Wyoming Department of Health
Office of Healthcare Licensing and Surveys

RECEIVED
Wyoming Dept of Health
DEC 05 2008
Office of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
Park Place Assisted Living Community	1930 EAST 12TH STREET CASPER, WYOMING 82609	10/20-21/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
Wyoming Department of Health Aging Division Rules For Program Administration of Assisted Living Facilities Chapter 12 Rules For Program Administration of Assisted Living Facilities Section 6 Personnel and Staffing Requirements Management (i) The manager shall: (H) Pass an open book test on the same. The open book test shall be administered by the Program Division. The passing score will be 85% or greater. The REQUIREMENT was not met as evidenced by: Based on personnel records and staff interview, the administrator had not taken the required test. The findings were: 1. Review of the personnel record of the administrator on 10/21/08 revealed no record of test results. 2. Interview on 10/21/08 at 9 AM with the administrator confirmed he had not yet taken the test.	1., 2. The administrator has not taken the required test. The administrator will contact the State and schedule the test. Aministrator contacted the state on 11-14-08 and is awaiting test. The administrator or designee will review employee files including that of the Administrator upon completion of the hire process and quarterly therafter and reviewed at the Quality Management meeting quarterly.	11-14-08
Section 6 (d) Infection Control (ii) Tuberculin Testing Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. Individuals who have not had a skin test or who do not have written proof of skin test results shall have an interdermal Mantoux using 5TU PPD. This shall be accomplished via the two step procedure. The REQUIREMENT was not met as evidenced by: Based on review of personnel records and staff interview, the facility failed to ensure tuberculin		

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7005 1820 0000 1642 7843

Administrator's Signature [signature] Date 12-4-08

This POC accepted c̄ agreed to changes by Robert Lengpke and Cathy [illegible] on 12/8/08.

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Administrator's Signature Date

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This POC accepted = agreed to changes between Robert [illegible] and [illegible] on 12/4/08

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(TB) testing was completed for two (#16 and #32) of four employees whose records were reviewed. Further, the facility failed to complete two-step testing on four (#14, #31, #16, #32) of four employees whose records were reviewed. The findings were: 1. Personnel record review for employee #16 revealed a date of hire of 8/14/08. Review also revealed the employee's PPD was not read until 8/16/08. Personnel record review for employee #32 revealed a date of hire as 10/16/08. Further review revealed the employee's PPD was not read until 10/18/08. The personnel director confirmed the dates were correct. 2. Review of the personnel records for employees #14, #31, #16, and #32 revealed the results of one PPD. There was no written proof of any other skin test results. Interview on 10/21/08 at 2:45 PM with the director of nursing (DON) confirmed two-step testing was not being completed for employees.	1. Employee # 14, 31, 16, 32 records were reviewed and documentation was completed. An audit of the remaining employees was done on 11-10-08 to ensure compliance. Administrator and/ or RCC will assure audits of the employee files are done quarterly per the Health Services review schedule. 2. Review of the personnel records for employee #14, #31, #16, and #32 that there was no written proff of PPD skin test results. An audit of the remaining employees was done on 11-10-08 to ensure that the written documentation is in place per policy for the PPD test to include the 2-step process. Administrator and/or RCC will assure audtis of all employee files are done quarterly per the policy and will be reviewed by the Quality Assurance Committee on a quartely meeting.	11-10-08 ~~11-10-08~~ - removed
Section 7 Assisted Living Facilities (ALF) Core Services (b) Resident Assessment and Services (ii) Admission Orders (A) Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, unless contraindicated. This REQUIREMENT was not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure admission orders for TB screening were accomplished for 12 (#3, #11, #13, #16, #17, #32, #34, #36, #42, #43, #52, #62) of 12 sample residents. The findings were: 1. Review of medical records for residents #3, #11, #13, #16, #17, #32, #34, #36, #42, #43, #52, and #62 revealed tuberculin screenings were not ordered on admission. 2. Interview with the DON on 10/21/08 at 1 PM, confirmed resident admission orders did not include TB screening.	1. The facility failed to ensure admission orders for TB screening were not ordered on admission. Admision orders include orders for TB screening See attached. We have ran a full in house TB testing for all residence. We have orders on these residence for a TB test. #3, #11, #13, #16, #17, #32, #34, #36, #42, #43, #52 and #62 have refused to have the testing done. By 12-20-08 we will reapproach the residence that have refused and ask again to have testing done. An alternative plan c the physicians will be implemented on the refusal to get acknowledge each resident refusing the TB test The Resident Care Cordinator and Administrator will monitor that we have orders on all admissions for the TB screening through quarterly audits of the resident records and reviewed by the QA Assurance Committe meeting quarterly.	~~12-10-08~~ - removed 11/10/08

