POC accepted 2/9/12 J Conlin

Healthcare Licensing and Surveys

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WY Dept of Health
JAN 30 2012
Healthcare Licensing and Surveys

PRINTED: 01/20/2012
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING _____ B. WING _____	01/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES	SALF		

This State Rules and Regulations is not met as evidenced by:
Wyoming Department of Health
Aging Division
Rules for Program Administration of Assisted Living Facilities
Chapter 12

Section 6. Personnel and Staffing Requirements.

(c) Background checks.
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.

This REQUIREMENT is not met as evidenced by:

Based on review of personnel files and staff interview, the facility failed to ensure the required background checks were completed for 4 of 4 employees (#E1, #E2, #E3, #E4) reviewed. The findings

1. Review of personnel files revealed the following concerns:
a. There lacked evidence of a DCI background check for employee #E1, who was hired as a cook on 9/1/11.
b. Employee #E2 was re-hired as a registered nurse (RN) on 7/25/05. There lacked evidence a DCI background check was completed.
c. There lacked evidence of a DCI background check for employee #E3, who was hired as a certified nurse aide (CNA) on 11/2/07

POC accepted

J.

Rcvd 02-15-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Arvedell Scott — TITLE: manager — (X6) DATE: 1-27-12

STATE FORM 6899 JXZW11 If continuation sheet 1 of 7

Changes made per phone call with Arvedell Scott, manager and Jamie Conlin, ORN. POC accepted. 2/9/12 @ 3:30pm

9/28/12 - call to Amy - O in 9/28 - Amy called + will mail items.

10/11/12 9:30 Call to Amy - left back in (except dietary manager)

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SALF	Continued From page 1 d. Employee #E4 was hired as a housekeeper on 11/21/11. There lacked evidence a DCI background check was completed. In addition, there lacked evidence of a Department of Family Services (DFS) Central Registry Screening. 2. Observation during the survey on 1/3/12 through 1/4/12 revealed employees #E1, #E2, #E3, and #E4 were present in the facility and had resident contact. 3. During an interview on 1/4/12 at 3:35 PM, the manager confirmed a lack of DCI background checks. She stated she thought either a DCI or DFS check was required, but not both. In addition, she confirmed the lack of a DFS screening for employee #E4. Section 7. Assisted Living Facility (ALF) Core Services. (g) Grievance Procedure. The written grievance procedure shall establish a system of receiving, reviewing, and alleviating concerns, complaints, and allegations of resident rights violations, and poor service provided to include, but not limited to: (i) Resident's method to express and document grievances; (ii) Documentation of the provider's response to verbal and written resident grievances; (iii) List of agencies, with address and telephone numbers for residents to contact if grievances are not addressed satisfactorily (e.g. State Long Term Care Ombudsman and the Department of Health, Office of Licensing and Surveys); and (iv) The facility shall provide written reports of the grievances and resolutions to the	SALF	Section 6. Personnel & Staffing Requirements. (c) Background checks. 1.The facility will ensure all staff will complete a (DCI) and DFS Central Registry Screening before direct resident contact. a Staff #E1,2,3 &4 will complete the DCI finger print background check and a DFS Central Registry Screening. b. All new staff hired will have completed a DCI background check and a DFS Central Registry Screening before direct Contact. c. The manager will incorporate the DCI and DFS background checks into the monthly QA employee report. d. The manager will review the monthly QA monitoring tool to ensure all staff have completed the DCI &DFS background checks.	3-1-2012

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SALF	Continued From page 2	SALF	Section 7. Assisted Living Facility (ALF) Core Services. (g) Grievance Procedure.	

Ombudsman and the Licensing Division within ten (10) days after the grievance is filed.

The written grievance procedure shall be posted in a conspicuous place within the facility.

This REQUIREMENT is not met as evidenced by:

Based on policy review and staff interview, the facility failed to ensure the grievance policy included contact information for the Long Term Care Ombudsman and Healthcare Licensing and Surveys (HLS). The findings were:

Review of the facility's written grievance policy, which was posted in the lobby, revealed it did not include the contact information for the Ombudsman or HLS. During an interview on 1/4/12 at 3:35 PM, the manager confirmed the policy did not include the required contact information.

(i) Adult Protection.

(ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated. Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately.

(iii) The facility is responsible to ensure all allegations of abuse are investigated expediently and that the resident(s) are protected from further, potential abuse while the investigation is in progress.

(A) Instances of abuse, neglect, or exploitation of disabled adults shall be reported to

1. The facility will ensure that the contact numbers for the Long Term Care Ombudsman and Healthcare Licensing and Surveys are posted with the grievance policy in the lobby.
a. The Long Term Care Ombudsman contact information was moved from the front office and posted in the lobby with all other grievance policies.
b. The Healthcare Licensing and Surveys contact phone number will be posted in the lobby with the grievance policies.
c. The manager will monitor the grievance policies monthly to ensure all contact numbers are posted. through the QA program. JE

