8/2/13

PRINTED: 08/06/2013
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
	ALF028	A. BUILDING: _____ B. WING _____	07/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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 7. Assisted Living Facility (ALF) Core Services. (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 REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to administer medications as ordered by a physician for 1 of 6 (#19) sample residents. The findings were: Review of resident medication administration records (MARs) for resident #19 revealed the resident was admitted to the facility with an order for MiraLax (a laxative) 17 grams in 8 ounces of liquid to be given daily. The MAR showed the medication was held from the date of the resident's admission on 6/18/13 until 7/1/13. Notations on the record indicated the medication was held due to unavailability, as well as concern expressed by the resident's family that the resident had experienced loose stools when taking MiraLax. Review of the resident's medical record revealed no attempts were made to contact the resident's	SALF	The facility will ensure Residents receive their medications from Pharmacies in a timely fashion. This will be accomplished by: A) Pharmacy will verbally notify facility of a time frame if and when they are unable to send medications or supplies for Residents, and communicate their expected date of delivery. B) All Residents being admitted to facility will utilize verbal and fax communication when ordering medications or supplies per pharmacy recommendations. C) When pharmacy is unable to supply medications to facility a notification will be sent to the Health Care Provider stating the medication name and the reason for delay and request their advice. D) Changes to Resident admission orders have been made to state the following, "If quantity and refills not indicated pharmacy will authorize 1 month supply + 5 refills", to decrease the response time from Health Care Providers. E) Monitoring of the corrective action will be completed by the Director of Nursing and implemented into the quality assurance process and discussed at monthly meetings.	08/06/13

Resident #19, and

will have ordering altered, the facility

Nursing will notify the physician to clarify and advise

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

RN-C, Administrator 8.7.13

RECEIVED
WY Dept of Health
AUG 09 2013
Healthcare Licensing and Surveys

Accepted w/changes per Erin McNamara, CEO on 8/9/13

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SALF	Continued From page 1	SALF		

physician to clarify or discontinue the order. Nursing notes dated 6/27/13, timed 1:40 PM, revealed the resident was "added to 72 hour alert charting for monitoring of difficult and sticky BM [bowel movement]. Resident has not been receiving [his/her] daily Miralax. Request sent to Emissary for delivery".

Interview with the wellness director on 7/25/13 at 8:30 AM confirmed the facility expectation that physician orders are followed as written, the wellness director further confirmed the physician had not been contacted and should have been contacted regarding the facility's difficulties in obtaining the medication and the family's concerns about the medication.

Section 7. Assisted Living Facility (ALF) Core Services.
(n) Furnishings, Buildings, Physical Plant (m)
(M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings;

This REQUIREMENT is not met as evidenced by:

Based on observation and medical record review and staff interview, the facility failed to maintain an environment free of hazards in 1 of 1 memory care units. The findings were:

Observation of the secure memory care unit on 7/25/13 beginning at 10:25 AM revealed the door to the janitorial closet to be propped slightly open with a rubber doorstop. Resident #14 was noted to be wandering in the unit at this time. Observed among the bottles and boxes in the janitorial closet were:

The Facility will ensure and maintain an environment free of hazards for each resident. This will be accomplished by:
A) The Janitor Closet in the Memory Care Unit will remain closed and locked at all times.
B) The Director of Maintenance will access the supplies for all staff or contractors requiring such supplies.
C) The Director of Maintenance will remain at the supply closet until all needed supplies are obtained.
D) The Director of Maintenance will ensure upon completion of obtaining supplies, the door is immediately closed and locked.
E) The Director of Maintenance will educate the Memory Care Unit Staff and any Contractors regarding maintaining a hazard free environment.
F) The Quality Assurance Committee will utilize an Environmental Safety Inspection Form to include hazardous storage of chemicals.
G) The Quality Assurance Committee will conduct and review an Environmental Safety Inspection 1 x per month and randomly.

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SALF	Continued From page 2 a. Two bottles of Lean Clean on the Go Super HDQL10. The label on the bottles warned that this cleanser causes "irreversible eye damage and skin burns. May be fatal if absorbed through the skin". b. One spray bottle of Comet with Beach. The label on the bottle warned that this cleanser is an eye irritant. c. One bottle of Super Concentrated Glass and Hard Surface Cleaner. The label on the bottle warned "May be harmful if swallowed". Review of the resident assistance plan for resident #14 revealed that s/he was ambulatory, and s/he wandered. Interview with CNA #1 on 7/25/13 at 11 AM confirmed that resident #14 was known to wander into other residents' rooms. At 11:05 AM, the maintenance director was observed removing the doorstop and closing the janitorial closet door. Interview with the maintenance director at that time revealed that outside contractors had been working in the unit since approximately 8:30 AM that morning, and had propped the door open. The maintenance director further confirmed that dangerous chemicals were stored in the janitorial closet, and the closet was supposed to be kept locked.	SALF	H) The results of the Environmental Safety Inspection will be maintained in the Quality Assurance and Quality Improvement Process Records and Reviewed upon completion of each inspection by the Quality Assurance & Safety Committee. I) The Administrator and Director of Maintenance will provide education for all staff regarding awareness and maintaining an environment free of hazards. J) The Administrator will include this training for current staff and incorporate the training into the new employee orientation process. All staff will be required to act upon any hazards immediately. K) The Memory Care Unit Staff will complete an Environmental Safety Check of the Memory Care Unit each shift, this will be initiated by the Charge Nurse on duty. L) Door stops will be removed and propping of doors containing or posing a potential safety hazard will be prohibited. M) Appropriate follow-up actions will be initiated by the Quality Assurance/Improvement & Safety Committee.	08.06.13