RECEIVED
WY Dept of Health
OCT 09 2012
Healthcare Licensing and Surveys

PRINTED: 10/02/2012
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	C 09/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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 WYOMING DEPARTMENT OF HEALTH AGING DIVISION RULES FOR PROGRAM ADMINISTRATION OF ASSISTED LIVING FACILITIES CHAPTER 12 Section 7. Assisted Living Facility (ALF) Core Services. (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability...(B) The assessment shall include at least the following information: (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, medical record review, and staff interview, the facility failed to ensure 2 of 4 sample residents (#7, #8) who self administered medications were evaluated to be safe to do so. The findings were: 1. During an observation of medication pass on 9/19/12 at 4:30 PM RN #1 prepared medications for resident #8. The RN left the medication cup with the medications on the table for the resident to take once s/he had food. The RN then continued to pass medications to other residents. Review of the medical record showed a care plan dated 6/14/12 for the resident which showed	SALF	A self administration evaluation will be done on resident#7 and resident #8 to ensure they are appropriate to self administer medication. A doctors order will be obtained giving them permission to self administer medication The service plan will reflect that they may self administer medications and will also specify which meds will be left to self administer A review of all residents will be done to ensure they have been properly screened to self administer medication ... and a review of new Resident will be audited at Resident Council to QA. This will be completed by 11/30/2012 There are no specific residents identified All nurses who administer medications to any resident will practice the proper hand hygiene by using the policy of gathering all supplies needed and washing and or sanitizing their hands with hand sanitizer. They will also wash or sanitize before any contact with each resident during the medication pass. The DON and administrator will observe random med passes to ensure this practice is being used. Result of findings will be presented to QA Quarterly.	11/30/2012

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATE FORM 6899 STMR11 If continuation sheet 1 of 3

Accepted w/ Changes w/ Executive director per phone conversation on 10/16/12.
DOC = 11/30/12

RECEIVED
WY Dept of Health
OCT 22 2012
Healthcare Licensing and Surveys

PRINTED: 10/02/2012
FORM APPROVED
Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	C 09/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNITY	3955 EAST 12TH STREET CASPER, WY 82609

(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	(X5) COMPLETE DATE
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES	SALF	A self administration evaluation will be done on resident#7 and resident #8 to ensure they are appropriate to self administer medication.	

WYOMING DEPARTMENT OF HEALTH
AGING DIVISION RULES
FOR PROGRAM ADMINISTRATION OF
ASSISTED LIVING FACILITIES
CHAPTER 12

Section 7. Assisted Living Facility (ALF) Core Services.

(iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability...(B) The assessment shall include at least the following information:
(XI) Medication regimen.
(1.) Documentation of resident's ability to self-medicate.

This REQUIREMENT is not met as evidenced by:

Based on observation, resident interview, medical record review, and staff interview, the facility failed to ensure 2 of 4 sample residents (#7, #8) who self administered medications were evaluated to be safe to do so. The findings were:

1. During an observation of medication pass on 9/19/12 at 4:30 PM RN #1 prepared medications for resident #8. The RN left the medication cup with the medications on the table for the resident to take once s/he had food. The RN then continued to pass medications to other residents. Review of the medical record showed a care plan dated 6/14/12 for the resident which showed

A doctors order will be obtained giving them permission to self administer medication

The service plan will reflect that they may self administer medications and will also specify which meds will be left to self administer

A review of all residents will be done to ensure they have been properly screened to self administer medication. A review of these new residents will be audited and be presented to the QA team quarterly.

This will be completed by 11/30/2012 — 0/2012 11/30/2012

There are no specific residents identified

All nurses who administer medications to any resident will practice the proper hand hygiene by using the policy of gathering all supplies needed and washing and or sanitizing their hands with hand sanitizer. They will also wash or sanitize before any contact with each resident during the medication pass.

The DON and administrator will observe random med passes to ensure this practice is being used and a review of these audits

9/20/2012

PRINTED: 10/02/2012
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	C 09/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNITY	3955 EAST 12TH STREET CASPER, WY 82609

(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	Continued From page 1 "Requires staff to administer medications." Continued review failed to show the resident was evaluated to be safe to administer his/her own medications. Interview with the DON on 9/20/12 at 9:15 AM verified an evaluation was not done to show resident #8 could self administer medications, and it was expected that the nurse would observe the resident take the medications. 2. Interview with resident #7 on 9/19/12 at 3:35 PM revealed s/he was able to self administer medications, and they were left at the bedside daily. The resident verified one time s/he noticed a medication which was left in a medication cup at the bedside that was not his/hers. The resident notified the nursing staff they had provided the wrong medication and it was corrected. Interview with the DON on 9/19/12 at 4:20 PM verified there was a "near miss" medication incident that had occurred on 8/21/12 related to this resident's medication administration. Review of the incident showed it was recorded and appropriate action was taken. However, review of the resident's medical record failed to show the resident was evaluated to self administer medications. The resident's care plan dated 8/14/12 showed nursing staff were responsible to administer medications. Interview with the DON on 9/20/12 at 9:15 AM verified the resident had not been evaluated to be safe to self administer medications, and the medications should not be left at the bedside. Section 6. Personnel and Staffing Requirements. (d) Infection Control. Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These shall	SALF	The Don will have an inservice at the next nurses meeting and will readdress the topic quarterly at the aforementioned meetings. This will be complete by 11/30/2012	11/30/2012

10/10/12

PRINTED: 10/02/2012
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	C 09/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNITY	3955 EAST 12TH STREET CASPER, WY 82609

(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	Continued From page 2 include but not be limited to: (II) The facility shall require staff to follow universal precautions when performing direct resident care. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and procedure, and staff interview, the facility failed to ensure hand hygiene was practiced between resident contacts during two of two observations of medication pass. The findings were: Review of the facility's "Medication Management Learner's Guide" showed "...Before handling any medications, gather all needed supplies. Wash your hands. Wash hands before any contact with each resident." The following concerns were identified: 1. Observation of nurse #1 on 9/19/12 from 4:30 PM to 4:50 PM showed she administered medications to four separate residents without performing any hand hygiene between each resident contact. 2. Observation of RN #2 on 9/19/12 at 4:50 PM showed the nurse administered medications to five separate residents, and at no time during this observation did the nurse practice hand hygiene between resident contact. 3. Interview with RN #2 on 9/20/12 at 9:15 AM verified the standard and the expectation for nurses while passing medications was to clean their hands between each resident contact.	SALF		