This POC accepted c agreed to changes between Robert Jenyke and Anthony Madden on 12/1/08

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Section 7 (d) Medications
(i) An individual record shall be kept for each resident, recording any prescription drugs administered by the facility. This record shall include:
(G) Times and Dates Administered

The REQUIREMENT was not met as evidenced by:
Based on record review and staff interview, the facility failed to document the reasons for medication omissions for 5 (#3, #13, #16, #36, #11) of 12 sample residents who had medication omissions. The findings were:

1. Review of the August 2008 medication administration record (MAR) for resident #3 revealed the resident was to receive hydrocod/acet 5-500mg (a pain medication) three times a day. On 8/7/08, the 8 PM dose was documented as omitted. Documentation also showed the resident did not receive the medication on 8/8/08, 8/9/08, 8/10/08, 8/11/08, 8/12/08, or the 6 AM does on 8/13/08. There was no reason given as to why the medication was not given.
2. Review of the September 2008 MAR for resident #13 revealed the resident was to receive nystatin powder twice a day. The resident did not receive the medication from 8 PM on 9/10/08 through the remainder of the month. There was no reason given as to why the medication was not given.
3. Resident #36 had Percocet 5/325mg prescribed on 4/2/08, to be administered four times a day. For the month of 6/08, the MAR revealed the medication was not given, with no explaination on any date except 6/4/08. On 8/12/08, 8/13/08, 8/23/08, and 8/29/08 the medication was documented as not given. No reason for the missed medications was documented. Omeprazole 20 mg was ordered on 4/2/08 to be given daily. The MAR revealed the medication was not given from 6/15/08 through 6/19/08, without explanation. Miacalcin 200 Units nasal spray was ordered on 3/13/08 to be given daily. The MAR revealed the medication was not given

1.
Resident #3, 13,16,36,11 individual MAR records were reviewed and documentation was completed.

A complete audit on the remaining MAR sheets was conducted on 11-12-08 to ensure compliance.

An in-service was conducted for all MA staff on 11-5-08 to review policy and procedure for MAR documentation.

Administrator and RCC will assure daily MAR audits are conducted for 2 weeks beginning November 21, 2008 and then resume weekly audits as per the Health Service Review policy and procedure to maintain ongoing compliance.
The MAR audits will be reviewed by the Quality Assurance Committee at the quarterly meeting.

10-~~28-08~~ - removed
11-~~12-08~~ - removed
11-~~05-08~~ - removed
12/12/08

This POC accepted & agreed to changes between Robert Langhe and Anthony Madden on 12/12/08.
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on 6/9/08, 6/10/08, and from 7/15/08 through 7/18/08, again without explanation. Potassium 10 Meq was prescribed on 6/19/08 to be given daily. The MAR revealed the medication was not given on three days from 8/23/08 through 8/25/08 without explanation.

4. Resident #11 had Spironolactone 50 mg ordered on 8/21/08 to be given two times a day. The MAR revealed the medication was not given each day from 9/28/08 through 9/30/08, without explanation. Omeprazole 20 mg was ordered to be given twice a day. The MAR revealed the medication was not given on 8/2/08, 8/3/08, 8/16/08, and 8/21/08 without explanation.
5. Resident #16 was prescribed Digoxin 125 mg on 10/8/07 to be given daily. The MAR revealed the medication was not given on 6/10/08, without explanation.
6. Interview on 10/21/08 at 2:55 PM with the DON revealed she knew nurses were supposed to document why medications were omitted, but confirmed they were not very good at doing it.

Section 7 (d) Medications
(v) Medication Administration
(A) An RN (registered nurse) shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act and the Wyoming Board of Nursing Rules and Regulations.

The REQUIREMENT was not met as evidenced by:
Based on record review and staff interview, the facility failed to follow physician orders for medication administration with 7 (#3, #11, #13, #16, #32, #36, #42) of 12 sample residents. The findings were:

1. Resident #36 had Miacalcin 200 units Nasal Spray ordered on 3/13/08 to be administered daily. The MAR revealed the medication was unavailable on 6/11/08 at 8 AM, 7/14/08 at 8 AM, and 8/11/08 at 8 AM. Percocet 5/325mg was

