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Healthcare Licensing and Surveys

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING _____ B. WING	C 10/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING FACILITY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 On 10/7/13 through 10/8/13 Healthcare Licensing and Surveys (HLS) conducted a licensure survey and a complaint survey at Tender heart Assisted Living Facility. Wyoming Department of Health Aging Division Rules for Program Administration of Assisted Living Facilities Chapter 12 Section 6. Personnel and Staffing Requirements. (a) Management (i) The manager shall: (G) Be familiar with and follow the State's promulgated Assisted Living Facility Licensure and Program Administration Rules; (H) Pass an open book test on the same. The open book test shall be administered by the Program Division. The passing score will be 85% or greater. Those individuals who successfully completed the examination administered by the Licensing Division shall have their test scores honored. This rule is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure the manager had taken the test administered by the Licensing or Program Division. The findings were: Review of the personnel file for the manager, hired as the manager on 7/7/13, revealed no evidence she had taken and passed the assisted	SALF	A. The facility will ensure that the manager will be familiar with the Assisted Living Licensure and Program Administration Rules. The manager will pass an open book test administered by the Program Division. Current Manager has completed the testing with a passing grade of 96% Owner will monitor for compliance through the Quality Assurance program.	10/30/13

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

STATE FORM 6899 YM4811 If continuation sheet 1 of 9

POC accepted. E-mailed Cheri Willard, owner, on 11/13/13 @ 11:06 am.
Janelle Collins, ORN

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SALF	Continued From page 1 living facility (ALF) rules open book test. During an interview on 10/8/13 at 10:35 AM the manager confirmed she had not taken the test yet. She stated "it is on my to-do list." (b) Staffing (iv) There shall be at least one (1) RN, LPN, or CNA on duty every shift. There shall be at least one (1) person on duty and awake at all times. This rule is not met as evidenced by: Based on review of the schedule, personnel file review, and staff interview, the facility failed to ensure every shift had at least one RN, LPN, or CNA on duty. The findings were: Review of the schedule for October 2013 (through 10/8/13) revealed employee #1 was listed as the person on duty for the 3 PM -11 PM shift on the following dates: 10/1/13, 10/2/13, 10/3/13, 10/4/13, 10/7/13 and 10/8/13. Review of the personnel file for employee #1 revealed she had a temporary permit from the Wyoming Board of Nursing as a graduate nurse aide (GNA). The employee was not certified as a CNA. During an interview on 10/8/13 at 1 PM the owner confirmed the GNA did work alone on the 3-11 PM shift. She further confirmed the employee was not yet a CNA. Section 7. Assisted Living Facility (ALF) Core Services. (d) Medications (iv) Medication assistance. (A) The staff shall be responsible for providing necessary assistance to resident's	SALF	A. The facility will ensure that at least one RN, LPN, or CNA is on duty every shift. The manager will ensure that all CNA's have completed their certification required and that no GNA's are working alone. Owner will monitor for compliance through the Quality Assurance program.	12/06/2013

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SALF	Continued From page 2 deemed capable of self-medicating, but are unable to do so because of a functional disability, in taking oral medications. Non-licensed staff can only assist with oral medications. Medication assistance may include: (I) Reminding residents to take medications; (II) Removing medication containers from storage; (III) Assisting with removal of cap; (IV) Assisting with the removal of the medication from a container for residents with a disability which prevents independence in this act; (V) Observing the resident take the medication; and (VI) Documentation of observation This rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure only licensed staff assisted with non-oral medications for 2 of 2 sample residents (#3, #13) and 1 non-sample resident (#14) who was observed to take non-oral medication. The findings were: 1. Observation on 10/7/13 at 5:15 PM revealed graduate nurse aide (GNA) #1 removed an inhaler from the medication cart and brought it to resident #14. She handed it to the resident, and gave him/her verbal cues on how to use it. The resident was unable to get the inhaler to work. At that point, the manager (also a CNA) came over and reminded the resident that s/he needed to "suck in" while pressing the button on the inhaler. Review of the medication administration record (MAR) showed the resident was ordered Tadorzo 1 puff. Review of the 10/1/13 medication administration assessment revealed the resident was assessed as needing "qualified staff" to	SALF	A. The facility will ensure CNA's only remind/assist residents with oral medications. The nurse at the facility will assist/remind any resident's with any other medications other than oral medications. If the facility nurse is not able to complete these tasks then the resident will be placed with home health services to come and remind/assist residents with their medications other than orally administered. In the event that home health, facility nursing, and/or resident ability prevents these from occurring the resident will be given a discharge notice due to level of care needs and will be placed in a different facility within 30 days. Resident #3 and #13 will have home health agencies, of their choice, provide assistance with medications that are not orally administered. Manager will monitor for compliance through the Quality Assurance program.	12/06/2013

