POC accepted 1/4/13 JL

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF017	A. BUILDING _____ B. WING _____	11/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	950 HOMESTEAD AVENUE RIVERTON, WY 82501

(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 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 Rule is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure a DCI criminal background check was successfully completed prior to resident contact for 2 of 4 employees reviewed. The findings were: Review of the following employees' personnel records revealed no results from the DCI criminal background check: a. A licensed practical nurse (LPN) hired 9/10/12. b. A dietary staff member hired 10/19/12. Observation on 11/28/12 during the survey revealed both employees were working in the facility. During an interview on 11/28/12 at 2:16PM, the manager stated the results of the DCI	SALF	Background Checks: 1. POC: Subject new hires to restrictions cited, no work until background checks received. Establish log to track background application, receipt of result and employee work start date. 2. Improving Process: Initiate communication with DCI to investigate possibility of obtaining results of background checks faster. 3. Procedure for Implementing: Follow POC. 4. Completion date: Change instituted 5. Report on progress of communications at quarterly QAPI conference.	11/28/12

ME Christensen RN
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Adm

(X6) DATE: 12-20-12

Changes made per phone call with Mary Ellen Christensen, Adm on 1/4/13 @ 2:30pm. POC accepted.
Janice Carlson 1/4/13

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SALF	Continued From page 1 background checks "have not come back yet." She stated she was unaware the results were supposed to be received before resident contact. Section 7. Assisted Living Facilities (ALF) Core Services. (b) Resident Assessment and Services (i) The completion of the ALF 102. (A)(IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. (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. (iv) Frequency of assessment. An assessment must be conducted: (C) No less than once every twelve (12) months. These Rules are not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the ALF 102 and registered nurse (RN) assessment was done at least annually for 3 of 5 residents (#8, #25, #32). The findings were: Review of medical records revealed the following: a. The latest ALF 102 for resident #32 was completed October 2010. In addition, the RN assessment was dated 3/18/09. b. The ALF 102 and RN assessment for resident #25 were both dated 8/30/11. c. The ALF 102 for resident #8 was dated	SALF	ALF Assessments: 1. POC: Establish routine with accompanying monitoring tool to schedule and track completion of ALF102 and RN Assessments. 2. Improving Process: Management must be more attentive and congnizant of the requirements and details of governing regulations. 3. Procedure for Implementing: Execute the task outlined in POC. 4. Completion Dates: On or before Alf 102's have been completed on #8, #25, #32 and nursing assessment on #8, ~~#25~~, #32 12/16/12 5. Review progress quarterly at QAPI conference.	1/12/2013

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SALF	Continued From page 2 11/5/10. Additionally, the RN assessment was dated 1/10/10. During an interview on 11/28/12 at 3:40PM, the manager stated she "missed" some ALF 102's. In addition, she stated she was unaware the RN assessments needed to be completed annually. U) 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 Cerified Dietary Manager. This Rule is not met as evidenced by: Based on staff interivew, the facility failed to ensure the food services supervisor was qualified. The findings were: During the entrance conference on 11/28/12 at 10:05 AM, the manager stated the kitchen supervisor was a new employee who was not a certified dietary manager or the equivalent. She stated the employee was going to be enrolled in the dietary manager course. (I) Quality Improvement. (i) The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services. (A) A member of the facility's staff shall be assigned to coordinate the quality improvement program.	SALF	Dietary Manager: 1. POC: Attempt to immediately obtain the services of a Certified Dietary Manager or equivalent on a short term basis. Enroll capable, willing and interested presently employed staff in training to acquire required credentials. 2. Improving Process: Deficiency, in our sense, is product of shortage of such accredited personnel in the employment market. 3. Procedure for Implementing: Seek Qualified applicants thru Wyoming Job Service and commercial media and enroll existing staff. 4. Completion Date: One person enrolled in class as of 12/17/12 another to be enrolled on or before 1/12/2013. Contact with Job Service and media to be made on or before 1/12/2013. 5. Monitor progress as agenda item for QAPI meetings. Keep Wyoming State Health Service advised of progress of enrollees monthly.	1/12/~~2013~~ 2014

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SALF	Continued From page 3 (B) The quality improvement program shall encompass a review of all services and programs provided for all residents. The program shall have: (I) A written description; (II) Problem areas identified; (III) Monitor identification; (IV) Frequency of monitoring; (V) A provision requiring the facility to complete annually a self assessment survey of compliance with the regulations, and (VI) A satisfaction survey shall be provided to the resident, resident's family, or resident's responsible party at least annually. (C) Problems identified during the annual survey or the quality improvement process shall be addressed with appropriate written corrective actions. (D) The quality improvement program shall be re-evaluated at least annually. This Rule is not met as evidenced by: Based on staff interview, the facility failed to develop and implement a quality improvement program. The findings were: During an interview on 11/28/12 at 3:45PM, the manager stated there was not a quality improvement program in the facility. She stated she had not had time to do any of the required elements of a quality improvement program.	SALF	Quality Improvement: 1. POC: The Administrator will develop a QAPI program to encompass all services & programs at facility. 2. Improving Process: An annual survey will be provided to residents to that problems may be identified for QAPI. 3. Completion Date: 4. The QAPI audits will be reviewed at quarterly meetings. The QAPI program will be reevaluated annually by the Board of Directors.	1/12/13