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
	ALF003	A. BUILDING: _____ B. WING _____	09/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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	A.) new residency and care agreement has been mailed to the power of attorney for resident # 76. This includes a copy of the resident rights to be signed as well as the facility policies. B.) All resident files will be audited to ensure that these requirements are being met. C.) The administrator and Business Office Manager will audit all new residents files monthly to ensure each new resident has signed the resident rights and has received written acknowledgement of the facility policies. D.) Files will be monitored bi annually by the QA team for compliance. E.) This will be completed by 10/20/13.	10/20/13

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.

(e) Resident Records and Reports.
(i) Each folder shall include the following:
(F) A signed copy of the resident's rights;
(I) Written acknowledgement of the receipt and explanation of all facility policies including admission/discharge policies;

This rule is not met as evidenced by:

Based on review of resident records and staff interview, the facility failed to ensure the resident's record contained all required items for 1 of 5 sample residents (#76). The findings were:

Review of the record for resident #76, who was admitted 9/20/12, showed no evidence of a signed copy of resident rights nor written acknowledgement of facility policies. During an interview on 9/4/13 at 4:35 PM the administrator stated those items were included in the contract, which had been mailed to the family but not yet returned.

(k) Transfer and Discharge
(iv) Residents transferred to another health care facility shall be given written

A.) The Director of Nursing and administrator will ensure all residents who transfer to another ALF receive a written transfer notice.

B.) The DON and administrator will review upcoming discharges at the beginning of each month

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert Fitzgerald Jr. TITLE: Executive Director (X6) DATE: 9/27/13

STATE FORM 6899 OCGP11 If continuation sheet 1 of 4

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WY Dept of Health
SEP 27 2013
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POC accepted, Message left for Robert Fitzgerald, E.D. on 10/11/13 @ 10:08 a.m.
Janell Cox, ORN

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$ALF	Continued From page 1 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 number of the Ombudsman; and (F) A listing of all outside contracted services. This Rule is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure a written transfer notice was given to 2 of 2 sample residents (#86, #87) reviewed who were transferred to another health care facility. The findings were: 1. Review of the resident record showed resident #86 was transferred to another assisted living facility (ALF) on 7/19/13. Further review of the record revealed no evidence the resident was given a written transfer notice. 2. Review of the resident record revealed resident #87 was transferred on 8/2/13 to another ALF. Further review of the medical record showed no evidence the resident was given a written transfer notice. 3. During an interview on 9/4/13 at 4:02 PM the director of nursing (DON) stated the facility did not issue written transfer notices unless the transfer was initiated by the facility. She confirmed transfer notices were not given to residents #86 and #87.	$ALF	(monthly) to ensure proper notices are distributed. C.) This will be monitored and reviewed bi annually by the quality assurance team. D.) This will be completed by and in place by 10/20/13. A.) The DON had an updated form for resident #40 signed by all three required parties and the form includes the Life Safety Code responsibilities. The DON had an updated form for resident #14 signed by all three required parties and the form includes the Life Safety Code responsibilities. The DON had an updated form for resident #71 signed by all three required parties and the form includes the Life Safety Code responsibilities. The DON had an updated form for resident #76 signed by all three required parties and the form includes the Life safety Code responsibilities. B.) The administrator and DON will check all resident files with outside services to ensure a proper contract is signed by all three parties and the Life	10/20/13

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SALF	Continued From page 2	SALF	Safety Code responsibilities are included.	
	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 Evacuation Capability, Emergency Procedures and Fire Safety requirements in these rules. This rule is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure a contract with all required elements was in place and signed by the resident, the ALF, and the outside service provider for 4 of 4 sample residents (#14, #40, #71, #76) who received outside services. The findings were: 1. Review of the resident record for resident #40 showed an "Outside Healthcare Agency Service Acknowledgement" form signed by the therapist on 5/22/13 for occupational therapy services.		C.) We will monitor all residents on outside services quarterly to ensure proper documentation in regards to the contract is completed. D.) This will be monitored semi annually by the quality assurance team. E.) This will be completed by 10/20/13.	10/20/13

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SALF	Continued From page 3 However, the form was not signed by all three parties (the resident, the ALF, and the outside agency) and did not include the Life Safety Code responsibilities. 2. Review of the resident record for resident #14 showed s/he received home health services. The record included notes from the home health nurse, but failed to show evidence of a contract. During the exit conference on 9/4/13 at 4:30 PM the DON stated if she found the contract, she would fax it to the surveyor. As of 9/10/13 no fax was received. 3. Review of the resident record showed resident #71 had received occupational therapy services. Further review showed an "Outside Healthcare Agency Service Acknowledgement" form signed by the therapist on 3/8/13. However, the form was not signed by all three parties (the resident, the ALF, and the outside agency) and did not include the Life Safety Code responsibilities. 4. Resident record review revealed resident #78 had received occupational therapy services. Although there was an acknowledgement form signed by the therapist 12/31/12, there lacked a contract with all required elements signed by the resident, the ALF, and the outside service provider. 5. During an interview on 9/4/13 at 4:30 PM the administrator and DON stated they did not have contracts with outside service providers which contained all the required elements, nor were they signed by all three parties.	SALF		