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Healthcare Licensing and Surveys

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PRINTED: 01/03/2013
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING B. WING	12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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	SALF		

Summary Statement of Deficiencies:

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 records and staff interview, the facility failed to ensure the DCI background check was completed before direct resident contact for 3 of 4 employees reviewed. The findings were:

Review of personnel files revealed the following:
a. The results of the DCI background check were not received until 9/22/11 for the dietary manager, hired 8/31/11.
b. A registered nurse (RN) was hired 9/18/12. However, the results of the DCI background were not received until 10/24/12.
c. The results of the DCI background check were not received until 1/5/12 for a certified nurse aide (CNA) hired 12/30/11.

During an interview on 12/19/12 at 11:12 AM the manager stated she did not wait until the results

Provider's Plan of Correction:

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

A) Effective immediately, the facility will successfully complete a State of Wyoming Division of Criminal Investigation fingerprint background check before direct resident contact for all new employees.

B) The Administrator will review all employee files to ensure that all employees have a DCI completed. Any files found out of compliance, will be completed.

C) It is the practice of this facility to meet the state regulations. Effective immediately, a new employee checklist will indicate that employee must have a completed DCI before direct resident contact. Administrative assistant or designee will provide the new employee checklist to the administrator for review for each new employee. The administrator's signature indicates that the employee received a completed DCI, and

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Krisi Thompson
TITLE: Administrator
(X6) DATE: 1/11/2013

STATE FORM 6899 231Z11 If continuation sheet 1 of 5

Changes made per phone on 1/25/13 @ 10am with Liz Kfilechardler, Administrator and Janelle Cain, OPLL

01/11/2013 13:46 13074721123 ANDREA PAGE 03/07

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SALF	Continued From page 1 of the DCI background checks were received before allowing the employee to work. Section 7. Assisted Living Facilities (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. This Rule is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure dietary services was supervised by a certified dietary manager (CDM) or the equivalent. The findings were: Review of the personnel file for the dietary manager revealed she was not a CDM or the equivalent. During an interview on 12/19/12 at 9:15 AM the manager confirmed the dietary manager was not a CDM. She stated the employee started taking classes in March to meet the qualifications. (k) Transfer and Discharge. (iv) Residents transferred to another health care facility shall be given written transfer/discharge notice with 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	SALF	only then will the employee be placed on the facility schedule to have direct resident contact. D) A quarterly audit will also be completed by the Regional Director of Operations, to ensure that all new employees have received a completed DCI before having any direct resident contact. Any deficient practices will be addressed with the Administrator. E) Completion Date: January 31, 2013 **2. Chapter 12, Section 7** **Assisted Living Facilities Core Services** A. Dietary Service Manager is currently enrolled in a Certified Dietary Manager's Course to meet the regulations for the State of Wyoming. B. It is the practice of this facility to meet the regulations of having a Certified Dietary Manger. No Dietary Manager will be hired without meeting current regulations C. Administrator will make final decision on hiring a Dietary Manager. It will be the responsibility of Administrator to ensure that a Certified Dietary Manager is in place to meet state regulations. D. Quality Assurance committee will review quarterly, all staff that is required	

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SALF	Continued From page 2 transferred/discharged; (E) The name, address, and telephone number of the Ombudsman; and (F) A listing of all outside contracted services. This Rule is not met as evidenced by: Based on review of facility documentation and staff interview, the facility failed to provide a written transfer notice for 2 of 2 residents (#44, #45) transferred to another health care facility. The findings were: Review of a list of transferred residents revealed residents #44 and #45 were both transferred to nursing homes. During an interview on 12/19/12 at 3:20 PM, the manager stated transfer/discharge notices were not done for either resident. Section 9. Contractual Services Provided Outside Assisted Living Facility Authority. Residents in an assisted living facility may receive services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules. These services must be arranged by the appropriate professional and be incorporated into the resident's assistance plan. The resident's choice of providers must be honored. (a) Components of the outside service(s) contract: (i) Who will provide service(s); (ii) What service(s) will be provided; (iii) When the service(s) will be provided; (iv) Where the service(s) will be provided; (v) How the service(s) will be provided;	SALF	to have certification and or license. Any trends or patterns of deficient practice will be given to the Administrator for review. E. Completion date: Dietary Manager will complete certification by October 31, 2013 **Chapter 12, Section 7** **Assisted Living Core Services, Transfer and Discharge** A. Effective immediately, it will be the practice of this facility to provide transfer/discharge notice with requirements for any resident that transfers or discharges from the facility. B. The system put into place to meet the regulations of the State of Wyoming will be the following: 1. Resident will transfer/ discharge from the facility. 2. Designated nurse will provide transfer/discharge notice. 3. Signature of resident or responsible party will be required for documentation purposes. 4. A copy of discharge notice will be placed in resident's file.	

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SALF	Continued From page 3 and (b) Life Safety Code Responsibilities for Outside Contractual Services. A contract between the resident, the ALF, and all outside service providers in the ALF must be in place prior to the time of service delivery. This contract must identify the clear delineation of services. (i) The contract must specifically articulate the responsibilities of the resident, the ALF, and all service providers to comply with the Evacuation Capability, Emergency Procedures and Fire Safety requirements in these rules. (ii) All residents regardless of the type of service must be able to evacuate, or be evacuated, in accordance with the Life Safety Code. This Rule is not met as evidenced by: Based on review of medical records and staff interview, the facility failed to ensure a contract was in place for 4 of 4 sample residents (#16, #27, #33, #37) who received outside services. The findings were: Review of medical records revealed the following: a. Resident #33 had a private caregiver. b. Resident #27 received the services of a private caregiver. c. Resident #16 received home health services for catheter care. d. Resident #37 received home health services for wound care. Further review showed no contract for the outside services for all four of the residents. On 12/19/12 at 2:25 PM the manager stated there were no contracts in place for the outside services.	SALF	5. Administrative Assistant will note resident transfer/discharge on the admission/discharge log located in the administrator's office. 6. Administrator will provide admission/discharge log to QA committee monthly for review. C. Quality Assurance committee will audit admission/discharge log on a monthly basis to determine if resident transfer/discharge notice was provided for any resident who transfers or discharges from the facility. Any trends or patterns of deficient practice will be provided to the Administrator for review. D. Completion Date: December 20, 2012 **Chapter 12, Section 9** **Contractual Services Provider Outside Assisted Living Authority** A. Effective immediately, it will be the practice of this facility to provide Outside Service Contracts for any resident receiving outside services per resident choice of provider B. Administrator will designate a nurse to audit all resident charts to identify residents who receive outside services. Any chart or file found out of compliance will be updated with an outside service	

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			contract to meet requirements of the State of Wyoming. C. A system put into place to meet the requirements for the State of Wyoming will be the following: 1. Receive resident / physician request for outside services. 2. Obtain Physician order. 3. Resident chooses provider of their choice. 4. Designated nurse completes needed paperwork for outside services to begin. 5. Outside services contract signed with provider. 6. Designated nurse documents in the Service Plan and adds resident to the Outside Services log. 7. Designated nurse will provide Outside Services log to QA committee monthly for review. D. QA committee will audit outside services log monthly to ensure compliance. Any trends or patterns of deficient practice will be given to administrator for review. E. Completion Date: ~~March~~ February 19, 2013	