PRINTED: 12/17/2010
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
	ALF006	A. BUILDING _____ B. WING _____	C 12/03/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

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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. Assisted Living Facility (ALF) Core Services. (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. The RULE is not met as evidenced by: Based on medical record review and staff interview the facility failed to provide initial and annual physical assessments for residents #1, #2, #3, and all residents in the facility. The facility census was 54. The findings were: Review of the medical record for newly admitted residents #1 and #2 (admitted on 9/13/10) revealed no initial physical assessments had been completed. Review of the medical record for resident #3 (admitted on 12/31/09) revealed no initial physical assessment or any more recent assessment to support the current assistance plan/care plan. When interviewed on 12/3/10 at 12:15 PM, the registered nurse director stated the facility did not do physical assessments on residents unless they presented with symptoms	SALF	Physical assessments were completed for resident #1, #2, and #3 on December 23, 2010. Staff will ensure all residents have physical assessments initially, annually & on change in condition An audit was completed on the remaining residents and physical assessments will be updated by January 15, 2011. Administrator will ensure an RN is completing a physical assessment on all residents at move-in, change of condition and annually. Trends will be reported to the QA program. Assessment tool has been added to the format now in process and to the created tickler system to monitor annual assessments.	~~12/23/2010~~ ~~01/15/2011~~ ~~01/15/2011~~ 1/24/11

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

STATE FORM 6899 GZQ811 If continuation sheet 1 of 8

On 1/19/11 @ 1104 The POC was approved with changes made by Sarah Green, Adm., and Karen Womack RN, Health Surveyor.

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SALF	Continued From page 1 of illness. She stated no routine baseline assessments would be found for any resident. Section 4. Definitions (hh) "Medication Management." The requirements as established in these Program Administrative Rules, as well as the Wyoming Nurse Practice Act and the Wyoming Board of Nursing Rules and Regulations. Section 7. Assisted Living Facility (ALF) Core Services. (d) Medications. (v) Medication Administration. (A) An RN shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act, and the Wyoming Board of Nursing Rules and Regulations. Wyoming State Board of Nursing Rules and Regulations, Chapter 3, Standards of Nursing Practice. ...Section 2. Standards of Nursing Practice for the Registered Professional Nurse. (a) (i) The registered professional nurse shall: ... (A) Have knowledge of the statutes and regulations governing nursing; (B) Practice within the legal boundaries for nursing through the scope of practice authorized in the Wyoming Nurse Practice Act and the board ' s administrative rules and regulations;... (D) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;...	SALF	The medication dispensing process was changed to comply with current standards of nursing practice. ~~12/3/2010~~ All licensed nurses were in-serviced on current medication procedures. ~~12/16/2010~~ The administrator will ensure an RN is completing monthly medication observations on all licensed nurses to ensure compliance. This will be 1/5/2011 reported to the QA process	

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SALF	Continued From page 2 Section 3. Standards of Nursing Practice for the Licensed Practical Nurse (b) Standards relating to the licensed practical nurse's responsibilities as a member of the healthcare team. (i) The licensed practical nurse shall:... (AA) Administer medications according to standards of practice;... The RULE is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to ensure nursing staff administered medications as per the nursing standards of practice for medication administrations. The facility census was 54 residents and the current practice had been in effect for more than a year. The findings were: 1. Interview and observation on 12/3/10 at 0615 revealed licensed practical nurse (LPN) #1 poured medications for residents who required them prior to breakfast. At 6:33 AM, LPN #2 came into the nurses' station and was identified as the treatment nurse. By 7:08 AM a second observation showed LPN #2 left the nurses' station with the treatment cart and returned at 7:15 AM and requested a pain medication for resident #5. LPN #1 retrieved the medication, checked it against the medication record and handed it to LPN #2 who then left to deliver the medication to the resident. As LPN #2 administered the medication, the surveyor inquired how she could do three checks against the medication record to ensure right dose, right medication and right patient. LPN #2 replied, "That's a good question," and then stated, "I guess I didn't." At 7:32 AM the surveyor returned to the nurses' station and inquired about the medications which were poured earlier. LPN #1	SALF		

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SALF	Continued From page 3 stated that the treatment nurse, LPN #2, was passing them. The surveyor found LPN #2 and she confirmed that she had given residents #4, #5, #6, #7, and #8 the scheduled medications. During conversation with LPN #2, she stated that if a medication error was made dulmg the pouring of medications she would not know. When asked what standards of practice required for medication pass, she stated, "If you pour it, you pass it." Conversation with LPN #1 at 7:40 confirmed with the present system, she could not know if the right medications made it to the right resident. 2. Review of the facility's policy titled, Medication Service, states the following: Community staff will respect the seven rights of medication assistance/administration before each medication is administered: the right resident; the right medication; the right time; the right dose; the right route; the right to refuse; and, the right to know. The policy also instructs, "In the event that the preparer is unable to pass the medications, previously poured medications will be discarded and a new set poured and passed." 3. Reference information: a. Elkin, Perry, Potter, " Nursing Interventions & Clinical Skills," fourth edition, copyright 2007, Chapter 15. The six rights of medication administration include: Right Medication; Right Dose; Right Client; Right Route; Right Time; and Right Documentation. The authors further instruct, "It is legally advisable to administer only the medications you prepare. Administering a drug prepared by another nurse increases the opportunity for error. The nurse who gives the wrong medication or an incorrect dose is legally responsible for the error...."	SALF		

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SALF	Continued From page 4 b. Smith, Duell, Martin, "Clinical Nursing Skills, Basic to Advanced Skills," seventh edition, copyright 2008, Chapter 18 Safety Precautions, The authors instruct readers in "The Six Rights" of medication administration which include: Right medication; Right client; Right time; Right method or route of medication; Right dose; and Documentation. Section 7. Assisted Living Facility (ALF) Core Services. (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. The RULE is not met as evidenced by: Based on staff interview and employee personnel file review the failed to ensure the day-to-day responsibilities for food production and management were overseen by a Certified Dietary Manager or a person with nutrition and food service management equivalent experience. The findings were: Interview with the dietary manager on 12/3/10 at 6:46 AM revealed the manager had "ServeSafe" training, and restaurant managerial experience. She stated that she was to be enrolled in the on-line dietary manager course, and was not currently a Certified Dietary Manager. Interview with the administrator on 12/3/10 at 3 PM	SALF	Dining Services Manager was enrolled in classes to become a Certified Dining Services Manager. ~~12/27/2010~~ Certification will be completed by Dinning services manager. ~~12/17/2011~~ Administrator will ensure Dinning Services Manager progress and completion of certification program. ~~01/16/2011~~ 1/31/2012 The adm. will send monthly updates of the Dty mngr progress to the state survey inspect 777-7127.	

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SALF	Continued From page 5 revealed the dietary manager was employed as a dietary aide and moved the management position after kitchen issues required multiple staffing changes. The administrator stated the manager would be enrolled in the on-line course 12/6/10. Review of the manager's employee file revealed some trade school training in food management, confirmed the current "ServeSafe" certification, and experience in restaurant management.	SALF		