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ordered on 4/2/08 to be given four times a day. The MAR revealed the medication was unavailable on 6/4/08 at 8 AM and 12 Noon, and 8/11/08 at 8 AM and 12 Noon. 2. Resident #11 had Xifaxan 200mg ordered on 7/23/08 to be given twice a day. The MARs revealed the entire month of August 2008 and September 2008 from 9/1/08 through 9/11/08, the medication was unavailable. Spironolactone 50 mg as ordered on 8/21/08 to be given two times a day. The MAR revealed the medication was unavailable on 9/27/08 at 8 AM and 5 PM.	1., 2., 3., 4., 5., Residents #3, 11, 13, 16, 32, 36 ,42 receive medications as ordered by their physicians including receiving at the frequency ordered by the resident. An inventory was conducted of the med room by the RCC on 11-04-08 to assure availability of prescribed medications on 11-4-08.	 ~~11-4-08~~ - removed
3. Resident #16 had Acular LS 0.4% Drops ordered on 8/11/06. The MAR revealed the medication was unavailable on 6/7/08 at 8 AM, 12 Noon, and 5 PM, and 6/8/08 at 8 AM, 12 Noon, and 5 PM.	All community Licensed Nurses were in-serviced on 11-4-08 on our community policy for ordering and reordering medication to assure understanding. We will also contact the pharmacies involved to assure understading by 12-20-08.	11-~~04-08~~ - removed
4. Resident # 32 had Glycol ax 1 cap in 8 ounces of water ordered daily. The MAR revealed the medication was unavailable on 10/1/08, 10/2/08, and 10/3/08 at 8 AM. 5. Resident #42's MAR revealed orders for gabapentin 300mg, three times a day and carb/levodopa 25-100mg, five times a day. The MAR further revealed the resident did not receive the medications on 9/1/08, 9/2/08, or 9/3/08. There was a note on 9/1/08 stating the medications were "unavailable." 6. Refer to Section 7, (d), (i), (G) deficiency for medications not given without a reason.	Administrator and RCC will audit the MAR binders weekly to monitor for ongoing availability of medications and maintain compliance. This documentation will also be reviewed by the QA Committee meeting on a quarterly basis. (See attached recovery plan)	12-01-08
7. According to the Wyoming Nurse Practice Act of July 2005 and the Administrative Rules and Regulations of November 2003, nurses must function under the direction of a licensed physician.	7. According to Wyoming Nurse Practice Act, nurses must function under the direction of a licensed physician. RCC will conduct an audit of resident orders to ensure that all orders from physicians are being followed.	11-~~20-08~~ - removed
(K) RN review date and signature The REQUIREMENT was not met as evidenced by: Based on medical record review and staff interview, the facility failed to date RN reviews	The administrator and/or RCC will aduit the all orders on a weekly basis and document in the weekly audit report. This documentation will also be reviewed by the QA Committee Meeting on a quarterly basis.	

This POC accepted c agreed to changes between Robert Longphe and Anthony Mullen on 12/4/08.

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of the MARs on 12 (#3, #11, #13, #16, #17, #32, #34, #36, #42, #43, #52, #62) of 12 sample residents. The findings were: 1. Review of medical records, including MARs, for residents #3, #11, #13, #16, #17, #32, #34, #36, #42, #43, #52, and #62 revealed all MARs were reviewed by an RN. However, in all cases the dates of the reviews were missing. 2. Interview with the DON on 10/21/08 at 1 PM confirmed the reviews were not dated.	1. Residents #3, 11, 13, 16, 17,32,34, 36, 42, 43, 52 MAR records were reviewed and signed by RN on 11-10-08. An audit was done on the remaining resident records and will be completed on 11-25-08 t o ensure compliance. Administrator and RCC will ensure the RN is reviewing the MARs and signing and dating them upon review through weekly MAR review process. The MAR audits will be reviewed by the ~~Quality~~ Quality Assurance Committee at the quarterly meeting.	~~11-10-08~~ -removed ~~11-25-08~~ -removed 11/25/08
(j) Food Service and Nutrition (iii) Food service supervision: 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 was not met as evidenced by: Based on staff interview, the facility failed to employ a certified dietary manager or the equivalent. The findings were: 1. Interview with the dietary manager (DM) on 10/21/08 at 11:30 AM revealed that she has been functioning as a DM for three months. The DM confirmed she had not completed a certified dietary manager course, but was currently enrolled in a course. 2. Interview with the administrator on 10/21/08 at 1 PM confirmed the DM was enrolled in a certified dietary manager program as of July 2008.	1. & 2. The dietary manager had not completed a certified dietary manager course. The dietary manager is currently enrolled in a certified dietary manager course with the University of North Dakota. The dietary manager and administrator will ensure that the course will be completed and the dietary manager will be certified. I will notify the state of the progress of dieraty manager on a monthly basisuntil thecourse is complete. On going compliance willbe maintained through quarterly employee file reviews to assure the presents of documented training. The employee file reviews will be reviewed by the Quality Assurance Committee at the quarterly meeting.	11-25-08
(j) Food Service and Nutrition (ii) There must be an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the rules. The rules must ensure that food prepared is nutritionally adequate in accordance with the Dietary Reference Intakes (DRI) for adults.		

