POC ac [illegible] 4/16/12

PRINTED: 03/15/2012
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
	ALF911	A. BUILDING ______ B. WING ______	03/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING FACILITY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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. (b) Resident Assessment and Services. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and/or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102: (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (II) The ALF 102 must be completed and signed by an RN. This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure an ALF 102 was completed for 1 of 4 sample residents (#6). The findings were: Review of the resident record revealed no evidence an ALF 102 was completed for resident #6, who was admitted on 10/24/11. During an interview on 3/1/12 at 9 AM, the manager and licensed practical nurse (LPN) #1 stated they	SALF	The facility will ensure that all residents have a current ALF 102, either annually or upon resident changes, and will be kept in the resident record. A) The RN will complete the ALF 102 on all residents annually and upon resident condition changes. Res #6 has ALF 102. B) Manager will perform monthly resident file audits to ensure that all residents have a current ALF 102 filed annually or when changes occur to ensure compliance with the regulation requirements. and tracked in QA to ensure compliance.	04/01/12

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE [signature] (X6) DATE 3/23/12.

STATE FORM HCWV11 If continuation sheet 1 of 5

Changes made per phone call with Cheri Willard [illegible] on 4/16/12 @ 2:10 pm. Janee C[illegible], OHLS

jc

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SALF	Continued From page 1 were unable to locate an ALF 102 for the resident. (e) Resident Records and Reports. (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records. This REQUIREMENT is not met as evidenced by: Based on review of incident reports and staff interview, the facility failed to report 1 of 1 incidents reviewed which affected the health and safety of a resident (#12). The findings were: Review of incident reports showed on 1/26/12 resident #12 was found on the floor. The resident was taken to the hospital, and suffered a broken hip and required stitches in the head. Further review showed no evidence the incident was reported to the Licensing Division. During an interview on 2/29/11 at 11:05 AM, the manager stated the incident was not reported. She stated she had just learned that the incident should have been reported.	SALF	Incident involving Res #12 will be reported The facility will ensure that any accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitations will be documented in the resident record. Any incidents affecting the health, welfare or safety of a resident shall be reported to the Licensing Division within one day and the Ombudsman within 5 days of the occurrence. Documentation will be present in the resident record. A) The staff will complete the resident incident form on all accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitations will be documented and placed the resident record. B) Manager will review all reports within 24 hours and ensure that any incidents affecting the health, welfare or safety of a resident are reported to the Licensing Division within one day and the Ombudsman within 5 days of the occurrence. Monthly resident file audits will be completed to ensure compliance with the regulation requirements. and tracked to QA to ensure compliance. jc	jc 04/01/12

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SALF	Continued From page 2 (e)(i) Each folder shall include the following: (J) Copy of all ALF 102's. This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the resident record contained a copy of the ALF 102 for 1 of 4 sample residents (#6). The findings were: Review of the resident record revealed no evidence an ALF 102 was completed for resident #6, who was admitted on 10/24/11. During an interview on 3/1/12 at 9 AM, the manager and licensed practical nurse (LPN) #1 stated they were unable to locate an ALF 102 for the resident. (j) Food Service and Nutrition. (iii) Food service supervision: (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. This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to ensure the dietary services supervision was assigned to a person who was a Certified Dietary Manager (CDM), or the equivalent. The findings were: During an interview on 3/1/12 at 9 AM, the manager and LPN #1 stated the facility did not have a CDM, or an employee who had the	SALF	The facility will ensure that the 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. A) The Owner will complete the certification for dietary manager within the next year. B) The facility will ensure that a certified dietary manager provides the day to day responsibilities for food production and management until the certification is obtained. will be tracked in QA to ensure Compliance. Will submit monthly Progress reports.	04/30/12-4/30/13

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SALF	Continued From page 3 training and experience equivalent to a CDM. The manager stated the owner of the facility was currently enrolled in an on-line CDM course. Section 8. Services Which Cannot Be Provided By The Level I Assisted Living Facility Staff. (a) The following services cannot be provided: (i) Continuos assistance with transfer and mobility; (vii) Incontinence care by facility staff. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure staff did not provide continuous assistance with transfers/mobility and incontinence care for 1 of 4 sample residents (#2). The findings were: Review of the 6/3/11 care plan revealed resident #2 required assistance with incontinence care and mobility. Observation on 2/28/12 at 9:50 AM revealed the manager (who is also a certified nurse aide) put a gait belt on the resident. The manager then assisted the resident to stand up from a chair in the dining room and assisted the resident to ambulate to his/her room. The manager held onto the gait belt with one hand, and the resident's hand with her other hand. The resident had an unsteady gait while ambulating. The resident was taken to the bathroom, where the manager pulled down the resident's pants and brief. The resident had been incontinent in his/her brief, so the manager removed the soiled brief, wiped the resident, put on a new brief, and pulled the brief and pants up. The manager stated staff needed to wipe the resident when s/he had a bowel movement. The CNA then assisted the	SALF	Res #2 is receiving home health PT The facility will ensure continuous assistance with transfer and mobility, and incontinence care by facility staff is not provided. C) The staff will provide intermittent assistance if needed for any resident. If a resident is unable to be assisted intermittently a plan of correction will be implemented to facilitate independence by utilizing home health therapies or 24 hour assistance provided by family. D) The facility will ensure that all residents are able to function with ADL's with intermittent assistance. If resident changes in condition or noted the facility will schedule a physician consult to obtain home health assistance with independence. If the resident is not able to become independent the facility will notify the family of the residents inability to continue placement in assisted living and will need be given a 30 day notice of intent to transfer to a skilled nursing facility. and tracked in QA to ensure Compliance.	04/30/12

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SALF	Continued From page 4 resident to ambulate to his/her bed. The resident required assistance to sit on the bed and to lay down in the bed. During the observation, the manager also stated the resident could only propel him/herself a little ways in the wheelchair, so staff usually assisted the resident with ambulation.	SALF		