yoming Department of Health
ffice of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
BEE HIVE HOME OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930	6/11/08

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. Section 6. Management. (c) Background checks. All staff of the assisted living facility shall sucessfully complete, at a minumum, 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 regulation is not met as evidenced by: Based on observation, review of personnel files, and staff interview, the facility failed to assure a Department of Family Services (DFS) central registry screening was completed before direct resident contact for one (#2) of four employees whose records were reviewed. The findings were: Review of the personnel file for employee #2 revealed s/he was hired on 5/27/08. Review of the May 2008 schedule showed the employee started training in the facility on 5/27/08. Observation during the survey on 6/10/08 and 6/11/08 revealed the employee was working the day shift. Further review of the personnel file showed the request for the DFS central registry screening was not sent to DFS until 6/3/08. The file lacked evidence the results of the screening had been received. During an interview on 6/11/08 at 10 AM, the assistant manager stated she was unable to locate the results of the screening. Section 7. Assisted Living Facility (ALF) Core Services. (b) Resident Assessment and Services. (ii) (A) Admission orders shall include an order for TB screening, influenza and pneumococcal	The facility will ensure that all employees must have completed a Department of Family Services Central Registry Screening before having direct resident contact. A Department of Family Services Central Registry Screening has now been received for Employee #2. The Director will be responsible for making sure that all employees have completed a Department of Family Services Central Registry Screening before they start work. This will be added to the Employee Information Review Sheet that is maintained by the Director of the facility.. Attachment A has been initiated to ensure that the above procedure is followed. This Employee Information Review Sheet will be updated monthly by the Director of the facility. The Director will be responsible for compliance with this standard. Date of Completion. July 1, 2008	

POC accepted with changes. Spoke to Flo Nelson on 8/29/08

Florence J. Nelson
Administrator's Signature

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Date

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immunization status and orders for immunization if required, unless contraindicated. The facility must develop and implement policies and procedures to ensure the following:

(I) Residents, or their legal representative are educated regarding the risks and benefits of these immunizations.

(II) The immunizations are offered unless medically contraindicated or the resident is currently immunized.

(III) If the resident is not vaccinated, the medical record must reflect the reason, such as medical contraindication or refusal.

This regulation is not met as evidenced by:

Based on policy review and staff interview, the facility failed to develop policies and procedures regarding resident immunization. The findings were:

Review of facility policies revealed no policy regarding resident immunizations. During an interview on 6/11/08 at 10 AM, the assistant manager stated there was not a policy for immunization of residents.

The facility does have a New Resident Admission Policy (See Attachment B) which states that a new admission will be expected to provide documentation that the resident is free from communicable tuberculosis, including the date the tuberculin test was read and the result. This New Resident Admission Policy also states that Bee Hive Homes will not admit any resident without a written recommendation by a licensed health care profession for admission. This will include at the least: orders for medication, diet, treatments and activity level. Bee Hive Homes will comply with all State regulations regarding admission criteria (See Attachment C). There is also a list "Resident Information For Those Who Need TB Shots & Flu Shots (See Attachment D) and "2008-RN-Resident Information For List (See Attachment E) that are used by the facility.

The Director and RN will be responsible for compliance with this standard.

Date of Completion. July ~~1, 2008~~
See Addendum #1

(i) Adult Protection.

(ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated. Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately.

This regulation is not met as evidenced by:

Based on review of policies and staff interview, the facility failed to develop abuse policies related to how allegations of abuse will be investigated and ongoing abuse in-servicing of employees. The findings were:

Review of the facility's policies provided by the assistant manager revealed an abuse policy "Prevent Abuse and Neglect." However, the policy did not address ongoing training of employees nor how allegations would be investigated. During an interview on 6/11/08 at 10 AM, the assistant manager stated she was

The facility does have an Abuse and Neglect Policy and Procedures (See Attachment F) and an Incident and Complaint Policy (See Attachment G). There is also an In Service Schedule for the Year that is set up by the Director (See Attachment H). The topic of Abuse and Neglect is addressed each year.

The Director will be responsible for compliance with this standard.

Date of Completion. July 1, 2008
See Addendum #2

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not aware of another policy for abuse.

(j) Food Service and Nutrition.
(i) Assisted Living Facilities that choose to admit residents who need therapeutic or mechanically modified diets must employ or contract with a Registered Dietitian who shall approve written menus and dietary modifications, approve special diet needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring. The frequency of visits is determined by the residents' needs and the competency of the dietary staff but must include at least a monthly onsite review of dietary services.

This regulation is not met as evidenced by:

Based on resident record review, review of employee files and kitchen postings, and staff interview, the facility failed to contract with a registered dietitian (RD). At the time of the survey, the facility had one resident with a therapeutic diet (#8) and two residents (#6, #9) with mechanically altered diets. The findings were:

Review of a kitchen posting and a list provided by the assistant manager revealed resident #8 required a diabetic diet. In addition, residents #6 and #9 required staff to grind their meat. Review of the record for resident #8 confirmed the resident was on a 1500 calorie diabetic, high fiber and low fat diet. Review of the list of employees and the employee files showed no registered dietitian. During an interview on 6/11/08 at 10 AM, the assistant manager stated the facility did not employ or contract with a registered dietitian.

The facility has contracted with a registered dietitian. She will begin her duties on July 1, 2008. The registered dietitian will review all menus. She will make appropriate adjustments in the menus to accommodate Residents #6, #8 and #9. The kitchen staff has been reminded to grind meat for Residents #6 and #9 (See Attachment I).

The Director and the Dietitian will be responsible for this standard.

Date of Completion. July 1, 2008

(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 Certified Dietary Manager.

