WDH - Office of Healthcare Licensing and Su. .eys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING _____ B. WING _____	09/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 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. (b) Resident Assessment and Services, (i) The Completion of the ALF 102. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in a resident's condition. Based on staff interviews, observations, and medical record reviews, the facility failed to complete a new ALF 102 for 2 of 6 (#4 and #6) sample residents when their conditions changed. The findings were: 1. Medical record review for resident #4 revealed the most recent ALF 102 was completed on 12/15/10 and it showed the resident was independent in transfers and mobility at that time. Further record review revealed nursing progress notes dated 7/22/11 that showed the resident had fallen and sustained a fractured tibia and fibula. A nursing progress noted dated 7/24/11 revealed the resident was a two person assist with transfers. An occupational therapy evaluation completed on 8/1/11 showed the resident was a maximum assist with transfers. Interview on 9/28/11 at 9:30 AM with licensed practical nurse (LPN) #1 confirmed from the time the resident fell and sustained the fractures in July 2011 up to just a couple of weeks ago, s/he needed the assistance of 1-2 people when transferring.	SALF	a new assessment was completed on Resident #4. Resident #6 has been discharged. The facility will ensure that a new ALF 102 will be completed with any and all resident change of condition. This will be accomplished by: The Clinical Services Director will provide on-going training and education to all nursing staff in regards to resident change of condition and updates pertaining to this. The ALF 102s will be updated with every resident change of condition and appropriate changes will be addressed as required by the Director of Clinical Services at that time. The updates and reviews will be reviewed during the quarterly Quality Improvement Committee meeting.	10/21/2011

Tara Stone ED
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Executive Director

(X6) DATE: 10.21.11

STATE FORM 6899 HLX7OS11 If continuation sheet 1 of 4

11/3/11 34% POC accepted with corrections per telephone call with TARA Stone-Executive Director
Kathy V Hobbs

RECEIVED
Wyoming Dept of Health
OCT 24 2011
Office of Healthcare Licensing and Surveys

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SALF	Continued From page 1 2. Medical record review for resident #6 revealed an ALF 102 dated 6/25/10. The next ALF 102 was completed on 8/3/11. The ALF 102 from 6/25/10 showed the resident needed some assistance with bathing, dressing, and transfers and was receiving care from home health. The ALF 102 dated 8/3/11 revealed the resident was totally dependent in eating, dressing, incontinence care, mobility and transfers. Further record review revealed an elopement risk assessment that was completed on 6/6/11 that showed the resident was bedridden. Interview on 9/28/11 at 9:10 AM with registered nurse (RN) #1 revealed she had started employment at the facility in March 2011 and resident #6 had been bedridden the whole time she had worked at the facility. Section 8. Services Which Cannot Be Provided By The Level 1 Assisted Living Facility Staff (a) The following services cannot be provided: (i) Continuous assistance with transfer and mobility (vii) Incontinence care by facility staff Based on medical record reviews, observation, and staff interviews, the facility failed to ensure 2 of 6 (#4 and #6) sample residents had the functional ability to reside in a level 1 ALF. The findings were: 1. Medical record review for resident #4 revealed nursing progress notes dated 7/22/11 that showed the resident had fallen and sustained a fractured tibia and fibula. A nursing progress note	SALF	a new assessment of resident #4 showed s/he was independent in transfers Resident #6 was discharged. The facility will ensure all residents residing in our level 1 ALF are appropriate according to Section 8. Services which cannot be provided. This will be accomplished by: The Clinical Services Director and Executive Director will ensure that all residents do not require continuous assistance with transfer and mobility and/or incontinence care by facility staff. This evaluation and monitoring will coincide with the completion and updating of the ALF 102s with any and all change of conditions.	

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SALF	Continued From page 2 dated 7/24/11 revealed the resident was a 2 person assist with transfers and an occupational therapy evaluation completed on 8/1/11 showed the resident was a maximum assist with transfers. Interview on 9/28/11 at 9:30 AM with LPN #1 confirmed from the time the resident fell and sustained the fractures in July 2011 up to a couple of weeks ago, s/he needed the assistance of 1-2 people when transferring. 2. Medical record review for resident #6 revealed an ALF 102 dated 8/3/11 that showed the resident was totally dependent in eating, dressing, incontinence care, mobility and transfers. Interview on 9/28/11 at 9:10 AM with RN #1 revealed the resident had been totally dependent and bedridden for the past 6 months. Interview on 9/28/11 at 9:10 AM with the director of nurses (DON) confirmed the resident was totally dependent and was not able to use the call light. The DON went on to say during the day the hospice CNAs came 3 to 4 times a day to feed, bath, turn, and provide incontinence care to the resident. At night, the facility CNAs provided incontinence care and turned the resident. Observation on 9/28/11 at 9:10 AM revealed resident #6 lying in bed in his/her apartment. S/he appeared frail, but did open his/her eyes when spoken to. The resident could not answer simple questions appropriately and s/he made no attempt to move. (o) Evacuation Capability, Emergency Procedures, and Fire Safety (i) Evacuation Capability (A) The evacuation capability rating for the group	SALF	The Quality Improvement Committee will review results at quarterly meeting. Resident #4 is independent in transfers & Resident #6 is ~~bedbound~~. was discharged.	10/21/2011

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SALF	Continued From page 3 of residents, as defined by the Life Safety Code, in accordance with licensure rules, shall meet prompt or slow for facilities with nine (9) or more residents... (B) Evacuation Capability Ratings: (I) Prompt - maximum of three (3) minutes. (II) Slow - between three (3) and thirteen (13) minutes. (III) Impractical - more than thirteen (13) minutes. Based on medical record reviews and staff interviews, the facility failed to ensure 2 of 6 (#4 and #6) sample residents were capable of evacuating the building. The findings were: 1. Medical record review for resident #4 revealed nursing progress notes dated 7/22/11 that showed the resident had fallen and sustained a fractured tibia and fibula. A nursing progress note dated 7/24/11 revealed the resident was a 2 person assist with transfers. An occupational therapy evaluation completed on 8/1/11 showed the resident was a maximum assist with transfers. Interview on 9/28/11 at 9:30 AM with LPN #1 confirmed from the time the resident fell and sustained the fractures in July 2011 up to a couple of weeks ago, s/he needed the assistance of 1-2 people when transferring. 2. Medical record review for resident #6 revealed an ALF 102 dated 8/3/11 that showed the resident was totally dependent in eating, dressing, incontinence care, mobility and transfers. Interview on 9/28/11 at 9:10 AM with RN #1 revealed the resident had been totally dependent and bedridden for the past 6 months. Interview on 9/28/11 at 9:10 AM with the director of nurses (DON) confirmed the resident was totally dependent and was not able to use the call light.	SALF	The facility will ensure that all residents will be capable of evacuating the building. This will be accomplished by: The Director of Environmental Services will monitor resident capabilities of evacuation during monthly fire drill exercises. Results will be documented on the monthly records and reviewed by the Director of Clinical Services and the Executive Director following the drill. Any change of services will be addressed as needed. Compliance with this regulation will also coincide with the updating of the ALF 102 upon any change of condition. The Quality Improvement Committee will review results at quarterly meeting.	10/21/2011