Healthcare Licensing and Surveys

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WY Dept of Health
AUG 14 2014
Healthcare Licensing and Surveys

PRINTED: 06/30/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF017	A. BUILDING: _____ B. WING _____	C 06/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	950 HOMESTEAD AVENUE RIVERTON, WY 82501

(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
S5050	Ch 12 Sec 7 (d)(ii)(A-B) Assisted Living Facility (ALF) Core Services (d) Medications. (ii) Prescription drugs shall be dispensed from a licensed pharmacy, labeled with the name, address and telephone number of the pharmacy, name of resident, name and strength of drug, directions for use, date filled, expiration date, prescription number and name of physician. Controlled substances shall have a warning label on the bottle. (A) An RN shall destroy all discontinued prescriptions; other than controlled substances, using acceptable standards or practice. (B) Discontinued or outdated controlled substances shall be destroyed by the RN in the presence of a licensed pharmacist and documented in the resident's record. This State Rule and Regulation is not met as evidenced by: Based on observation, and staff interview, the facility failed to label and safeguard medications against possible contamination, tampering, or theft for 24 residents (#3, #4, #5, #6, #7, #11, #12, #15, #18, #19, #21, #26, #29, #30, #31, #32, #33, #34, #35, #36, #37, #40, #43, #45). The findings were: 1. Observation on 6/16/14 at 3:05 PM showed medications were pre-poured and ready for administration for 24 residents (#3, #4, #5, #6, #7, #11, #12, #15, #18, #19, #21, #26, #29, #30, #31, #32, #33, #34, #35, #36, #37, #40, #43; #45). The medications were in individual cups with names labeled on the outside of the cups. The medication cups were not labeled with the	S5050	A. Addressing the issue of security for prescription drugs in the facility, we will procedurally limit access to the "med room" to, or in the presence of, certain designated personnel directly involved with the dispensing of medications, namely in this case the RN or LPN on duty; as well as structurally providing in the "med room" a secure area to prepare medications. These changes affect directly the 24 residents cited. B. These changes also preclude the potential for said deficiency to impact other current or future residents. C. Invoking these measures addresses the issue of preventing recurrence. D. Administrator will monitor progress of structural changes and develop and enforce the procedural changes commensurate with the completion of construction. E. Administrator will review intendance and ensure compliance with safeguard medications and report on progress at quarterly quality assurance meetings.	7/21/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah E. Gallatin RN Adm — TITLE — (X6) DATE: 8/5/14

STATE FORM 6899 Z1M011 If continuation sheet 1 of 2

Accepted 8/11/14 w/ Deb Gallatin Adm by [signature]

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S5050	Continued From page 1 contents of the cup, and the medications in the cups were left uncovered on the top of the medication cart in an unlocked room. Interview with LPN #1 at that time revealed the room was not locked because staff needed access for various files and supplies in the room. The LPN stated the pre-poured medications were for the evening meal medication pass which would occur at about 5 PM. The LPN stated this was her normal routine for getting the medications ready. Observation at 4:10 PM showed the medications continued to be uncovered and unsupervised by the nurse, and the medication room continued to be unlocked. Interview with the interim administrator on 6/16/14 at 4:45 PM revealed the medications should be stored in a secured area.	S5050		