This POC accepted c̄ agreed to changes between Robert Jenzke and Anthony Miller on 12/4/08.

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This requirement was not met as evidenced by: Based on observation and staff interview, the facility failed to store prepared food in a safe, wholesome, and sanitary manner. The findings were: 1. Observation on 10/20/08 at 11:20 AM and10/21/08 at 11 AM revealed three 5-lb cottage cheese containers in the walk-in refrigerator and two 5-lb cottage cheese containers in the smaller refrigerator being used to store tomatoes, vegetable salad, baked beans, banana pudding, and grapefruit. The containers were not made for multiple food storage use. 2. According to Food Code 2005, U.S. Public Health Service, 4-502.13: "Single-service and single-use articles may not be reused." The Food Code defines single-use articles as, "...bulk food containers designed and constructed to be used once and discarded." (o) Evacuation Capability, Emergency Procedures, and Fire Safety (iii) Fire Safety (D) Resident training for the fire emergency plan shall be in accordance with the Life Safety Code Operating Features sections (I) On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan, including the location of all the exits. A record of this instruction shall be in each resident file. This requirement was not met as evidenced by: Based on medical record review and staff interview, the facility failed to instruct twelve (#3, #11, #13, #16, #17, #32, #34, #36, #42, #43, #52, #62) of twelve sample residents concerning the fire emergency plan on their first day of admission. The findings were: 1. Review of medical records revealed eleven of twelve sample residents had documentation concerning instruction in the proper action of the fire emergency plan, but no sample resident received this instruction on the day of admission.	1. & 2. Containers were being used to store food that were not designed for that purpose. We will no longer use these containers for reuse. We will replace these with containers that are designed for that type of use by December 20th 2008. Dietary Supervisor and administrator will monitor that all these items are replaced using our target date of December 20th 2008 and weekly dietary audit. Monitoring of dietary storage containers will be reviewed by the Quality Assurance Committee at the quarterly meeting.	12-20-08

This POC accepted ē agreed to changes between Robert Langthe and Rusty Whaley on 12/4/08.

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There was no documentation that resident #13 ever received fire emergency instructions. 2. Interview with the director of nursing on 10/21/08 at 2:45 PM revealed she did not know that fire instructions for residents were to be given on the first day of admission. Section 8 Services Which Can Not be Provided By The Level I Assisted Living Facility Staff The following services cannot be provided: Continuous assistance with transfers and mobility. Total assistance with bathing and dressing. Incontinence care by facility staff The REQUIREMENT was not met as evidenced by: Based on record review and staff interview, the facility failed to ensure one (#13) of twelve sample residents who required more care than the facility was authorized to provide, was admitted. The findings were: 1. Record review for resident #13 revealed the resident was admitted to the facility on 3/14/08. A nurse's note dated on 3/14/08 revealed the resident was a total assist with care. Further review revealed a nurse's note dated 3/15/08 which revealed the resident was totally dependent on staff for care, required assistance with transfers and required extensive cueing. A note to the physician dated 3/24/08 revealed the resident was incontinent of stool and another dated 4/1/08 which revealed the resident was incontinent of urine and the staff had to change his/her linen up to two times a day. 2. Interview on 10/21/08 at 2:55 PM with the administrator and DON revealed they knew the resident needed a lot of care, but they felt pressured to admit him/her.	1. Medical records revealed that admission of residents had not been documented that they have been instructed on fire safety for the facility This was corrected 10-23-08 with resident #13 immidately. This will be done at the time of admission according to the policy and documented that the residents have been instructed on fire safety. RCC and Administrator did an aduit on all remaining resident files to ensure compliance. RCC and Adminstrator will monitor this documentation and instruction according to policy on a quarterly resident file review. This documentation will be reviewed by the Quality Assurance Committee at the quarterly meeting. 1. Resdient #13 was admitted and it was documented that she was in need of total care. This resident is currently a service level 3 and thriving in our community. All residents will be monitored through our quarterly service plan process. We will review all remaining residents for compliance and appropriate placement. RCC and Adminsitrator reviewed state rules to a assure of retention and criteria of residence. RCC and Administrator will assure that all admissions will fall under our perameters of care of Assited Living. This will be monitored with the QA Comittee on a quarterly basis.	10-23-08 10-24-08

This POC accepted c̄ agreed to changes between Robert Forsythe and Anthony Moffler on 12/4/08.

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