PRINTED: 09/16/2013
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
	ALF004	A. BUILDING: _____ B. WING _____	09/06/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 STREET CASPER, WY 82601

(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
5ALP	LIC REGS FOR ASSISTED LIVING FACILITIES Wyoming Department of Health Aging Division Rules for Program Administration of Assisted Living Facilities Chapter 12 Section 6. Personnel and Staffing Requirements. (d) Infection Control (ii) Tuberculin Testing. (A) Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. This rule is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure tuberculin testing was done annually for 1 of 4 (#1) employees reviewed. The findings were: Review of the personnel file for employee #1 revealed s/he was a certified nurse aide (CNA) hired on 2/26/13. The file showed the employee had a negative tuberculin test dated 4/18/12, but none more recent than that. During an interview on 9/5/13 at 10:18 AM the director of nursing (DON) stated the tuberculin testing for the employee was due in April 2013, but she could not find documentation it was completed. On 9/5/13 at 1:40 PM the DON stated she had talked to the employee who confirmed s/he had not had the tuberculin testing since April of 2012. Section 7. Assisted Living Facility (ALF) Core Services.	5ALF	D.1.)The Community shall identify and fulfill the tuberculosis (TB) control and testing regulations that apply for staff and residents. If a skin test is required, the Community shall administer, or coordinate for administration of, a Mantoux skin test. 2.)The Licensed Nurse or Executive Director (if applicable) is responsible to delegate the completion of all steps for the establishment and maintenance of a TB infection control program, a TB risk assessment, a written infection control plan and screening of employees. 3.)Employee in question was brought in and tested the following Monday 9/9/13. Test was negative 4.)Clinical service director and business office manager will monitor and complete pre-hire checklist to ensure tests are complete and current. 5.)Quarterly audits will be completed by our corporate office to ensure compliance. through our QA program.	10/1/13

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

STATE FORM 6899 3QSL11 If continuation sheet 1 of 1

WY Dept of Health
SEP 25 2013
Healthcare Licensing and Surveys

Changes made per phone conf with Heather Guenthner E.D., on 10/11/13 @ 2:09pm. POC accepted.
Janelle Cole, ONRL

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SALF	Continued From page 1 (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 rule is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure the dining services manager was a Certified Dietary Manager (CDM) or the equivalent. The findings were: Review of the personnel file for the dining services manager showed she was not a CDM, nor had the equivalent education and experience. During an interview on 9/5/13 at 10:55 AM the dining services manager stated she was in the process of taking the CDM course. She stated she was "about halfway done" and needed to be finished by February 2014. (k) Transfer and Discharge (iv) Residents transferred to another health care facility shall be given written transfer/discharge notice which includes: (A) The name of the resident; (B) The reason for the transfer/discharge; (C) The effective date of the transfer/discharge; (D) The location to which the resident is transferred/discharged; (E) The name, address, and telephone	SALF	J.1.)All Dining Services Managers/Supervisors must have their food handlers certification, Serv-Safe certification, and/or CDM (Certified Dietary Manager) certification where it is a requirement in that state. 2.) Administrator and Human resources are responsible for ensuring proper certification is completed and obtained. 3) Dietary manager is enrolled in classes and will complete within the year. 4) Dining service manager will be working on classes in and has the support of our dietician and corporate partners to complete the course in a timely manner. 5)Dietician services will help ensure that all ongoing education is complete to retain certification. K.1. Discharge criteria and protocol will comply with regulatory guidelines and are specific to the purpose and goals of the facility.	3/1/14

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SALF	Continued From page 2 number of the Ombudsman; and (F) A listing of all outside contracted services. This Rule is not met as evidenced by: Based on staff interview, the facility failed to ensure a written transfer notice with the required elements was given to 1 of 1 resident (#59) transferred to another health care facility. The findings were: During an interview on 9/5/13 at 9:30 AM the DON and Administrator stated resident #59 was transferred to a nursing home on 8/20/13. They stated they did not give the resident a written transfer notice. Section 9. Contractual Services Provided Outside Assisted Living Facility Authority. (a) Components of the outside service(s) contract: (i) Who will provide the service(s); (ii) What service(s) will be provided; (iii) When the service(s) will be provided; (iv) Where the service(s) will the provided; (v) How the service(s) will be provided, and (b) Life Safety Code Responsibilities for Outside Contractual Services. A contract between the resident, the ALF, and all outside service providers in the ALF must be in place prior to the time of service delivery. This contract must identify the clear delineation of services. (i) The contract must specifically articulate the responsibilities of the resident, the ALF, and all service providers to comply with the	SALF	2. Clinical service director and the executive director are responsible for the completion of the discharge form. 3. A new form was drafted and will be completed for all residents discharged from the facility. Effective date: Immediate. 4. The director of nursing will be responsible for ensuring that the form is complete while the business office manager will audit charts to be sure they are retained on all discharged residents. 5. Quarterly audits will be completed by our corporate office to ensure compliance. through our QA program. a.1.)Before any service begins, complete and secure signatures for the form. According to instruction on the form, the Community representative who signs can be only the Executive Director, Registered Nurse or Nurse Consultant. 2.)Clinical service director and the executive director are responsible for the completion of the agreement. 3.)A new form was drafted and completed by all third party providers and the recipients of the services. Effective date: immediate.	10/1/13

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SALF	Continued From page 3 Evacuation Capability, Emergency Procedures and Fire Safety requirements in these rules. This rule is not met as evidenced by: Based on review of resident records and staff interview, the facility failed to ensure a contract with all required elements was signed by the resident, the ALF, and the outside service provider for 3 of 3 sample residents (#2, #28, #30) who received outside services. The findings were: 1. Review of the record for resident #28 revealed s/he received hospice services. The record contained a contract signed between the hospice agency and the resident, but no contract with the required elements that was signed by all three parties. On 9/5/13 at 1:50 PM the DON confirmed there was no contract signed by the resident, the ALF and the hospice agency. In addition, she confirmed there was no contract which specified the responsibilities during an emergency and/or evacuation. 2. Review of the record for resident #30 showed a referral for physical therapy dated 8/15/13. There lacked evidence of a contract for the therapy services. During an interview on 9/5/13 at 2:50 PM the DON stated the resident was receiving therapy services, but there was no contract in place signed by all three parties. 3. Record review revealed resident #2 had received occupational therapy. There was a "Service Acknowledgement" signed by the therapist on 8/7/13, but no contract with the required elements signed by all three parties.	SALF	4.) Director of nursing will complete the form prior to services being rendered at the community. 5. Quarterly audits will be completed by our corporate office to ensure compliance. through our QA program.	10/11/13