NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
TENDER HEART ALF	624 TWIN RIDGE, EVANSTON WY	03/04/09
SUMMARY OF DEFICIENCY	**FACILITY PLAN OF CORRECTION**	**FACILITY COMPLETION DATE**
An annual Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 3/4/09. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) and for Licensure (Chapter 4) of Assisted Living Facilities (ALF). **Chapter 12, Section 6. Personnel and Staffing Requirements.** (e) Personnel Policies and Procedures. (ii) A record for the manager and each employee shall be maintained and contain at a minimum, the following information: (G) Documentation of tuberculin testing; **This REGULATION was not met as evidenced by:** Based on employee file review and staff interview, the facility failed to ensure three (#1, #3, #4) of five employee records were complete. The findings were: Record review revealed employee #1, who was hired 11/12/06, lacked documentation tuberculosis testing was done within the previous year. The record showed the most recent TB skin test for this employee was conducted on 2/1/08. Record review revealed employee #3, who was hired on 7/25/07, lacked documentation tuberculosis testing was done within the	The agency will ~~document~~ provide that ~~the~~ 3 identified employees and all new Employee~~s~~ is free from communicable Disease. care The above will be monitored by the Agency director	05/01/09

Provider Representative's Signature/Title — Sherri L. Williams - President

RECEIVED
Wyoming Dept of Health
~~APR 0 8 2009~~

Date: 4/2/09.

Revised/approved c̄ changes on pages 1, 2, 4, 6 per T.C. c̄ manager on 4/14/09 @ 11 AM - SG

Office of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
TENDER HEART ALF	624 TWIN RIDGE, EVANSTON WY	03/04/09

previous year. Review of records revealed the most recent TB skin test for this employee was conducted on 2/1/08. Record review revealed employee #4, who was hired 8/1/07, lacked documentation tuberculosis testing was done within the previous year. The record showed the most recent TB skin test for this employee was conducted on 2/1/08.

Interview with the facility's administrator on 3/4/09 at 3 PM confirmed the employees did not have the required testing.

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(b) Resident Assessment and Services.
(i) The completion of the ALF 102.
(ii) Admission orders. A resident shall be admitted only if accompanied by a history and physical completed by a physician or physician extender within 90 days prior to admission.
(iii) The Registered Nurse (RN) shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADL's and notes all significant impairments in functional capability.
(iv) Resident Assistance Plan

This REGULATION was not met as evidenced by:

Based on record review and staff interview, the facility failed to ensure 3 (#1, #2, #3) of 3 sample resident records were complete. The findings were:

Review of resident record #1 revealed the resident was admitted on 12/31/08. The

The agency will ensure that specific Plan of care requirements are met. These include: ALF 102 completed Yearly, Admission orders including History and physical, and nursing Assessments on admission as well as Every 60 days describing the residents Capability to perform ADL's and noting Any impairments of the patient.

All above information will be provided to DHLS

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
TENDER HEART ALF	624 TWIN RIDGE, EVANSTON WY	03/04/09

following items were missing from the resident's record: Admission form, ALF 102, admission orders including a history and physical, TB and immunization orders, a nursing assessment and a resident assistance plan.
Review of the record for resident #2 revealed the resident was admitted on 1/31/09. The following items were missing from the record: ALF 102, admission orders including a history and physical and TB and immunization orders, a nursing assessment and a resident assistance plan signed by an RN.

Review of the record for resident #3 revealed the resident was admitted on 2/28/09. The following items were missing from the record: ALF 102, admission orders including a history and physical and TB and immunization orders, a nursing assessment and a resident assistance plan.

Interview with the facility's administrator on 3/4/09 at 3 PM confirmed the resident's records did not contain the above identified documentation.

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(d) Medications
(v) Medication Administration
(A) An RN 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.

This REGULATION was not met as evidenced by:

The above will be reviewed monthly by the Facility manager.

The above will be monitored by the facility director 05/20/09

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
TENDER HEART ALF	624 TWIN RIDGE, EVANSTON WY	03/04/09

Based on observation and staff interview, the facility failed to ensure the medication cart was secure. The findings were:

Observation during the entire survey on 3/4/09 from 8:30 AM to 4 PM revealed the medication cart was unattended and located in the great room (dining room and living room). Periodic testing of the medication cart drawers revealed they were unlocked. Interview with the facility's manager on 3/4/09 at 3 PM revealed she was unaware the drawers were unlocked.

