5/30/14

PRINTED: 05/13/2014
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
	ALF028	A. BUILDING. _____ B. WING _____	C 04/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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
S5082	Ch 12 Sec 7 (k)(i) Assisted Living Facility (ALF) Core Services (k) Transfer and Discharge. (i) Residents shall receive a thirty (30) day written notice prior to any facility initiated transfer or discharge, unless the resident imposes an imminent danger to self and/or others or the resident's level of care exceeds that which can be provided by an assisted living facility. Residents shall have the right to object to the request, except where undue delay might jeopardize the health, safety or well-being of the resident or others. The notice shall include contact information for the Long Term Care Ombudsman. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to provide a written notice for 3 of 3 residents (#37, #38, #39) reviewed who were discharged/transfered to another healthcare facility. The findings were: 1. Review of the medical record showed resident #39 was transferred to an acute care facility on 1/21/14. The resident then went to a nursing home for therapy. Interview on 4/30/14 at 11:50 AM with the executive director (ED) revealed the resident planned to return to the assisted living facility (ALF) and a new ALF 102 assessment was done by the nurse. The results of the assessment found the resident required a higher level of care and would not be able to return to the facility. The interview with the ED further revealed there was no written notice of transfer or discharge sent to the resident or family. 2. Review of the medical record showed resident #37 was transferred to a nursing home facility on	S5082	The facility will ensure residents shall receive a 30 day written notice prior to any facility initiated transfer or discharge, unless the resident poses an imminent danger to self and/or others or the resident's level of care exceeds that which can be provided by an assisted living facility. Residents or their responsible party shall have the right to object to the request, except where undue delay might jeopardize the health, safety or well-being of the resident or others. This will be accomplished by: A)The Administrator or Administrative Representative for Mountain Plaza Assisted Living will provide a 30 day written notice for any resident at which time the resident has been transferred or discharged to an acute care facility, rehabilitation hospital, long term care facility or any other healthcare facility, or based upon assessment no longer meets the criteria to remain in an assisted living facility; The written notice will state the reason for the notice, the effective date of the notice, the name, address and telephone number of the Ombudsman. B)The RN, DON will complete a new ALF 102 and MMSE within one week prior to any resident request for readmission from another healthcare facility. Upon determination that Mountain Plaza Assisted Living can no longer meet the residents needs and the initial notice has exceeded 30 days, The	05/15/2014

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE 5/15/14 — (X6) DATE

STATE FORM 6899 X8KG11 If continuation sheet 1 of 2

RECEIVED
WY Dept of Health
MAY 30 2014
Healthcare Licensing and Surveys

Accepted by JK on 5/30/14

5/21/14

Healthcare Licensing and Surveys

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	ALF028	A. BUILDING: _____ B. WING _____	C 04/30/2014

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S5082	Continued From page 1 12/17/13. Review of the nursing notes showed the spouse was notified and agreed verbally to the transfer. However, there was no written notice of transfer or discharge. Interview on 4/30/14 at 11:50 AM with the ED revealed the resident required a higher level of care, and there was no written notice of transfer or discharge sent to the resident or family. 3. Review of the medical record showed resident #38 was transferred to an acute care facility on 11/1/13. Review of the 11/6/13, not timed nurses note showed a new ALF 102 assessment was done, and the resident failed to meet criteria to return to the assisted living facility. Interview on 4/30/14 at 11:50 AM with the executive director revealed there was no written notice of transfer or discharge sent to the resident or family.	S5082	Administrator or Administrative Representative will re-issue a 30 day written notice to the resident and/.or responsible party. C)A copy of the written letter of notice will be retained in the residents file and maintained by the Family Relations Director. D) The Quality Assurance Committee will review resident discharges/transfers a minimum of 1 time per month to ensure compliance with 30 day written notice and follow up with responsible parties. E) The RN/DON will report the pending readmission status for all residents who have been transferred and remain out of the facility to the QA Committee for review a minimum of 1 time per month. F) The RN/DON will report immediately to the Administrator and Family Relations Director any resident who no longer meets criteria for assisted living based upon the ALF 102 and/or MMSE. G) Residents # 37, 38, 39 have moved out of Facility. Facility will ensure All Future residents receive a 30 day notice.	