Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF026	A. BUILDING _____ B. WING _____	C 08/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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
S5017	Ch 12 Sec 7 (a)(viii) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (viii) Care of individuals who require any or all of the following services: (A) Partial assistance with personal care; e.g. bathing, shampoos; (B) Limited assistance with dressing; (C) Minor non-sterile dressing changes; (D) Stage I skin care - skin integrity intact; (E) Infrequent assistance with mobility. The resident may use an assistive device; e.g., wheel chair, walker, cane; (F) Cuing guidance with ADLs for the visually impaired resident, or the intermittently confused and/or agitated resident requiring occasional reminders to time, place and person; (G) Care of the resident who can independently manage his own catheter or ostomy, e.g., resident who can change his own catheter bags, able to clean and care for his ostomy; (H) Care of the resident incontinent of bowel or bladder if the condition can be managed independently; This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and medical record review, the facility failed to ensure	S5017		

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

ADMINISTRATOR | 12 SEPTEMBER 2014

POC accepted. Case to Jeff Smith, Administrator on 9/17/14 @ 10:36 a.m.
Janelle Collins, OTN/L

PRINTED: 08/26/2014
FORM APPROVED

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S5017	Continued From page 1 1 of 10 sample residents (#1) met the core service requirements for the assisted living level of care. The findings were: Review of the medical record showed resident #1 had returned from the hospital on 8/20/14. Upon return, the facility was in the process of including outside contract services for the resident to provide care for the newly aquired indwelling catheter, to continue to take care of 2 open areas on the resident's gluteal fold, and to provide Hospice care. The following concerns were identified with the level of care provided in the assisted living facility (ALF) prior to the resident's hospitalization: a. Review of the 8/1/14 resident negotiated service plan showed the resident required assistance from the ALF staff for bathroom assistance. The resident was on a toileting program of every 1-2 hours and oriented to use a pendant to call staff if needing help sooner. The goal was for the resident to be "toileted by staff and remain dry 75% of the time." This service plan also showed the resident had a pressure ulcer being treated by an outside contract with home health. However, the service plan called for the ALF staff to reposition the resident every 2 hours to relieve pressure. b. Review of the resident assessment with an effective date of 8/1/14 showed the resident required assistance of 1 person for transferring with a frequency of "daily." c. Interview with certified nurse aide (CNA) #1 on 8/21/14 at 9:35 AM verified even before going to the hospital, the resident required staff assistance to transfer out of the recliner chair. Observation at that time showed the resident was very weak and unable to get up from the chair. d. Interview with CNA #2 on 8/21/14 at 11:50 AM revealed she had never known the resident to	S5017	**Plan of Correction** Resident #1 is now a resident of memory care within our community where she receives the appropriate level of care needed. A review of all residents ensuring their level of care is appropriate for assisted living is complete. One resident is identified as trending toward the need for a higher level of care than is appropriate for assisted living. A care conference with the resident's family is scheduled and I am hopeful a resolution allowing the resident to remain in the community will be agreed upon. I mistakenly believed the Level II license extended to the entire community which would have allowed for proper care of Resident #1 in assisted living. With that issue resolved, we will systematically review each resident in our monthly Quality Assurance meeting with this new understanding to ensure we address resident's progressing needs proactively. To ensure the resident's needs are met and the community stays in compliance with state regulations, the Wellness Director will advise the	9/12/2014

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S5017	Continued From page 2 be able to transfer from the chair without staff assistance.	S5017	Administrator of any changes which may occur between Quality Assurance meetings. The corrective action of moving Resident #1 to memory care took place August 26, 2014. The implementation of the resident care review is in effect and will be used at our next Quality Assurance meeting the first week of October 9, 2014. ADMINISTRATOR 12 Sept. 2014	