WDH - Office of 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 12/02/2009

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	LIC REGS FOR ASSISTED LIVING FACILITIES 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 7. (a)(xi)(A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the residents's medication is changed; The REQUIREMENT was not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure medication reviews occurred for all residents every sixty-two days or whenever new medication was prescribed. The facility census was 49. The findings were: 1. Medical record review for residents #1, #2, #3, and #4 revealed all had medications ordered, but none of the four residents had medication reviews conducted. The residents all had changes in dosages and/or addition of medications to their drug regimens. The following examples were found: a. Narrative charting documentation for resident #1 revealed falls since admission on 10/19/09. Yet the record failed to include a medication review for medications with the potential to affect falls. b. Documentation in the narrative charting for resident #2 revealed the addition of new medications Aldactone (a diuretic), Celexa (an	SALF	Section7 (a) (xi) (A)-Registered Nurse medication review every two(2) months or sixty-two (62) days, or whenever new medication is prescribed or the residents' medication is changed. We will ensure a Registered Nurse medication review will be done every (2) months or (62) days by: A.) All resident medication will be reviewed immediately to ensure compliance. B.) On a continual basis, every time there is a medication change, whether it be an addition, subtraction, or a change in dose, the Director of Assisted Living or the floor nurse will narrative chart of any such changes.	1/31/2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Robert J. Ford Jr. TITLE EXECUTIVE DIRECTOR (X6) DATE 12/17/09

STATE FORM 6899 ZIHU11 If continuation sheet 1 of 3

The POC was accepted with changes made by Tammy Garrard, RN, DOAL and Karen Womack, RN, Health Surveyor 12/21/09 @ 1420.

WDH - Office of 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 12/02/2009

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	Continued From page 1 antidepressant), and Evista (a medication used in calcium loss prevention). The resident had resided in the facility since 4/1/08; however, no medication review for this resident could be located. c. Record review for resident #3 showed the addition of an antibiotic, Bactrim DS, on 9/25/09, and changes in medications Neurontin (used for seizures and nerve pain) on 11/5/09 and Ultram (a pain medication) on 11/23/09. No medication reviews were found. The resident had resided in the facility since 8/6/09. d. Narrative charting documented the addition of an antibiotic, Augmentin, on 9/24/09 for resident #4. Although the resident had resided in the facility since 1/16/06, no medication reviews were found. 2. When interviewed, registered nurse (RN) #1 on 12/2/09 at 11:31 AM stated medication reviews were not done on any residents. Section 7. (e) 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. The REQUIREMENT was not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure 1 or 4 resident records (#3) were completely current related to the resident's resuscitation status. The findings were:	SALF	This will ultimately be reviewed by the DOAL/RN if this is done by a floor nurse. The Medication Administration Record will be reviewed weekly by the DOAL/ RN for these changes. Any noted change will require a signature by the RN. C.) In addition, the Medication Administration Record will contain the date the medications were reviewed, and the date (2) months or (62) days from the date of the last review to ensure we have a review done in the proper time frame. The Executive Director will monitor for compliance. Trends will be reported to QA Section 7(e)-Resident records and reports. Each resident's record 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. The facility will ensure accuracy in regards to resuscitation status by:	1/31/2010

WDH - Office of Healthcare Licens 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 12/02/2009

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 Observation of the binder for resident # 3's medical record revealed a green adhesive dot. Interview on 12/2/09 at 11:23 AM with RN #1 revealed a green dot alerted staff that a resident wished to be resuscitated. The RN stated a red dot on the record binder was used to alert staff that the resident did not want resuscitation. Review of physician's orders dated 10/12/09 revealed a "do not resuscitate" order from the physician which documentation showed the resident had requested. The order was correctly transcribed on the resident's record face sheet; however, the colored dot to alert staff of the resident's wishes had not been changed to reflect the most current "do not resuscitate" order. The RN confirmed the dot for resident #3 was incorrect.	SALF	A.) The Director of Assisted Living will scan every resident chart and delineate the correct resident resuscitation status in accordance with their doctor's orders and create a master list of these that will be used as a working document. Resident #3's record was corrected. He is currently out of the Facility. B.) The Director of Assisted Living will then use this master list as a guide in ensuring that the correct colored sticker coincides with the residents' resuscitation status. A green sticker will be used to signify that a resident wishes to be resuscitated, and a red sticker will be used to express a do not resuscitate (DNR) status. C.) By having this working document, the Director of Assisted Living will be able to change or update the resuscitation status of a resident if they or their doctor so desire. D.) A monthly audit will be done on all charts in addition to continual updating when necessary to ensure we are one hundred percent accurate at all times. The executive Director will monitor for compliance. Trends will be reported to QA	