PRINTED: 01/20/2012
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 |
|---|---|---|---|
| | ALF006 | A. BUILDING _____ B. WING _____ | 01/05/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASPEN WIND ASSISTED LIVING COMMUNITY | 4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001 |

| (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 |
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| SALF | LIC REGS FOR ASSISTED LIVING FACILITIES<br><br>This State Rules and Regulations is not met as evidenced by:<br>WYOMING DEPARTMENT OF HEALTH AGING DIVISION RULES FOR PROGRAM ADMINISTRATION OF Assisted Living Facilities Chapter 12<br><br>Section 7. (a)(ix)(A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the resident's medication is changed;...<br><br>The REQUIREMENT is not met as evidenced by:<br><br>Based on medical record review and staff interview, the facility failed to ensure a medication review every two months or 62 days for 3 of 6 resident records (#4, #5, #6) reviewed. The findings were:<br><br>1. Review of the medical record for resident #4 (move-in date 4/15/11) showed evidence of a medication review in June 2011, then on 10/1/11 when eye drops were added, and no review for December 2011. Review of the record at 3:15 PM on 1/4/12 with the director of nursing (DON) confirmed the missing reviews were not present.<br><br>2. Review of the Medical record for resident #5 (move-in date 12/27/02) showed evidence of a medication review done on 8/27/11 and 9/25/11. No reviews were found for the May, June or July 2011. Review of the record by the administrator on 1/4/12 at 3:51 PM confirmed the missing reviews were not present.<br><br>3. Medical record for resident #6 (move-in date | SALF | Medication review was completed for all residents.<br><br>Administrator and RN will maintain a tickler system through the QA process to ensure medication reviews will be done per regulation. | 1/6/12 |

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

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Sarah Greene 01/31/2012

The POC was accepted with changes made on 2/9/12 @ 1400 by Sarah Greene, Adm. and Jane Wommack RN Health Surveyor.

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| SALF | Continued From page 1<br><br>8/31/10), showed medication reviews were dated 7/27/11 and 10/26/11. Record review and interview with the DON on 1/4/12 at 3:51 PM confirmed the reviews were late or missing.<br><br>Section 7. (j)(iii)(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.<br>The REQUIREMENT was not met as evidenced by<br>Based on staff interview and review of employee files, the facility failed to ensure it employed a certified dietary manager. The facility census was 45. The findings were:<br><br>Interview with the dietary manager on 1/3/12 at 4:06 PM revealed he was currently enrolled in a certified dietary manager course but he confirmed he was not certified.<br><br>Interview with the administrator on 1/5/12 and review of the dietary manager employee file at that time confirmed he was not certified nor did he have the work experience equivalent to that of a certified dietary manager.<br><br>Section 7. (n)(ii)(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;...<br><br>The REQUIREMENT was not met as evidenced | SALF | Dietary Manager was registered for the Certified Dietary Manager Course on 10/13/11.<br><br>Materials were received by dietary manager on 1/12/12.<br><br>Administrator will provide periodic updates on Dietary Mangers' progress in the course with a completion date of 1/31/2013.<br><br>1/31/13 | |

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| SALF | Continued From page 2<br>by:<br><br>Based on observation and staff interview the facility failed to ensure unrestricted emergency egress from the gated interior of 1 of 2 gated areas for 11 residents, failed to ensure a safe environment to prevent the potential for burns to 27 residents who accessed the main dining area, and failed to address potential accident hazards in 1 of 2 gated outside areas accessible to five residents. The findings were:<br><br>Tour of the facility and interview with the director of nursing (DON) on 1/3/12 at 12:56 PM revealed the following potential hazards to residents:<br>a. Observation of the Memory Lane unit showed a door to the outside marked as an "exit". Upon exiting, the observation showed a fenced and gated outside courtyard. Additional observation showed the exterior side of the gate was secured with a metal loop with a spring latch device. The device served as a lock or interference which prevented the gate from opening. The surveyor attempted to remove the device through the crack between the gate and the post, but was unsuccessful. The DON was requested to show how the device was removed. After several attempts, she too was unsuccessful. She stated in the event of the need to evacuate the courtyard, the staff member present would radio other staff who could undo the device from the outside, and open the gate.<br>b. Observation of the main assisted living dining area showed a machine, which was used to heat hot packs for physical therapy services, stored in a corner. It was located near the entrance to the private dining room and was accessible to anyone in the main dining room. The observation also showed it was plugged in and the top was hot when touched. Upon opening the lid, steam rolled | SALF | a. The proper equipment will be installed on the gate.<br><br>All means of egress will be monitored by the environmental services manager's quarterly quality assurance; and issues will be documented, corrected and reported to the QA program<br><br>b. Machine to heat hot packs was removed from community.<br><br>Administrator and environmental services manager will include this in quarterly quality assurance and issues will be documented, corrected and reported to the QA program | 2/15/12<br><br>~~1/3/12~~ |

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| SALF | Continued From page 3<br>out. When asked about the water temperature, the DON obtained a thermometer and stated it was 160 degrees Fahrenheit. She further stated the machine belonged to therapy services. The DON then had the device moved to the office of a facility staff member. The DON stated she was unaware that therapy had stored the device in the dining area.<br>c. Observation of the fenced and gated courtyard accessible to the Precious Memory residents revealed it contained a lawn tractor with chained tires and a front-end snow shovel. Closer observation showed the keys were in the ignition, and, other than the surveyor and the DON, no others were present. In addition, a snow shovel was lying in the grass next to the sidewalk. The scoop of the shovel was positioned up, so that when the surveyor gently applied pressure to the rim of the scoop, the handle was raised up off the ground. At the time of the observation, the DON stated the shovel should be stored by the door and the DON removed the keys from the tractor. | SALF | Keys were removed from the tractor and properly stored. The shovel was properly stored. ~~1/3/12~~<br><br>Administrator and environmental services manager will include the verification of all equipment being properly stored in quarterly quality assurance and issues will be documented, corrected and reported to the QA program. | |