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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF008	A. BUILDING: _____ B. WING _____	C 12/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

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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 on 12/30/14. The survey was prompted by complaint intake LIC-14-021. The following common abbreviations are used throughout this document: CNA - Certified Nurse Aide DON - Directory of Nursing Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5008	Ch 12 Sec 6 (d)(ii)(A-F) Personnel and Staffing Requirements (d) Infection Control. Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These shall not be limited to: (ii) Tuberculin Testing. (A) Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. (B) Employees having known positive skin tests shall provide a certificate of	S5008		

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WY Dept of Health
MAR 02 2015
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POC accepted 3/2/15 @ 2:15 pm
Phone call to Jason Jensen, E.D.
JK RN DOC: 12/31/14, 1/8/15, 1/9/15, 2/1/15

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S5008	Continued From page 1 noninfectiousness, recommendations, if any, for treatment, and evidence they have complied with such recommendations. (C) Individuals provide documentation of negative skin test administered within the last twelve (12) months do not require a follow-up (D) Individuals who have not had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up. (II) A positive reaction (10mm in duration suing 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow up shall comply with the recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required. (F) No person with an airborne, contagious or infectious disease shall be employed until a work release is obtained. (I) The facility shall prohibit employees with a communicable disease or infected skin lesions from direct contact with residents and their food, if direct contact will transmit a disease.	S5008		

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S5008	Continued From page 2 (II) The facility shall require staff to follow universal precautions when performing direct resident care. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview and policy review, the facility failed to ensure the staff followed universal precautions when performing patient care during one random observation, which affected resident #7. The findings were: Observation on 12/30/14 at 12:30 PM showed Certified Nurse Assistant (CNA) #1 assisted resident #7 to the restroom and assisted with the resident's perineal care. After wiping the resident's buttocks, the CNA did not remove her gloves, and proceeded to pull up the resident's brief and pants, touched the resident's hands and blouse, removed the wet chux from the resident's wheelchair seat, placed a new chux on the seat of the wheelchair, and then assisted the resident into the wheelchair. The CNA then removed her gloves, but did not perform hand hygiene before assisting the resident out of the room. Interview at that time with CNA #1 revealed she did not usually change her gloves until finished providing care to the resident. She further stated her practice is not to wash her hands until after leaving the resident's room. Interview on 12/30/14 at 1 PM with the DON showed the facility expectation was that universal precautions be followed. Also, the CNA should have removed her soiled gloves, sanitized her hands, and replaced her gloves if needed.	S5008	CNA was in-serviced on proper hand washing technique. All staff members were in-serviced on proper hand washing technique. CNAs will be observed three times a week for a month and then every three months to ensure proper hand washing is being completed. Any issues will be noted in the quality assurance program. Semi-annual hand washing in-service will be done with all staff members. Administrator and DON will ensure proper hand washing techniques are being followed and any issues will be noted in the quality assurance program which is reviewed quarterly.	1/9/15

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S5008	Continued From page 3 Review of the facility policy titled "Handwashing Guide" dated February 2012 showed: "...Hand washing should be done...After working with anything soiled. Before putting on gloves. After removing gloves..."	S5008		
S5053	Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services (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 State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview and policy review, the facility failed to ensure medications were given as ordered for 1 of 6 sample residents (#5) with medication orders. The findings were: Review of the nursing notes for resident #5 dated 12/21/14 timed at 3 PM showed the resident presented with a "rash", and had a "standing order for acyclovir for outbreaks [of shingles]." Review of the physician orders dated 8/6/14 showed an order for acyclovir 800 mg to be given 5 times a day; the order did not identify how many days the medication was to be given. Review of the medication administration record showed acyclovir was started on 12/21/14, but was not given on 12/29/14 and 12/30/14.	S5053	Medication was received for resident and a discontinue order was received for medication on the same day. Nurses were in-serviced on proper medication ordering process. An audit was completed of the remaining medications to ensure admission medications were available. DON will ensure medications are available by reviewing the MARs every 61 days and reviewing all new medications orders. Any issues will be noted in the quality assurance program which is reviewed quarterly.	1/8/15

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S5053	Continued From page 4 Interview with LPN #1 on 12/30/14 at 3:30 PM revealed the resident was not receiving the medication because the facility was unable to refill the prescription. Also, the doctor had not responded to the communication from the facility for another prescription and refill. Finally, the nurse had not contacted the physician after the first attempt. Interview with the DON on 12/30/14 at 3:45 showed she was unaware the resident was not receiving the ordered medication. She said the facility expectation was for the nurse to call the physician in order to facilitate medication reordering, and to document when the physician was contacted in the nursing progress notes. Review of the policy titled "Documentation" dated October 2014 showed"...The resident record includes...medications including...The reason, if medications are not given as ordered..." The reason the acyclovir was not given for two days was lacking in the medical record. Review of the policy titled "Medication System Summary" dated October 2014 showed "...Be timely to provide medication administration/assistance according to physician orders..."	S5053		
S5056	Ch 12 Sec 7 (e)(iii) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request.	S5056		

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S5056	Continued From page 5 (iii) All residents' records shall be retained in a physically secure area for a minimum of six (6) years after the resident has left the facility and may be disposed of, by shredding or burning, after that time. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview and facility policy review, the facility failed to ensure medical records were retained for six years for all residents in the facility. The resident census was 72. The findings were: Review of the CNA communication book showed resident showers were documented daily. However, the book only included documentation for November 2014 and December 2014. Interview with the DON on 12/30/14 at 2:55 PM showed the medical record documentation was not kept by the facility. Review of the policy titled "Documentation" dated October 2014 showed"...The resident record includes...Activities of daily living (ADL's) including ambulation, level of self-care, bathing, and dressing..." Review of the policy titled "Chart Thinning" dated October 2014 showed"...All records removed from the Resident's record shall be retained in accordance with state regulations and/or company policy...Records will be maintained for the following, after death/discharge...Wyoming--6 years..."	S5056	CNAs were in-serviced on proper documentation regarding medical information A shower log will be put in place for all residents receiving shower assistance from staff. Completed logs will be stored in the residents' charts and reviewed monthly by DON. DON will ensure shower logs are completed by auditing them monthly. The calendars will then be filed in the resident chart; and any issues will be noted in the quality assurance program which is reviewed quarterly.	2/1/15

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S5085	Continued From page 6	S5085		
S5085	Ch 12 Sec 7 (k)(iv)(A-F) Assisted Living Facility (ALF) Core Service (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 resident is transferred/discharged; (E) The name, address, and telephone number of the Ombudsman; and (F) A listing of all outside contracted services. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure discharged residents received a complete 30 day written notice prior to any facility initiated transfer or discharge for 1 of 2 sample residents (#1) reviewed as a closed record. The findings were: Interview with the DON on 12/30/14 at 4 PM revealed the family was sent an email regarding the discharge of resident #1.	S5085		

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S5085	Continued From page 7 Review of the undated email showed"...The timetable we are looking at is in the next 30 days to transition [resident] to a skilled nursing facility..." However, the email failed to specify the following: the effective date of discharge; the specific location to which the resident was to be transferred/discharged; the name, address, and telephone number of the Ombudsman; and a listing of all outside contracted services.	S5085	All future discharges will receive a letter with the name of the resident, reason for discharge or transfer, effective date of discharge or transfer, location to which resident is being discharged, then Ombudsman's contact information, list of all outside contracts and list of current medications. . RN will ensure discharged residents receive a letter with required information any issues will be noted in the quality assurance program which is reviewed quarterly.	12/31/14

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3/2/15