

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
SUNDANCE ASSISTED CARE	P.O. Box 944 108 ASBY LANE SUNDANCE, WY 82726	1/25/06
SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
**Section (6) (g) (i) (R) - Management shall develop policies and procedures including identification of change in resident's condition. Based upon review of the facility's policy and procedure manual and staff interview, the facility failed to ensure a policy was established related to the identification of a change in a resident's condition. The findings were: Review of the facility's policies and procedures manual revealed a missing policy related to identification of a change in a resident's condition. Interview with the administrator on 1/25/06 at 9 AM confirmed there was no policy related to the identification of a change in a resident's condition.	Section (6) (g) (i) (R) A policy and procedure has been approved whereby staff will document any change in condition for a resident, notifying family and administration of such in order to insure an orderly transfer to another facility (see attached)	3/17/06
**Section (6) (i) (iv) The facility shall provide sufficient preparation to residents to ensure an orderly transfer to another health care facility. Based upon review of the facility's policy and procedure manual, interview with community hospital emergency room (ER) staff, and facility staff, the facility failed to provide or have immediately available written transfer information, i.e., advanced directives, for one (#11) of three open sample residents and one (#12) of two closed records. The findings were: Review of the facility policies and procedures revealed policy 1-140, regarding summoning help, documented that when it is apparent	Section (6) (i) (iv) Each resident will have advanced directives available and posted in their room (in a colored envelope taped to the refrigerator)	3/17/06

RECEIVED

MAY 10 2006

WYOMING DEPT OF HEALTH
HEALTH FACILITIES

Adm. Sig. *[Signature]*

DATE 3-26-06

D'd ABurke for

RECEIVED

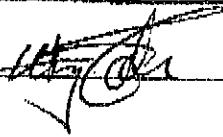
MAR 27 2006

WYOMING DEPT OF HEALTH
HEALTH FACILITIES

*Approved on 3/17/06
at 5:00 pm
Sunny Galt*

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
SUNDANCE ASSISTED CARE	P.O. Box 944 108 ABBY LANE SUNDANCE, WY 82729	1/25/06
a resident is in need of medical help a staff member will call ambulance 911 for transport to the hospital. The policy also documented that staff were to send a copy of the resident's advance directives to the ER. Interview on 1/24/06 at 1 PM with ER staff, revealed resident #12 was transported to the community hospital on 10/25/05 without a copy of his/her written AD. Interview with the facility's administrator on 1/25/06 at 9:30 AM failed to result in any evidence that the advance directives had accompanied the resident to the hospital.	The transfer policy has been reviewed and approved by administration, and any advanced directives will accompany the resident to any outlying facility. These policies have been added to the QA program and will be subject to random and scheduled monitoring.	

Adm Sig



Date

3-21-06

A'd - B. B. B. B.