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SALF	Continued From page 3 assist the resident with medications. 2. Observation on 10/8/13 at 7:52 AM revealed CNA #1 went to the room of resident #13. She told the resident she was there to assist the resident with his/her insulin. She removed a plastic bag from the resident's refrigerator which contained some pre-filled syringes of Humalog insulin. The resident gave him/herself an injection of 15 units of Humalog insulin. The CNA left the room and returned with a Lantus insulin pen. The resident asked what "number" (amount of insulin) today was. The CNA left the room to look at the MAR, and then returned and told the resident "147 today...so 73 this morning." (Review of the record showed the resident was ordered "Lantus 90 units, increase by 1 unit per day" and the dose was to be split between the am and pm). The resident dialed the pen and then gave the injection him/herself. The CNA returned the insulin to the refrigerator. The CNA then documented the amount of insulin given in the MAR. Review of the 10/1/13 medication administration assessment revealed the resident was not able to identify medications taken, nor able to take medications at the correct times. The assessment result was that the resident would have "qualified staff" assist with the medications. 3. Observation on 10/8/13 at 8:05 AM revealed CNA #1 entered the room of resident #3. The CNA removed the Lantus insulin pen from the refrigerator. The resident took his/her blood sugar, which was 127. The CNA looked at the posted sliding scale instructions, and told the resident s/he did not need any additional insulin this morning. The CNA handed the resident the Lantus pen and cued the resident to dial up the dose. The resident dialed the pen, and then stated "I think that is 50." The CNA looked at the	SALF		

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SALF	Continued From page 4 pen and verified it was set to 50. The resident then gave him/herself the injection with cues. The CNA then documented on the MAR. Review of the 10/1/13 medication administration assessment showed the resident needed "qualified staff" to assist with medications. 4. During an interview on 10/8/13 at 1 PM the owner stated CNAs did assist residents with insulin, which usually included reminders and cues. She stated she did not understand why CNAs could assist with oral medications, but not non-oral medications. (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. This rule is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure medications were given in accordance with physician's orders for 1 of 4 sample residents (#3). The findings were: Observation on 10/8/13 at 8:05 AM revealed CNA #1 assisted resident #3 with the administration of Lantus insulin by verifying the amount of insulin given, and documenting on the MAR. The resident injected him/herself with 50 units of Lantus insulin. Review of a white erase board in the CNA office showed a note which stated the resident's insulin dose was "50." However, review of the MAR showed "Lantus SoloStar 35 units daily." Review of the resident record revealed a	SALF	A. The facility will ensure that the RN is responsible for the supervision and management of all medication administration. The facility nursing staff will ensure that all physician orders are present in the medical record before changes are made to the patient medication administration record and plan of care. The RN will monitor for compliance through the Quality Assurance program.	12/06/2013

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SALF	Continued From page 5 physician's order dated 9/22/13 for "Lantus SoloStar 35 units daily." Furthermore, the 60 day medication review, signed by the physician on 9/24/13, showed the resident was to receive 35 units of Lantus insulin. On 10/8/13 at 1:45 PM the licensed practical nurse (LPN) stated she remembered the physician changing the order for insulin, but was unable to find the order. She stated the physician was also unable to find an order, so he wrote a new one that day (after the surveyor asked about it). According to the Wyoming Nursing Practice Act of July 2005 and the Administrative Rules and Regulations of November 2003, page 3-6, nursing must function under the direction of a physician. (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 staff interview, the facility failed to ensure a staff person who was a certified dietary manager (CDM), or the equivalent, was assigned to manage dietary services. The findings were: During an interview on 10/7/13 at 4 PM, the owner stated the facility currently did not have a CDM or the equivalent. She stated the previous manager was taking the course, but she no	SALF	A. The facility will ensure that a Certified Dietary Manager, or the equivalent is assigned to manage dietary services. The facility will enroll another employee into the CDM program. The facility will submit monthly progress reports to the Wyoming Department of Health Office of Survey's, to track the employee's progress in the course The manager will monitor for compliance through the Quality Assurance program.	12/31/2014

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SALF	Continued From page 6 longer worked in the facility. She stated none of the current staff were enrolled in a CDM course. (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 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 (#15) transferred to another health care facility. The findings were: Review of the closed record for resident #15 revealed s/he was transferred to another healthcare facility on 7/11/13. Review of the "Transfer/Discharge/Death Information Form" showed all of the required elements except the contact information for the Ombudsman and a listing of outside contracted services. Further review of the record showed the resident had received home health services. During an interview on 10/8/13 at 11:10 AM, the manager stated the "Transfer/Discharge/Death Information Form" was the form used to provide written	SALF	A. The facility will ensure that transfer and discharge of residents includes all of the proper information in the written transfer/discharge notice. The facility will add the name, address, and telephone number of the Ombudsman and the listing of all outside contracted services to the current form. The manager will monitor for compliance through the Quality Assurance program.	12/06/2013

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SALF	Continued From page 7 notice. She confirmed the form did not contain all the required elements. 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 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 1 of 1 sample resident (#13) who received outside services. The findings were: Review of the record showed resident #13 received home health services. Further review revealed no evidence of a contract between the	SALF	A. The facility will ensure that a contract exists in the medical record for any patient receiving contractual services provided outside of the assisted living facility authority. Resident #13 home health plan of care / contract will be updated and kept in the resident record. The manager will monitor for compliance through the Quality Assurance program.	12/06/2013

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SALF	Continued From page 8 home health agency, the facility, and the resident. During an interview on 10/8/13 at 9:15 AM the manager stated the contract was sent to the home health agency for signature, but had not been returned yet.	SALF		