11/12/13 QA

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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 _____	09/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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 A full licensure health survey was conducted at Sierra Hills Assisted Living Community on 9/25/13 - 9/26/13. WYOMING DEPARTMENT OF HEALTH AGING DIVISION RULES FOR PROGRAM ADMINISTRATION OF ASSISTED LIVING FACILITIES CHAPTER 12 Section 7. Assisted Living Facility (ALF) Core Services. (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical status; (III) Sensory and physical impairments; (IV) Nutritional status and requirements; (V) Special treatments and/or procedures; (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate.	SALF		

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

Sandi Green — Comm Dir — 10-17-2013

Accepted POC w/ Sarah Green, ED on 11/12/13
DOC = 11/25/13
Changes on pgs 2, 6

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	ALF008	A. BUILDING: _____ B. WING _____	09/26/2013

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SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

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SALF	Continued From page 1 (iv) Frequency of assessment. An assessment must be conducted: (A) No earlier than one (1) week prior to admission; (B) Immediately upon any significant change in the resident's mental or physical condition; or (C) No less than once every twelve (12) months. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the annual assessment was complete for 5 of 5 sample residents (#1, #46, #52, #17, #31) who required an annual assessment. The findings were: 1. Review of the 5/9/13 annual nursing assessment for resident #52 showed the assessment was not comprehensive. The areas not addressed in the assessment included functional ability, nutrition, activities, dental condition, activities potential, and discharge potential. Review of the entire medical record confirmed an RN had not assessed those areas. 2. Review of the 3/2/13 annual nursing assessment for resident #31 showed the assessment was not comprehensive. The areas not addressed in the assessment included functional ability, nutrition, activities potential, dental condition, and discharge potential. Review of the entire medical record confirmed an RN had not assessed those areas. 3. Review of the medical record for resident #46 showed there was not an annual assessment that covered all of the required areas. Interview on 9/26/13 at 9:38 AM with the clinical service director verified the July 2013 assessment did not include the areas of physical functioning,	SALF	A comprehensive assessment will be completed for residents #1, #46, #52, #17, #31. An audit will be completed of the remaining medical records to ensure comprehensive assessment is completed and comprehensive assessments will be completed as needed. Administrator will ensure comprehensive assessments are completed per state regulations and any issues will be noted in the Quality Assurance Program.	10/31/13 11/15/13 addressed and fixed through

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SALF	Continued From page 2 discharge potential, dental, nutrition, or activities potential. 4. Review of the 3/24/13 annual nursing assessment for resident #17 showed it was not comprehensive. The assessment lacked the required areas of physical functioning, discharge potential, dental condition, activities potential, and nutrition. 5. Review of the 3/24/13 annual nursing assessment for resident #1 showed it was not comprehensive. The assessment lacked the required areas of physical functioning, discharge potential, dental condition, activities potential and nutrition. 6. Interview with the clinical services director on 9/26/13 at 9:38 AM verified the assessment forms used to complete the nursing annual assessments failed to include all of these identified areas. Lack of assessing significant change: (b) (iv) Frequency of assessment. An assessment must be conducted: (B) Immediately upon any significant change in the resident's mental or physical condition; This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a significant change in condition assessment was completed for 1 of 1 sample residents (#1) who had a significant change in condition. The findings were: Review of the medical record for resident #1 showed s/he had an ALF 102 assessment done on 7/19/13 which showed the resident had	SALF	ALF 102 was completed for resident #1. An audit of remaining medical records was completed to ensure any residents that had a noted change of condition to ensure new ALF 102 and were completed as needed. Administrator will ensure ALF 102 is completed with each change in condition and any issues will be noted in the Quality Assurance Program.	9/26/13 10/1/13

