facility did not employ any licensed nurses, but had an agreement with a home health agency to provide services. She further stated that sometimes a LPN came to the facility, and sometimes an RN came. She did not know who completed the ALF 102s.

(d) Review of a letter of agreement between the facility and the home health agency revealed, "...The ALF 102 will be completed by the RN or designee, and will be signed by the RN."

(b) Resident Assessment and Services
[ALF Core Services: ALF102]

(i) Manager and contract nurse are responsible for correction.

(ii) Manager has confirmed the presence of the RN signature on resident #15 on 10/14/08 and on resident #24 on 10/15/08. Manager has discussed with contract nurse superintendent that ALF102 be signed only by RN and has requested superintendent to apprise all contract personnel of this requirement.

(iii) Manager will examine ALF102 upon completion to insure RN signatures and only RN signatures appear therein. RN will monitor & apprise QA comm.

(iv) Appropriate completion date: November 28, 2008.

Section 7. Assisted Living Facility (ALF) Core Services

(b)Resident Assessment and Services

(vi) Resident Assistance Plans

(A) An RN shall develop an assistance plan for each resident.

This REQUIREMENT was not met as evidenced by:

Based on medical record review and staff interview, the facility failed to ensure there was a resident assistance plan completed for 8 (#1, #2, #3, #4, #5, #6, #7, #8) of 8 sample residents and 16 (#9, #10, #11, #12, #13, #14, #15, #16, #17, #18, 19, #20, #21, #22, #23, #24) of 16 non-sample residents. The findings were:

(b) Resident Assessment and Services
[vi (a) Resident Assistance Plan or lack thereof:]

(i) Manager in coordination with the RN are responsible for this correction.

(ii) RN has prepared and authenticated assistance plans for residents #1 thru #24 and said plans have been acknowledged by subject resident. Resident has been provided copy.

(iii) Manager will review resident entry documentation to ensure completion and RN authentication for and by each resident. RN will monitor & apprise QA comm.

(iv) Appropriate completion date: November 28, 2008.

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Medical record review was completed on the 24 residents in the facility. The following concerns were noted:

(a) There was no evidence of resident assistance plans for 8 (#1, #2, #3, #4, #5, #6, #7, #8) sample and 16, (#9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24) non-sample residents.

(b) Interview on 10/30/08 at 1:45 PM with the manager revealed the resident assistance plans had not been completed.

Section 7 Assisted Living Facility (ALF) Core Services

(c) Medications

(v) Medication Administration

(A) An RN 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.

This REQUIREMENT was not met as evidenced by:

Based on observation, medication record review, and staff interview, the facility failed to ensure scheduled (controlled) medications were secured for two (#2, #11) of two residents receiving scheduled medications. The findings were:

a. Observation of the medication room on 10/30/08 at 9 AM revealed scheduled medications were kept in the medication boxes for resident #2 and #11 with the non-scheduled medications. Further observation showed the medication room door was left open, and the door key was hung on a hook that could be accessed by the public.

b. Review of the medication record for resident #2 revealed s/he was ordered Lortab, Xanax, and Ativan, all scheduled (controlled) medications.

c. Review of the medication record for resident #11 revealed s/he was ordered Hydrocodone, a scheduled (controlled) medication.

d. Interview with the manager on 10/30/08 at 1:45 PM confirmed scheduled

(c) Medications

[(a) Door Key]

(i) Facility manager is responsible for correction.

(ii) This is a personnel supervision issue. Policy is that one person per shift is to be responsible for handling and security of the medication locker, and key is to be passed from person to person as shift changes. Manager will emphasize the importance of safe guarding the medications locker in in-house communications.

(iii) Manager will monitor situations to ensure policy is being followed. and appraise QA comm.

(iv) Appropriate date for correction: November 6, 2008.

[(b) Scheduled Medications]

(i) Manager and RN are responsible for correction.

(ii) Controlled medications in use by residents #2 and #11 have been secured in locked containers maintained separately from non-scheduled medications.

(iii) Manager and RN will insure "scheduled" medications are physically isolated and additionally secured when occasions arise that a resident must subscribe to such prescription. It shall be our policy that in the future instances of such prescriptions RN shall contact prescribing physician to investigate use of "non-scheduled" substitute. It being our understanding that there is available a high percentage of suitable "unscheduled" prescription medicines that can achieve the same result.

RN as part of Quality Assurance team will be tasked to monitor policy.

(vi) Appropriate date of correction: November 6, 2008.

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(controlled) medications were not secured in a locked container.