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
	ALF007	A. BUILDING _____ B. WING _____	C 10/05/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINTE FRONTIER RETIREMENT COMMUNITY	1406 PRAIRIE AVENUE CHEYENNE, WY 82009

(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	**1. Section 7, (b), Resident Assessment and Services.** A) Resident # 6, ALF 102 has been accurately updated as of 21 Oct 10. See attached ALF 102. B) Resident and family were advised on 6 Oct 10 that resident had exceeded our care limitations. Resident relocated to Mountain Towers skilled nursing on 28 Oct 10. C) Resident Care Director (RCD) will perform bi-annual reviews of all ALF 102 or upon change of conditions for each resident. Resident's identified as having exceeded Assisted Living eligibility will be advised to transfer to a skilled nursing facility. D) Quality control tool will be used to Track completion of all Bi-annual and Annual ALF 102. Additionally, RCD will update each ALF 102 and care plan then immediately inform General in writing of each resident who no longer meets eligibility requirements. This will prevent reoccurrence and ensure sustainability. RCD will complete review of each resident ALF 102 by 30 November 2010 to ensure compliance.	11/30/10 ~~29 Oct 10~~

This State Rules and Regulations is not met as evidenced by:
Wyoming Department of Health Aging Division Rules for Program Administration of Assisted Living Facilities

Chapter 12

Section 7. Assisted Living Facility (ALF) Core Services.
(b) Resident Assessment and Services.
(iv) Frequency of assessment. An assessment must be conducted:
(B) Immediately upon any significant change in the resident's mental or physical condition.

This REQUIREMENT was not met as evidenced by:

Based on medical record review, observation, and staff interview, the facility failed to assess significant declines in function for 3 of 10 (#6, #8, #9) sample residents. The findings were:

1. Medical record review for resident #6 revealed an ALF 102 Functional Screening for Assisted Living Facilities was signed as having been completed on 8/11/10. It showed the resident was continent of bowel and bladder and was able to transfer with minimal assistance. Observation on 10/5/10 at 11:15 AM revealed CNA #1 and #2 provided physical assistance to the resident in the bathroom. The two CNAs physically assisted the resident to a standing position, assisted the resident to pivot, pulled down the resident's pants and disposable brief, and slowly lowered the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: General Manager — (X6) DATE: 29 OCT 2010

11/5/10 PM accept with corrections per telephone call with general manager. Date of compliance 11/30/10
Karla Hellyer

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SALF	Continued From page 1 resident onto the toilet. During the observation the resident was noted to have been incontinent of stool. The CNAs proceeded to change the resident's brief. In addition, as the resident was unable to clean him/herself, CNA #1 performed incontinence and perineaf care. After the cares were done, the two CNAs again physically assisted the resident to stand, pulled up the disposable brief and pants, pivoted, and sat him back down in the wheelchair. Interview at that time with the CNAs revealed the resident could not walk, transfer independently, or wheel the wheelchair, and was incontinent of bowel and bladder. They went on to say the resident could not clean him/herself after being incontinent. CNA #1 stated the resident had been like this, "...for some time." Medical record review revealed multiple resident care notes from August, September, and October 2010 which showed the resident was unable to manage incontinence care and was a two person transfer. There were no assessments found that reflected these changes in the resident's condition. 2. Medical record review for resident #8 revealed an ALF 102 Functional Screening for Assisted Living Facilities was signed as completed on 9/10/10. It showed the resident was independent in dressing, but was intermittently confused. Further record review revealed multiple resident care notes from 9/14/10 to 10/3/10 (when the resident went to the hospital), which showed the resident was pacing, wandering, anxious, confused, crying, and "stressed out." The resident care notes also revealed the resident frequently could not dress her/himself. There were no assessments found that reflected these changes in the resident's condition. 3. Medical record review for resident #9 revealed	SALF	**2. Section 7, (b), Resident Assessment and Services** A) Resident # 8, ALF 102 has been accurately updated as of 21 Oct 10. See attached ALF 102. B) ALF 102 has been updated to reflect changes made to resident care plan. (see attached care plan & ALF 102) Resident was admitted to hospital on 3 Oct 10, and has not returned to community. Resident will be assessed by RCD at hospital prior to returning to community. Assessment will determine if resident meets eligibility requirements. **3. Section 7, (b), Resident Assessment and Services** A) Due to transfer to hospital, Resident # 9 ALF 102 was not updated. Resident was admitted to hospital on 27 August 10, to skilled nursing facility and was discharged from hospital to skilled nursing by doctor recommendation. Resident no longer resides at Pointe Frontier. B) Resident Care Director will perform bi-annual reviews of all ALF 102 upon change of conditions for each resident. Resident's identified as having Exceeded Assisted Living eligibility will be transferred once they do not meet ALF 102 eligibility.	11/30/10 ~~29 Oct 10~~ 11/30/10 ~~29 Oct 10~~