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SALF	Continued From page 3 superficial skin conditions, fragility of the skin, and rashes or chronic dermatitis. Review of the nursing notes showed on 7/23/13 timed at 9:55 PM, the resident was having complaints of burning, and upon assessment of the coccyx area the resident was noted by the nurse to have two open areas. The 8/5/13 timed at 6 PM nurse's note showed a home health agency was notified to begin seeing this resident for dressing changes and treatments. Interview with the clinical services director on 9/26/13 at 9:38 AM stated the resident's service plan was updated to show the new care and treatment related to the open areas; however, she verified a significant change in condition assessment had not been done or a new ALF 102 assessment completed. Lack of qualifications for dietary manager: (i) Food Service and Nutrition (iii)(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 and review of personnel file, the facility failed to ensure the qualifications were met for the dietary manager. The findings were: Interview with the dietary manager on 9/26/13 at 4:15 PM revealed he had been in the position of dietary manager for about 1 year. Previous to this position, the manager had been the maintenance director for the facility. Further interview revealed the manager had worked in restaurants and had a food safety certification. The manager verified	SALF	Dietary Manager will be enrolled in Certified Dietary Manager course. Administrator will monitor the progress of the Dietary Manager in the course and any issues will be noted in the quality assurance program.	11/25/13

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SALF	Continued From page 4 he was not enrolled in any certification courses for dietary managers and had not had any previous experience with nutrition or special diets. Review of the managers personnel file showed he had current certification in ServeSafe (a nationally recognized food safety program) however, he lacked additional education and experience to that of a certified dietary manager. Lack of sanitary conditions: (j) Food Service and Nutrition (vi) The kitchen and dining area shall be kept clean and sanitary in accordance with standards established in the current edition of FDA Food Code. This REQUIREMENT is not met as evidenced by: Based on observation, review of cleaning schedules, and staff interview, the facility failed to ensure sanitary conditions were met in the production and storage areas of the kitchen. The findings were: 1. Observation on 9/25/13 at 4:15 PM showed the ice machine had a build-up of a white/brownish substance on an interior plastic piece where the ice fell into the bin. Review of the cleaning schedule showed the ice machine was last cleaned on 8/7/13 and was on a monthly cleaning schedule. In addition, the hood vents located above the range top were noted to have accumulated grease which was dripping on the metal parts of the vents. The cleaning schedule for the hood vents showed they were last cleaned on 8/17/13, and the cleaning was scheduled to be monthly. According to Food Code 2009, U.S. Public Health Service 4-601.11 "(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS	SALF	Ice machine and hood vents were cleaned. An audit was completed of the remainder of the cleaning task and competed as needed. Administrator will ensure the kitchen cleaning is completed and any issues will be noted in the Quality Assurance Program.	9/25/13 9/25/13

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SALF	Continued From page 5 shall be clean to sight and touch... (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris." 2. Observation on 9/25/13 at 4:25 PM of the walk-in refrigerator showed raw hamburger stored in a plastic bag which was partly hanging over the edge of a sheet pan it was placed on. The sheet pan with the plastic bag of raw ground beef was being stored above a sheet pan containing cinnamon roll dough covered with a piece of parchment paper. Interview and observation at that time, with dietary aide #1 revealed the raw meat should be stored on the bottom shelf where it could not potentially contaminate any other food. According to Food Code 2009, U.S. Public Health Service: 3-302.11 "(A) Food shall be protected from cross contamination by: "...separating raw animal foods during storage, preparation, holding, and display from: (a) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables, and (b) Cooked ready-to-eat food;" 3. Observation on 9/25/13 from 4:15 PM to 5 PM showed three wet wiping cloths being stored on preparation tables in the kitchen. There was a bucket of sanitizer solution prepared; however, there were no cloths stored in the bucket. At 4:20 PM cook #1 used one of these wet cloths to wipe a preparation table and then folded the wet cloth and put it on a shelf. When the dietary manager was interviewed on 9/25/13 at 4:30 PM, he was unaware of the requirement to keep the wet towels held in the sanitizer solution. According to Food Code 2009, U.S. Public Health	SALF	Hamburger was moved and cinnamon roll dough was thrown away. All dietary staff was in-serviced on proper food storage. Administrator will ensure proper food storage and any issues will be noted in the Quality Assurance Program All dietary staff was in-serviced on proper storage of wet wiping cloth storage. Administrator will ensure proper kitchen sanitation and any issues will be noted in the Quality Assurance Program	9/25/13 9/30/13 Results of audits due 9/30/13

11/12/13

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SALF	Continued From page 6 Service: 3-304.14. "...(B) Cloths in-use for wiping counters and other equipment surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114;"	SALF		