

Wyoming Department of Health
Office of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
BEEHIVE HOME OF EVANSTON	1848 WEST UINTA STREET EVANSTON, WY 82930	3/28/06
SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
Rules for Program Administration of Assisted Living Facilities, Chapter 12. Section 8. Assisted Living Facility (ALF) Core Services. (b) Resident Assessment and Services. The staff/contract Registered Nurse shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (i) The completion of the ALF 102 (A) (i) The ALF 102 Form is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (ii) The Registered Nurse shall make an initial assessment of the resident's needs, which describe the resident's capability to perform ADLs and notes all significant impairments in functional capacity. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (iii) Frequency of assessment. An assessment must be conducted: (A) No earlier than one (1) week prior to admission. (v) Resident assistance plan. (A) An RN shall develop an assistance plan for each resident. This STANDARD is not met as evidenced by: Based on medical record review and staff interview, the facility failed to provide an initial assessment, resident assistance plan, and the ALF 102 for one of four (4) residents reviewed. The findings were: Medical record review revealed resident #8 did not have an initial nursing assessment, a resident assistance plan, nor an ALF 102. An interview on 3/28/06 at 4:12 PM with the	(A) The Manager will oversee the contract the nurse to make sure that all assessments are being done per state regulations. Please refer to form A: check off list for assessments on residents. (B) The manager will meet once a month with all health agencies and contract nurses to review residents' care and update any changes. (C) A monitoring tool will be implemented for quality assurance, to ensure all residents files are complete. This monitor will be completed monthly and reported as least quarterly, or as needed for any new residents. (D) Monitoring is already in place. Please refer again to form A. Dated: April 28, 2006. (E) The contract nurse will be responsible for initial assessments, residents assistance plan, and an ALF 102. <i>for all current and future residents including res. #8.</i> (F) The manager will be responsible for inservice to educate the staff on residents needs. The manager, contract nurse, staff, and family will be in attendance, for an orientation on any new residents.	May 28, 2006 May 28, 2006 May 28, 2006

recorded & reported quarterly to management by staff to insure.

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WYOMING DEPT OF HEALTH
HEALTH FACILITIES

Raised/approved with changes on all pages (1-4) after T.C. with Ms. Christy Nelson, Administrator, on 5/11/06 at 11:00 AM. *Sunny Boy*

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manager revealed the resident was admitted on 2/10/06. The manager confirmed the lack of the assessment, the assistance plan, and ALF 102. (f) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (C) Individual admission form. This form shall, at a minimum, contain the following information: (1) Full name of resident and former address; (ii) Date of admission; (iii) Sex, race, date of birth, social security number, and former occupation; (iv) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (v) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (vi) Medicare number or other medical insurance identifying data; (vii) A written inventory of all personal possessions; however, this inventory need not include personal clothing; (D) All accidents, injuries, incidents, and illnesses shall be reported to the resident's family or responsible party and be documented in the individual resident records. (F) A signed copy of the resident rights; (G) The resident's assessment and individualized assistance plan; (J) Copy of all ALF 102's and (K) Copy of outside contractual responsibilities, if applicable. (2) This STANDARD is not met as evidenced by: Based on medical record review and staff interview, the facility failed to maintain all required information in four of four resident records reviewed (#4, #8, #11, #14). The findings were: 1. During the entrance conference on 3/28/06 at 3 PM, the manager stated resident #14 fell and broke his/her leg, so the resident was currently at a nursing home. However, review of the medical record revealed no documentation of the fall. An interview on 3/28/06 at 4.12 PM with the manager revealed	() Admission Policy includes a list of information on records needed for each resident. Manager will be responsible to ensure every resident has all forms completed. () Manager will check residents log for all incidents and accidents. Manager will be responsible for making sure that incidents and accidents are recorded and reported to family, health agency, doctor or any other responsibility parties. (I) The manager will ensure that all residents records include information: May 29, 2006 C; I thru VII, D, F, G, J, and K. All documentation shall current and complete. <i>including documentation for residents 4, 8, 11 and 14.</i> (D) The manager will monthly inservice on accidents, incidents, and illnesses. How to record and notify, families, health agencies, and responsible parties. When to notify manager, Health agency, and family. May 28, 2006	May 5, 2006 May 28, 2006

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the resident did fall at the facility. The manager confirmed the fall was not documented in the record or in the incident reports. 2. Review of the medical record for resident #8 revealed it did not contain an admission form, signed copy of resident rights, assessment, assistance plan, or the ALF 102. During an interview on 3/28/06 at 4:12 PM, the manager confirmed those items were missing from the record. 3. During the entrance conference on 3/28/06 at 3 PM, the manager stated three residents (#4, #8, and #11) were receiving the outside services of hospice care. However, review of the medical records revealed no contract, or other documentation, of responsibilities of the hospice provider. On 3/28/06 at 4:12 PM, the manager stated the records did not contain contracts for providers who provided outside services in the facility. She stated there was nothing written to describe the responsibilities of the hospice provider. Section 8. 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. (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 (vi) The cost of the service(s) (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. This STANDARD is not met as evidenced by: 1. On 3/28/06 at 3 PM, the manager stated three residents (#4, #8, #11) received hospice services (an outside service).	(J) Manager will be responsible to ensure all logs and documents are read daily to verify that all accidents/injuries are recorded and reported to Health Department on the day of the accident, or the next business day. as soon as reasonably possible. (2) The manager will meet with each agency to put together a contract between ALF, resident, and provider of services. The manager will ensure a clear description of services provided by the ALF, resident, and provider. Section 8. Contractual services provider will be responsible for record of components of outside services which are: (i) who will provide service. (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 (vi) The cost of the service(s) Contract nurse and will be responsible to identify the clear delineation of services. Please refer. to forms: Admission Policy B.C, AND D.	May 28, 2006 May 28, 2006 May 28, 2006 May 5, 2006

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2. Observation of resident #8 on 3/28/06 at 3:15 PM revealed he/she had a urinary catheter. Interview with the manager at that time revealed hospice staff provided care for the catheter. In addition, the manager stated hospice staff came two times per day to provide care to wounds on the resident. When asked what all services the hospice staff provided for the resident, the manager stated she was not sure. 3. Review of the medical records for residents #4, #8 and #11 revealed the services hospice provided was not incorporated into the residents' assistance plans. In addition, there was not a contract in place between each resident, the facility, and the hospice provider to delineate the responsibilities for the facility and the hospice provider. 4. During an interview on 3/28/06 at 4:12 PM, the manager stated there was not a contract for the provision of hospice services for any of the residents. She stated there was nothing written to show what services the facility was responsible for, and what services the hospice provider was responsible for.	2. Manager will arrange an inservice with contact nurse on the responsibilities of staff per state regulations in response to resident cares. 3. The manager will be responsible to ensure that Hospice services will be incorporated into the residents assistance care plans. Manager will ensure that responsibilities of the hospice provider and the facility are clearly answered and documented in each residents file. 4. The manager will be responsible for a meeting with the provider of hospice services to incorporate a contract for the provision of hospice services in each residents file. <i>including residents 4, 8 and 11.</i> <i>all current and future</i>	May 28, 2006 May 28, 2006 May 1, 2006