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SALF	Continued From page 2 an ALF 102 Functional Screening for Assisted Living Facilities signed as having been completed on 6/9/10. It showed the resident was independent in dressing, transfers, and mobility at that time. The resident was also noted to be continent of bowel and bladder and had appropriate behaviors at that time. Review of a resident care note dated 8/15/10 showed the resident had a fall. Subsequent resident care notes from 8/18/10 until the resident went to the hospital on 8/27/10 revealed the resident was having significant memory deficets, inappropriate behaviors, inability to transfer or bear weight, incontinence, and was no longer able to manage his/her incontinence care or dress self. There were no assessments found that reflected these changes in the resident's condition. Interview on 10/5/10 at 2:20 PM with RN #1 revealed she was to complete the ALF 102 assessments upon admission, any change in condition, and annually. She went on to say she was trying to catch up on the annual assessments and hadn't been very good about doing change of condition assessments. Section 8. Services Which Cannot Be Provided By The Level 1 Assisted Living Facility Staff. (i) Continuous assistance with transfer and mobility (iii)Total assistance with bathing and dressing (vii) Incontinence care by facility staff This REQUIREMENT was not met as evidenced by: Based on observation, resident and staff interview, and medical record review, the facility failed to comply with the limitations of assisted living services for 2 of 8 (#6, #7) sample	SALF	C) Quality control tool will be used to Track completion of all Bi-annual and Annual ALF 102. Additionally, RCD will update each ALF 102 and care plan then immediately inform General in writing of each resident who no longer meets eligibility requirements. RCD will complete review of each resident ALF 102 by 30 November 2010 to ensure Compliance. This will prevent reoccurrence and ensure sustainability. **Section 8. Services Which Cannot Be Provided By The Level 1 Assisted Living Facility Staff, (i), (iii), (vii)** A) Resident # 6, ALF 102 has been accurately updated as of 21 Oct 10. See attached ALF 102. B) Resident and family were advised on 6 Oct 10 that resident had exceeded our care limitations. Resident relocated to Mountain Towers skilled nursing on 28 Oct 10. C) Resident Care Director (RCD) will perform bi-annual reviews of all ALF 102 or upon change of conditions for each resident. Resident's identified as having exceeded Assisted Living eligibility will be advised to transfer to a skilled nursing facility.	11/30/10 ~~29 Oct 10~~

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SALF	Continued From page 3 residents. The findings were: 1. Medical record review for resident #6 revealed an ALF 102 Functional Screening for Assisted Living Facilities was signed as completed on 8/11/10. It showed the resident was continent of bowel and bladder and was able to transfer with minimal assistance. Refer to #1 in the previous citation for observation of this resident on 10/5/10 at 11:15 AM, during which the resident was noted to be dependent on two CNAs for transfers and completely dependent for toileting and personal hygiene. 2. Medical record review for resident #7 revealed an ALF 102 Functional Screening for Assisted Living Screening signed as completed on 8/14/10. It showed the resident was frequently to totally incontinent and unable to manage incontinence care. It also revealed the resident was a two person transfer and was unable to button or zip clothing. Observation on 10/5/10 at 1 PM revealed the resident sitting in a wheelchair in his room. The resident was able to go from a sitting to a standing position with a one person assist from RN #1. Interview with the resident at that time revealed s/he thought s/he could get from the wheelchair to the toilet by him/herself, but needed help off the toilet and could not get out of bed independently. Interview on 10/5/10 at 8:15 AM with CNA #1 revealed the resident usually was a two person assist with transfers. Medical record review revealed multiple resident care notes from August, September, and October 2010 which verified the resident was dependent on staff for dressing, transfers, and incontinence care.	SALF	D) Quality control tool will be used to Track completion of all Bi-annual and Annual ALF 102. Additionally, RCD will update each ALF 102 and care plan then immediately inform General in writing of each resident who no longer meets eligibility requirements. This will prevent reoccurrence and ensure sustainability. RCD will complete review of each resident ALF 102 by 30 November 2010 to ensure compliance. **Section 8. Services Which Cannot Be Provided By The Level 1 Assisted Living Facility Staff, (i), (iii), (vii).** A) Resident # 7, ALF 102 has been accurately updated as of 21 Oct 10. See attached ALF 102. B) Resident and family were advised on6 Oct 10 that resident had exceeded our care limitations. Resident is scheduled to transfer to Mountain Towers skilled nursing on 1 Nov 2010. C) Resident Care Director (RCD) will perform bi-annual reviews of all ALF 102 or upon change of conditions for each resident. Resident's identified as having exceeded Assisted Living eligibility will be advised to transfer to a skilled nursing facility.	~~29 Oct 10~~ 11/30/10

Resident # 7-continuation from page # 4:

D) Quality control tool will be used to Track completion of all bi-annual and annual ALF 102. Additionally, RCD will update each ALF 102 and care plan then immediately inform General in writing of each resident who no longer meets eligibility requirements. This will prevent reoccurrence and ensure sustainability. RCD will complete review of each resident ALF 102 by 30 November 2010 to ensure compliance.