POC accepted 6/9/11.

POC 7/1/11 P.Prince

PRINTED: 05/11/2011
FORM APPROVED

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
	BH008	A. BUILDING _____ B. WING _____	05/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS	106 EAST MAIN NEWCASTLE, WY 82701

(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
SBH	LIC REGS FOR BOARDING HOMES	SBH		

This State Rules and Regulations is not met as evidenced by:
An annual Health survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 5/3/11 -5/4/11. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 8) for Boarding Homes.

Chapter 8. Rules and Regulations for Program Administration for Boarding Homes.
Section 5. Management
(a) Manager shall:
(v) Have a current tuberculin skin testing prior to licensure. the staff shall have tuberculin akin testing prior to employment and annually thereafter.
This regulation was not met as evidenced by:

Based on review of employee files and staff interview, the facility failed to ensure annual tuberculin skin testing was done annually for 1 of 13 employees (#1) whose files were reviewed. The findings were:

According to the employee file for employee #1, a tuberculin skin test had not been done since 4/26/10. During an interview on 5/4/11 at 1:04 PM, the manager verified the information in the employee file was accurate.

Section 5. Management,
(f) Resident Records and Reports
(i) Resident's records shall be current, organized and maintained individual folders which shall be available on the premises. Resident records shall be made available to the resident and the Long Term Care Ombudsman, Program

Chapter 8, Section 5, (a), (v) Tuberculin skin testing of employees.

Corrective Action:

1. The director shall review each employee file for date of tuberculin testing and create a master list of all employees no later than June 15, 2011 which shall be:
   a. Included and regularly updated as needed in a master file which will include other lists of annual or time sensitive employee training requirements.
   b. Included on a calendar of related dates maintained by the director.
2. The director shall be responsible to assure that each employee, whose annual renewal date has passed, shall seek testing as soon as possible but no later than July 1, 2011. This includes employee #1.

7/1/11 PP

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Diane Bernel Hudson TITLE Mondell Heights Director (X6) DATE 5/26/11

STATE FORM 6899 KJ2G11 If continuation sheet 1 of 7

POC accepted with changes per telephone call with Diane Bernel Hudson on 6/9/11 @ 4:30 pm. P. Prince, RN

RECEIVED
Wyoming Dept of Health
MAY 31 2011
Office of Healthcare Licensing and Surveys

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SBH	Continued From page 1 Division and the Licensing Division upon request and include the following: (A) The resident's history and physical and the current physician's statement or certificate of resident's health and suitable placement. The physician's statement or certificate of resident's health shall be updated annually. (B) Individual admission form shall contain, but not necessarily be limited to, the following information: (I) Full name of resident and former address; (II) Date of admission; (III) If applicable, name, home address, telephone number of interested family member, designated representative, power of attorney, or guardian; (IV) Medicare number or other medical insurance; and occupation. (V) Sex, race, date of birth, social security number, and former occupation. (ii) Written records of all accidents, injuries and illnesses, and subsequent treatment occurring after admission. (iii) The boarding home shall notify the Program Division within Seventy-Two (72) hours of an unusual death, serious injury or accident, fire or other emergency situations. All such occurrences shall be documented. (iv) A written account of all personal possessions and funds deposited with the boarding home. (v) A signed copy of the resident's rights. (vi) The resident shall be assured of confidential treatment of all information in his/her records, and his/her written consent (or consent of family or guardian) shall be required for the release of information to persons not otherwise authorized to receive it.	SBH	**Chapter 8, Section 5, (f), (i) through (viii) Resident Records content** Corrective Action: 1. The director shall review the file of each current resident for required content as described in the Section 5, (f) and a. Create and complete a File Contents Checklist for each resident file by June 15, 2011. b. Create and complete a master list of required information and related dates for all residents by June 15, 2011. c. Assure that each resident has a current Physician Statement regarding appropriateness of placement no later than July 1, 2011. d. Assure that signatures of the residents and/or guardians are present and dated on all pertinent documents including the Statement of Resident Rights no later than July 1, 2011, for all residents underlined #1, #2, #3, #4, #5, #6, #7 and #9. e. Use the File Contents Checklist with each new admission to assure compliance with required contents of each file.	7/1/11 PP

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SBH	Continued From page 2	SBH		

(vii) All resident's records shall be retained for a minimum of six (6) years after the resident has left the home and may be disposed of after that time, unless litigation is pending.
(viii) All records shall be protected from damage by fire, water and other hazards.

This regulation was not met as evidenced by:

Based on record review and staff interview, the facility failed to ensure 8 of 10 sample resident records (#1, #2, #3, #4, #5, #6, #7, #9) contained the required resident information and reports. The findings were:

A review of the record for resident #1 revealed the most current physician's statement of the resident's health and suitable placement was dated 8/24/09. Further review of this record revealed the admission form did not contain the resident's social security number or Medicare number.

A review of the record for resident #2 revealed the most current physician's statement of the resident's health and suitable placement was dated 3/10/10. Further review of this record failed to show a signed copy of the resident's rights.

Review of the record for resident #3 revealed the most current physician's statement of the resident's health and suitable placement was dated 12/4/09; the record did not include any of the admission form information.

Review of the record for resident #4 revealed the most current physician's statement of the resident's health and suitable placement was dated 3/15/10. Further review of this record failed to show a signed copy of the resident's rights.