The facility will ensure that medications Are secured in a locked cabinet.

The above will be monitored routinely by the facility manager and the facility director. 03/26/09

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(j) 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 Certified Dietary Manager (CDM).

This REGULATION was not met as evidenced by:

Based on staff interview, the facility failed to ensure the kitchen supervisor was trained as required. The findings were:

The facility will implement a kitchen Supervisor certified as a Dietary Manager and proof of pursuit of CDM

The above will be monitored by the facility manager and the facility director. 05/20/09

Interview of the facility's kitchen supervisor on 3/4/09 at 11 AM revealed he was not a CDM, nor was he enrolled in coursework pursuant to obtaining certification. Interview with the facility's manager on 3/4/09 at 3 PM confirmed the kitchen supervisor was

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
TENDER HEART ALF	624 TWIN RIDGE, EVANSTON WY	03/04/09

not certified.

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(n) Furnishings, Buildings, Physical Plant.
(z) Portable space heaters shall not be used, (e.g. electric or kerosene.)

This REGULATION was not met as evidenced by:

Based on observation and staff interview, the facility failed to prohibit the use of a portable space heater in a resident room. The findings were:

A portable space heater was observed in resident room #4 on 3/4/09 at 2:30 PM. Observation was verified by the facility manager at that time.

The facility will prohibit the use of a Portable space heater in a resident's Room.

The above will be reviewed monthly by the Facility manager.

The above will be monitored by the facility director 05/20/09

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(o) Evacuation Capability, Emergency Procedures, and Fire Safety.
(iii) Fire Safety.
(E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility.

This REGULATION was not met as

The facility will conduct one fire drill On each shift per quarter.

The above will be reviewed monthly by the Facility manager.

The above will be monitored by the facility director 05/20/09

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
TENDER HEART ALF	624 TWIN RIDGE, EVANSTON WY	03/04/09

evidenced by:

Based upon record review and staff interview, the facility failed to conduct one fire drill on each shift per quarter. The findings were:

Review of fire drill records from the previous year revealed a fire drill was not conducted during the months of February, March and April 2008. The facility's administrator confirmed the fire drill records were accurate.

Chapter 4, Section 10. Life Safety and Electrical Safety

This REGULATION was not met as evidenced by:

1. Based on observation and staff interview, the facility failed to limit the use of flexible electrical cables in the provisions of NFPA 70. The findings were:

Observation revealed several electrical appliances (radio, TV) were plugged into a surge protector, which was then plugged into another surge protector, which was then plugged into the wall in resident room #8. Interview with the facility's administrator confirmed the two extension cords were plugged in sequence with each other.

Reference NFPA 101 Life Safety Code, 1988 Edition:
"NFPA 101, Chapter 32 Referenced Publications:"
"NFPA 70, National Electrical Code, 1999 edition:"
"400-8. Uses not permitted. Unless specifically

prevent

The facility will ~~limit~~ the use of Flexible electrical cables in the facility & piggy back of surge protectors

The above will be reviewed monthly by the Facility manager.

The above will be monitored by the facility director 05/20/09

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
TENDER HEART ALF	624 TWIN RIDGE, EVANSTON WY	03/04/09

permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure..."

2. Based on record review, observation and staff interview, the facility failed to conduct, collect and record emergency lighting information. The findings were:

Record review revealed no documentation was available to indicate that the monthly 30-second testing of emergency battery lights had been recorded. Nor was there documentation provided to indicate the annual 90-minute testing of emergency battery lights had been conducted. In addition, observation revealed the ceiling mounted exit sign between resident rooms #3 and #4 was unlit. Also, the exit sign mounted on the ceiling in front of the facility manager's office did not have the right directional arrow knocked out of the sign indicating direction of egress in the event of an emergency. Interview with the facility administrator confirmed the above findings.

Reference NFPA 101 Life Safety Code, Chapter 31, Operating Features.
31-1.3.7: A functional test shall be conducted on every required (battery-operated) emergency lighting system at 30-day intervals for a minimum of thirty seconds. An annual test shall be conducted for the one and one-half hour duration. Equipment shall be fully operational for the duration of the test. Written records of testing shall be kept by the owner for inspection by the authority having jurisdiction.

The facility will collect and record Emergency lighting information
And keep monthly log with the data

The above will be recorded monthly by the Facility manager.

The above will be monitored by the facility director 05/20/09