2-17-2012

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SALF	Continued From page 3 the sheriff's department, the local police department, or to the department of family services in accordance with W.S. 35-20-103. (B) The facility must ensure that, if necessary, additional authorities are contacted if there is an allegation of abuse, neglect, or exploitation. These additional authorities may include the Wyoming State Board of Nursing, Office of Healthcare Licensing and Survey, and the State Long Term Care Ombudsman. This REQUIREMENT is not met as evidenced by: Based on policy review, staff interview, and review of the incident log, the facility failed to develop a policy on abuse which included all the required components. In addition, the facility failed to report 1 of 1 allegations of abuse reviewed to Healthcare Licensing and Surveys (HLS). The findings were: 1. Review of the facility's written policy on abuse (undated) revealed it did not contain screening of employees, training of employees, nor how allegations of abuse would be investigated. On 1/4/12 at 3:35 PM, the manager confirmed the policy did not include all the required components. 2. Review of the incident log revealed an allegation of resident to resident abuse dated 11/14/11, which involved residents #5 and #16. Review of documentation showed the Department of Family Services (DFS) and the Ombudsman were notified, but HLS was not. During an interview on 1/4/12 at 3:35 PM, the manager stated she had not notified HLS because she though the Ombudsman was going to do that.	SALF	(i) Adult Protection. 1. The facility will ensure a written policy that prohibit the abuse of any resident. a. The facility will include in it's abuse policy, how the facility will screen employees before hiring, ongoing in-services of abuse topics with employees, and a protocol that specifies how allegations will be investigated. b. The manager will monitor the abuse policies at the monthly QA meeting to ensure the abuse policy are in compliance. c. The manager will ensure all incident/abuse reports are sent to the Healthcare Licensing and Surveys Department in Cheyenne, Wyoming. the incident dated 11/14/11 will be reported to HLS. Compliance will be monitored through the QA program.	3-1-2012

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SALF	Continued From page 4 (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 is not met as evidenced by: Based on staff interview, the facility failed to ensure the dietary services was supervised by a Certified Dietary Manager (CDM), or a person with the education and experience equivalent to a CDM. The findings were: During interviews on 1/4/12 at 9 AM and 3:35 PM, the manager stated the facility did not have a CDM, nor did any staff member have the education and experience equivalent to a CDM. She stated she was enrolled in the CDM course, and was about halfway completed with the course. In addition, she stated one cook was already enrolled in the CDM course, and another would be registering shortly. Section 9. Contractual Services Provided Outside Assisted Living Facility Authority. Residents in an assisted living facility may receive services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules. These services must be arranged by the appropriate professional and be incorporated into the resident's assistance plan. The resident's choice of providers must be honored.	SALF	(j) Food Service supervision: 1. The facility is currently in the process of ensuring a Dietary Manager on Staff as Arvedell Foote and Steve Owen are currently enrolled in a Dietary Manager's Program at the University Of North Dakota. Monthly progress reports will be submitted to HLS. Compliance will be monitored through the QA program. JL	1-28-2013

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SALF	Continued From page 5 (a) Components of the outside service(s) contract: (i) Who will provide service(s); (ii) What service(s) will be provided; (iii) When the service(s) will be provided; (iv) Where the service(s) will be provided; (v) How the service(s) will be provided; and (b) Life Safety Code Responsibilities for Outside Contractual Services. A contract between the resident, the ALF, and all outside service providers in the ALF must be in place prior to the time of service delivery. This contract must identify the clear delineation of services. (i) The contract must specifically articulate the responsibilities of the resident, the ALF, and all service providers to comply with the Evacuation Capability, Emergency Procedures and Fire Safety requirements in these rules. (ii) All residents regardless of the type of service must be able to evacuate, or be evacuated, in accordance with the Life Safety Code. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a contract was in place for 2 of 2 residents (#8, #13) who received outside services. In addition, the outside services were not incorporated into the service plan for either resident. The findings were: 1. Review of the record for resident #8 revealed a progress note dated 1/5/11 which indicated the resident was going on the hospice program. Another note dated 4/1/11 revealed hospice services was now provided by a different provider. Further review of the record showed no	SALF	Section 9. Contractual Services Provided Outside Assisted Living Facility Authority. 1. The facility will ensure any resident receiving contractual services from outside agencies will have a contractual service agreement in place and the outside agency will provide a service plan for the resident receiving services. The facility will incorporate the care plan of the out-side agency with the resident's current assistance plan in their file.	

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SALF	Continued From page 6 evidence a contract was in place between the resident, the hospice, and the facility. In addition, the current resident assistance plan, dated 9/2/11, did not include the hospice services. 2. Review of the record showed resident #13 started receiving hospice services on 12/13/11. Further review of the record showed no contract between the resident, the hospice and the facility. In addition, the current resident assistance plan (dated 11/10/11) did not include the hospice services. 3. During an interview on 1/4/12 at 3:35 PM, the manager confirmed there was not a written contract in place for hospice services for residents #8 and #13. In addition, she stated the hospice services had not been incorporated into the resident assistance plans.	SALF	2. The manager will monitor residents on Contractual Services by monthly QA documentation. The QA monitoring report will include Contractual Services Report, Outside agency report, and resident's assistance plan in conjunction with the outside agency service/assistant plan. 3. ~~Please see attached the Contractual Service Plan and a sample copy of the Hospice Agency Plan.~~ delete Res #8 and #13 are no longer in the facility. JC	2-17-2012