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SBH	Continued From page 3 Review of the record for resident #5 failed to reveal a signed copy of the resident's rights and a history and physical. Further review revealed the admission form was incomplete. Review of the record for resident #6 revealed no documentation of incidents or accidents. However; interview with the resident on 5/3/11 at 2:15 PM revealed the resident was taken to the physician's office after falling on the floor in his/her room "several months ago." Interview with the manager on 5/4/11 at 1:45 PM revealed she was unsure of the date of the incident because it had not been documented. She stated there was no record of the incident because the physician determined the resident did not have injuries. Review of the record for resident #7 revealed the most current physician's statement of the resident's health and suitable placement was dated 12/2/09, and the admission form was incomplete. Review of the record for resident #9 revealed the most current physician's statement of the resident's health and suitable placement was dated 3/23/10. During an interview on 5/4/11 at 2:15 PM, the manager confirmed the above required documentation had not been included in the resident records. She acknowledged that she had failed to ensure the physician's statement of the resident's health and suitable placement was documented annually for each resident. Section 8. Residents' Rights (a) Every resident in a boarding home shall have the right to:	SBH		

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SBH	Continued From page 4 (ii) Present grievances on his/her own behalf or others to the staff or public officials or to any other person without justifiable fear of reprisal and to join with other resident or individuals within or outside of the facility to work for improvement in resident care. This regulation was not met as evidenced by: Based on resident and staff interview and review of policies and procedures, the facility failed to ensure an environment that fostered open communication between residents and staff. The findings were: Review of the policy entitled, "Communication, Complaint and Grievance Policy" showed the facility had monthly resident council meetings "to provide an official forum for feedback, both positive and negative, on operations, to discuss common concerns and issues..." Confidential interviews with four residents on 5/3/11 from 1:40 PM to 2:40 PM revealed the facility had not conducted any resident council meetings. The residents stated they would like to participate in this type of meeting. They stated issues that they wanted to discuss included the following: some of the resident rooms lacked adequate heating during the winter; window blinds in need of repair; food preferences; and incidents when one resident did not like another resident's behavior. Interview on 5/4/11 at 2:15 PM with the manager revealed she was aware of the policy regarding a resident council, but it had not been established. Section 8. Residents' Rights (d) A copy of the residents' rights shall be kept in the resident's record, signed and dated by the resident.	SBH	**Chapter 8, Section 8, (a), (ii) Resident's Rights to present grievances** Corrective Action: 1. Residents' right to "present grievances on his/her own behalf" shall be preserved by implementation by the director of the "Communication, Complaint and Grievance Policy" presented in the Mondell Heights Policies and Procedures including an orientation to residents at a first meeting which will occur no later than July 1, 2011 and subsequently each month thereafter. 2. A record of concerns discussed by the Resident Council will be maintained in a manner determined by the Council.	

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SBH	Continued From page 5 This regulation was not met as evidenced by: Based on record review and staff interview the facility failed to ensure copies of resident rights were signed and dated by 3 of 10 sample residents (#2, #4, #5). The findings were: Review of the record for residents #2, #4, and #5 failed to show a signed and dated copy of resident rights. Interview on 5/4/11 at 2:14 PM with the manager confirmed the signed and dated copy for the three residents was lacking. Section 14. Evacuation Capability, Emergency Procedures and Fire Safety. (b) Emergency Procedures. (i) Disaster and Emergency Preparedness. (B) The facility shall train all employees in emergency procedures when they begin work in the facility. The facility shall review the procedures with existing staff at least once in each 12 month period. This regulation was not met as evidenced by: Based on review of employee files and staff interview, the facility failed to ensure current employees reviewed emergency procedures at least once in each 12-month period. The findings were: Review of thirteen employee files revealed the employees did not receive training on emergency procedures after they received the initial training during orientation. Interview on 5/4/11 at 1:04 PM with the manager confirmed the lack of a system for ensuring all employees received annual emergency procedure training. Review of the emergency procedures showed no evidence of a	SBH	**Chapter 8, Section 8, (d) Resident's Rights - Signed, dated copy in file** Corrective Action: 2. The director shall review the file of each current resident for required content as described in the Section 5, (f) and Section 8, (d) and a. Create and complete a File Contents Checklist (including the Residents Rights) for each resident by June 15, 2011. b. Create and complete a master list of required information and related dates for all residents by June 15, 2011. 7/1/11 c. Assure that signatures of the residents and/or guardians are present and dated on all pertinent documents including the Statement of Resident Rights no later than July 1, 2011, for all residents immediately #2, 4, #5. pf d. Use the File Contents Checklist with each new admission to assure compliance with required signed copy of Resident Rights in each file.	

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SBH	Continued From page 6 system for providing annual employee training.	SBH	**Chapter 8, Section 14, (b), (i), (B) Disaster and Emergency Preparedness Staff Training** Corrective Action: In the ***Evacuation Capability, Emergency Procedures and Fire Safety*** section of the Mondell Heights Policies and Procedures, on page 10, can be found the facility's policy regarding recurrent training: *"The facility shall review the procedures with existing staff at least once in each 12 month period".* This recurrent training will be documented by the director in each employee's file and in the master file which will include other lists of annual or time sensitive employee training requirements. As Mondell Heights has not passed its one year anniversary, this re-training has not yet happened for the first time, however, all employees will have this emergency procedure training before July 1, 2011. This training will be documented in the employee file and in the master file at the time of the training.	7/01/11 PP