This regulation is not met as evidenced by:

Based on review of the employee listing and personnel records, and staff interview, the facility did not assign the responsibilities of

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dietary services to a person who had experience equivalent to that of a Certified Dietary Manager. The findings were: Review of the employee listing showed the only person listed as a cook was employee #2. Review of the personnel record for that employee revealed s/he did not have experience equivalent to a Certified Dietary Manager. During an interview on 6/11/08 at 10 AM, the assistant manager stated none of the employees was a Certified Dietary Manager.	The facility is going to have Clara S., our cook, enlist for the Certified Dietary Manager Certificate on-line from the University of North Dakota. She will start these classes as of August 1, 2009. A monthly report will be sent to the Office of Healthcare Licensing and Surveys on a monthly basis. The owner of Bee Hives Homes of Evanston and the Director will be responsible for compliance with this standard. Date of Completion. September 1, 2009
(iv) (A)...A current diet manual shall be approved by the Registered Dietitian, and sufficient copies of the approved manual must be available to dietary and nursing staff in the assisted living facility. This regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to have an approved diet manual. The findings were: Observation of the kitchen on 6/10/08 at 4:35 revealed no diet manual. During an interview on 6/11/08 at 10 AM, the assistant manager stated the only manual the facility had was the recipe book located in the kitchen. She stated some of the menus and recipes had been approved by a dietitian, but some had not. She stated some of the recipes had suggestions for diabetics, but not all did. At the time of survey, one resident (#8) was on a 1500 calorie diabetic diet.	The facility will be receiving a current diet manual. The Registered Dietitian will review the menus and make the appropriate adjustments for those residents requiring therapeutic or mechanically modified diets. The Registered Dietitian will provide Diabetic Food Exchanges. The Director and the Dietitian will be responsible for compliance of this standard. Date of Completion. July 1, 2008
(v) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of Food Code published by the U.S. Public Health Service, Food and Drug Administration. This regulation is not met as evidenced by: Based on observation, the facility failed to assure hair restraints were used and staff utilized appropriate handwashing during two of two meals observed. The findings were: 1. Observation on 6/10/08 at 4:35 PM revealed the employee preparing the evening meal in the kitchen was not wearing a hair restraint.	A list addressed to all kitchen staff was posted in the kitchen facility (See Attachment I). Hair nets have been given to all of the kitchen staff. All staff has been reminded about the necessity of washing their hands. An In Service on Principles of Good Housekeeping and Sanitation will be held in August 2008 (See Attachment J). The Director will be responsible for compliance of this standard. Date of Completion. August 1, 2008

9/15/08 JC – See updated addendum report page

THIS IS UPDATED INFORMATION AS OF 11 SEPTEMBER 2008:

The facility is going to have Clara S., our cook, enlist for the Certified Dietary Manager Certificate on-line from the University of North Dakota. She will start these classes as of **September 16, 2008**. A monthly report will be sent to the Office of Healthcare Licensing and Surveys on a monthly basis.

The owner of Bee Hives Homes of Evanston and the Director will be responsible for compliance with this standard.

Date of Completion. **September 16, 2009**

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Observation on 6/11/08 at 8:35 AM revealed another employee was not wearing a hair restraint while preparing the breakfast meal. According to the Food Code, U.S. Public Health Service, FDA, 2005, 2-402.11 (A)...food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens...

2. Observation on 6/10/08 at 4:45 PM revealed the employee preparing the meal in the kitchen ran his/her left hand through his/her hair. Then, without washing his/her hands, continued to prepare the meal, including handling bread and cheese. According to the Food Code; U.S. Public Health Service, FDA, 2005, 2-301.14 food employees shall clean their hands immediately before engaging in food preparation including working with exposed food....and (A) after touching bare human body parts other than clean hands and clean, exposed portions of the arms; ...(I) After engaging in other activities that contaminate the hands.

(k) Transfer and Discharge.
(iv) Residents transferred to another health care facility shall be given written transfer/discharge notice which includes:
(A) The name of the resident;
(B) The reason for the transfer/discharge;
(C) The effective date of the transfer/discharge;
(D) The location to which the resident is transferred/discharged;
(E) The name, address, and telephone number of the Ombudsman; and
(F) A listing of all contracted services.

This regulation is not met as evidenced by:

Based on review of a closed record and staff interview, the facility failed to provide written notice for one (#11) of one residents transferred to a health care facility. The findings were:

Review of the closed record revealed resident #11 was transferred to a nursing home on 2/27/08. Further review revealed no written transfer notice provided to the resident. During an interview on 6/11/08 at 10 AM, the assistant

The Resident Admission Agreement states: should there be a significant (as defined by state code) change in physical or mental condition or non-payment of rent, an immediate or emergency transfer would be necessary without written or thirty (30) day notice. (See Attachment K)

The Bee Hive Homes Resident Transfer Form lists all the information that is referenced in the State Rules and Regulations. There was a Bee Hive Homes Resident Transfer Form in the file for Resident #11. (See Attachment L)

The Director will be responsible for compliance with this standard.

Date of Completion: ~~February 27, 2008~~ 7/11/08

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manager stated she could not find evidence of a written notice provided to the resident.

(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 designated to coordinate the quality improvement program.
(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 regulation is not met as evidenced by:

Based on staff interview, the facility failed to have an active quality improvement program. The findings were:

Upon entrance, evidence of a quality improvement program was requested. On 6/11/08 at 9 AM, the assistant manager stated she was unable to locate any evidence the facility had a quality improvement program. On 6/11/08 at 10 AM, after a phone conversation with the manger, the assistant manager stated again the facility did not have a quality improvement program.

A Quality Improvement Program has been issued (See Attachment M).

The Director will be responsible for compliance with this standard.

Date of Completion. June 30, 2008

See Addendum #3