WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF016	A. BUILDING _____ B. WING _____	10/19/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

(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 This State Rules and Regulations is not met as evidenced by: An annual Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 10/19-20/11. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) for Assisted Living Facilities (ALF). Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services. (e) Resident Records and Reports. (i) Each folder shall include the following: (F) A signed copy of the resident's rights. This REGULATION was not met as evidenced by: Based on record review and staff interview, the facility failed to obtain the resident's signature on the resident rights form for one of four residents during their admission process. The findings were: Review of resident record #3 revealed the resident was admitted 8/1/11 but the resident's file did not contain a signed copy of the resident's rights. The facility manager confirmed the form was missing from the resident's file. (a) Core services to include (ix) Registered nurse assessment (A) Registered nurse medication review every two (2) months or sixty-two days or whenever new medication is prescribed or the resident's medication is changed.	SALF	Chapter 12, Section 7 (e)(i)(F), The facility will ensure that each resident folder contains a signed copy of the resident's rights. A) Resident #3- Incident is a past event and we are unable to correct this record. B) All residents have the potential to be affected by not being aware of his or her rights upon admission. C) Resident Rights forms will be flagged for signature during the admission process. A random audit will be performed by the Director of the Heartland monthly to ensure that the process is being followed. D) The Director of the Heartland will aggregate the random monthly data and report the results to the Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance.	12/01/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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SALF	Continued From page 1 This REGULATION was not met as evidenced by: Based on record review and staff interview, facility staff failed to conduct a bimonthly medication review for one (#1) of 4 residents. The findings were: Review of resident record #1 revealed the resident was admitted on 11/18/09. Further review revealed the bimonthly medication review was completed on 5/16/11 but then not again until 10/18/11. The facility nurse confirmed the review was missed. (b) Resident Assessment and Services. (i) The completion of the ALF 102. (II) The ALF 102 must be completed and signed by an RN. This REGULATION was not met as evidenced by: Based on record review and staff interview, the facility failed to complete the ALF 102 prior to admission for one (#3) of four residents. The findings were: Review of resident record ~~#3~~ #1 revealed the resident was admitted on ~~8/1/11~~ 11-18-09. Further review revealed the ALF 102 was not signed until ~~8/8/11~~ 10-21-10. The facility manager confirmed the ALF 102 was completed after the resident was admitted. Jen Larsey Gadman 11-8-11 (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	SALF	Chapter 12: Section 7 (a)(ix)(A) The facility will ensure that all residents receive a Medication Review by a Registered Nurse every two (2) months or sixty-two (62) days or whenever medication is prescribed or the resident's medication is changed. A) Incident is a past event and we are unable to correct the record. B) All residents have the potential to be affected by an incomplete medication review every two (2) months or sixty-two (62) days or whenever medication is prescribed or the resident's medication is changed. C) Medication review dates will be added to a tickler file system during the assessment that is completed prior to admission to ensure they are updated every 62 days. A random audit will be performed by the Registered Nurse quarterly to ensure that the process is being followed. D) The Registered Nurse will aggregate the random audit data and report the results to Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance.	12/01/11

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SALF	Continued From page 2 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 evidenced by: Based on record review and staff interview, the facility failed to ensure at least one fire drill on each shift per quarter was conducted. The findings were: Review of fire drill records from the previous year revealed fire drills were conducted monthly during the previous year except for the month of April 2011. The maintenance manager confirmed this was missed probably due to staff turnover.	SALF	Chapter, Section7. (b)(i)(II)The facility will ensure that the ALF 102 is completed 45 days prior to admission. A) Incident is a past event and we are unable to correct the record. B) All residents have the potential to be affected by an incomplete ALF-102 prior to admission. C) ALF-102 forms will be flagged for signature during the assessment that is completed prior to admission. A random audit will be performed by a Registered Nurse monthly to ensure that the process is being followed. D) The Registered Nurse will aggregate the random audit data and report the results to the Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. 12/01/11 Chapter 12: Section 7 (o)(iii)(E) The facility will ensure that fire exit drills are conducted in accordance to the Life Safety Code Operating Features sections. A) Incident is a past event and we are unable to correct this record. B) All residents have the potential to be affected by fire exit drills not conducted monthly.	

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SALF	Continued From page 2 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 evidenced by: Based on record review and staff interview, the facility failed to ensure at least one fire drill on each shift per quarter was conducted. The findings were: Review of fire drill records from the previous year revealed fire drills were conducted monthly during the previous year except for the month of April 2011. The maintenance manager confirmed this was missed probably due to staff turnover.	SALF	Chapter 12: Section 7 (o)(iii)(E) *continued* C) The Engineering department technician will conduct fire exit drills at least (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Additionally, the Engineering technician shall provide written documentation to the Director of the Heartland that the drills are conducted. Written documentation of monthly fire exit drills shall be kept on file for a two-year period and shall be available upon request. D) Fire exit drill dates will be added to a tickler file system that is reviewed once a month. A random audit will be performed by the Director of the Heartland quarterly to ensure that the process is being followed. The Director of the Heartland will report the data to Safety Committee on a quarterly basis. The Safety Committee will have the overall responsibility to ensure the facility is in compliance.	12/01/11