Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	C 09/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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
S 000	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 A complaint survey was conducted by Healthcare Licensing and Surveys (HLS) on 9/22/14 to 9/23/14.	S 000	It is the practice of this facility to adhere to the regulations, Policies and Procedures set forth by the Facility in regards to Services which cannot be provided by Level 1 facility. S5101 – Chapter 12 section 8 (a) vii) Services which cannot be provided by Level 1.	
S5101	Ch 12 Sec 8 (a)(vii) Services Which Cannot Be Provided By Level I Services which cannot be provided by the Level I Assisted Living Facility staff. (a) The following services cannot be provided: (vii) Incontinence care by facility staff; This State Rule and Regulation is not met as evidenced by: Based on observation, resident record review, and staff interview, the facility failed to ensure staff did not provide care beyond what level I ALF regulations allow for 3 of 5 sample residents (#10, #32, #37). Specifically, the residents were unable to manage incontinence independently. The finding were: 1. During an interview on 9/22/14 at 7:50 PM, certified nurse aide (CNA) #1 stated residents #10, #32 and #37 were unable to manage incontinence independently and staff had to assist with incontinence care. 2. Review of the ALF 102 dated 3/4/14 showed	S5101	A). residents #10,#32, and #37 have been reassessed on October 13, 2014 to determine the needs of the residents. The assessments include if each resident is capable of managing incontinence care with education from a Registered Nurse, and reminders from C.N.A.'s. The Toileting Protocol is the community's B&B Program. The RN will assess a resident for incontinence as follows: (1). Criteria: if a resident is incontinent for two consecutive weeks, the RN with approval from the Administrator will place the resident on the B&B Program. (2). The RN will instruct the C.N.A. team to monitor the resident every two hours and will document the monitoring process on the B&B form. (3). the resident will be monitored accordingly for the next week by the C.N.A.'s and document the resident progress. Following the one week of monitoring,	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: C Jill Tucker | TITLE: Administrator | (X6) DATE: 10/23/14

POC accepted. Message left for Jill Tucker, Administrator on 10/27/14 @ 10:15am. Janice Cook, 10/28/14

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	C 09/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1960 SOUTH BEVERLY STREET CASPER, WY 82601

(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
S5101	Continued From page 1 resident #10 had occasional incontinence and needed occasional help to clean him/herself. On 9/22/14 at 7:25 PM CNA #2 stated the resident required some assistance, especially at night when s/he was confused. Observation on 9/23/14 at 8:30 AM revealed the resident had feces over his/her jeans and shoes, after the resident had taken him/herself to the public bathroom. CNA #3 assisted the resident to his/her room where the resident took a shower to get cleaned up. The CNA stated the resident was having incontinence about 2 to 3 times per week. 3. Review of the ALF 102 dated 3/17/14 revealed resident #32 had occasional incontinence and required occasional help. The 3/17/14 service plan indicated the resident wore disposable undergarments and required help occasionally. On 9/23/14 at 11:10 AM CNA #4 stated the resident was incontinent at night and got very confused, and yelled out for staff assistance. On 9/23/14 at 11:10 AM the resident was observed seated on the toilet. The resident ended up with feces on his/her hand and the toilet seat. CNA #4 wiped the resident and helped the resident clean his/her hands. The CNA pulled up the resident's pants and flushed the toilet. 4. Review of the 7/21/14 initial assessment showed resident #37 was incontinent of bowel and required help cleaning. Review of the 7/18/14 "New Admit Checklist" showed the resident "will need perlcare daily."	S5101	the RN will re-assess resident to determine if the incontinence has decreased or is continuing. If the resident continues to show the need for incontinence assistance, the RN and Administrator will contact the resident, family and or legal representative to determine discharge and to find appropriate placement. B). Effective October 6, 2014 the facility nurse reviewed Policy and Procedures regarding Criteria for continued stay, covering incontinence care; any residents in the facility that may have the need for assistance with incontinence care from staff, the Administrator will determine if resident will be able to self-manage incontinence with reminders, education from a Registered Nurse, and or will meet with the resident, and or responsible party and or case manager immediately to determine a possible discharge to an appropriate setting; and or the services of a licensed provider such as home care or hospice services as long as the services meet the needs of the resident, and the facility can demonstrate that along with such services, the needs of the resident can be met to meet the regulations. Any such meeting will be documented on a facility form, and placed in the resident file for review.	

C). Effective February 2014, the facility RN will continue to review ALF 102 assessments (two times a year) and provide feedback to the Administrator if any resident needs assistance with incontinence care. The Administrator will facilitate training for the C.N.A.'s on a regular basis, no less than every 6 months to help them determine care needs of residents in the facility, and how to report to the nurse and or Administrator, this training will be documented for review. The training will also include understanding how to document changes and needs of residents on the care plans. Care plans will continue to be reviewed quarterly for each resident and with a change in condition. In addition, marketing and Administrator will continue to review prospective residents assessments and ensure that they meet the qualifications to move into Garden Square of Casper.

D). Service plans will be reviewed on a monthly basis by the Health Services Coordinator or designee, specifically for the needs of incontinence care. The QA committee will review the service plans and any trends or patterns of deficient

practice will be given to the facility Administrator to determine compliance.

E). Completion Date: November 24, 2014.