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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
	ALF010	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

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S000	Opening Comments	S 000		

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 on 2/19/15 through 2/20/15 by Healthcare Licensing and Surveys. The survey was prompted by complaint intakes LIC-15-009 and LIC-15-014.

The following common abbreviations are used throughout this document:

CNA- Certified Nurse Aide
DON- Director of Nursing
MAR- medication administration record

85021	Ch 12 Sec 7 (b)(ii)(A) Assisted Living Facility (alf) Core Services	85021	

(b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review.

(ii) Admission orders. A resident shall be admitted only if accompanied by a history and physical completed by a physician extender within ninety (90) days prior to admission. The facility shall confirm the resident's medication regimen and special treatment orders at the time of admission.

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis P. Lawrence — TITLE: President — (X6) DATE: 4/3/14

STATE FORM 6899 VCVN11 If continuation sheet 1 of 1

Changes per Dennis Lawrence, President, via email on 4/3/15.
POC - 4/30/15. POC accepted. Janice Colin, DHL

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S5021	Continued From page 1 (A) Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and others for immunization if required, unless contraindicated. The facility must develop and implement policies and procedures to ensure the following: (I) Residents, or their legal representative are educated regarding the risks and benefits of these immunizations. (II) The immunizations are offered unless medically contraindicated or the resident is currently immunized. (III) If the resident is not vaccinated, the medical record must reflect the reason, such as medical contraindication or refusal. This State Rule and Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure there was a physician's order for oxygen for 1 of 5 sample residents (#3) who utilized oxygen. The findings were: Review of the record showed resident #3 was admitted on 6/16/14. Review of the 9/30/14 plan of care and the current (February 2015) MAR revealed the resident received 3 liters per minute (LPM) of oxygen continuously. Further review of the record showed no physician's order for oxygen. During an interview on 2/19/15 at 6 PM the DON confirmed there was not an order for oxygen.	S5021	A. Physician's order for oxygen was obtained for Resident #3. B. Request for oxygen orders will be added to the Physicians Order Packet. C. Oxygen orders will be reviewed at least every 60 days for compliance as part of the 60 day Medication Review, where primary providers review residents' medications, make changes in orders, and provide a signature. D. Oxygen orders will be reviewed quarterly for quality assurance.	2/23/15

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B5054	Continued From page 2	B5054		
B5054	Ch 12 Sec 7 (e)(i)(A-K) 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. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender; (C) Individual admission form. The form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number of other medical	B5054		

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S5064	Continued From page 3 insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing. (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to	S5064		

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65054	Continued From page 4 generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey, within 30 days, the resident ' s funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident ' s estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights; (G) The resident's assessment and individualized assistance plan; (H) Copies of all applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. This State Rule and Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the physician was contacted for incidents or illnesses for 1 of 7	65054		

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S6064	Continued From page 6 sample residents (#1). The findings were: Review of an incident report showed on 6/1/14 resident #1 "got dizzy and then collapsed after blacking out." The resident's oxygen was not on, and the oxygen saturation (02 sat) was 84%. The incident report showed the nurse was notified, but a physician was not notified. Review of the June 2014 MAR showed the following low 02 sats: 6/3/14- 79%, 6/4/14- 73%, 6/5/14-76%, 6/9/14-82%, 6/10/14- 77%, 6/11/14- 54%, and 6/12/14-88%. Notations for 6/9/14 and 6/11/14 showed oxygen was offered to the resident, but the resident didn't put it on. Further review of the record showed no evidence the physician was contacted about the resident's low 02 sats or the resident's refusal to wear oxygen. The resident passed away on 6/13/14. On 2/20/15 at 10:06 AM the DON called the physician's office to see if they had any communication from the facility related to low 02 sats or blacking out on 6/1/14. The DON reported she was told there was no communication from the facility related to those issues. She was told an appointment was made for 6/13/14 (call placed on 6/12/14) for "diarrhea," but the resident passed away the day of the appointment.	S6064	A. Resident #1 is no longer in the facility. B. An in-service for all licensed nurses was held on March 16, 2015. During the in-service, staff reviewed the requirement to keep primary providers advised of resident compliance/non-compliance with oxygen orders, abnormal oxygen SATs, and fall episodes. C. For quality assurance this information will be reviewed monthly as part of the monthly Medication Administration Record.	3/16/15
S6089	Ch 12 Sec 7 (m)(I)(A-R) Assisted Living Facility (ALF) Core Services (m) Facility Policies and Procedures. (I) Management shall develop policies and procedures that are available to residents and staff, including but not limited to: (A) Resident rights;	S6089		

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55089	Continued From page 6 (B) Disciplinary procedures surrounding substantiated cases of resident abuse; (C) Admission, transfer, bed hold days, and discharge of residents; (D) Medication management; (E) Emergency are of residents (including missing resident, blizzard, water outage, etc.) (F) Fire/disaster plan; (G) Departure and return; (H) Smoking; (I) Visiting hours; (J) Activities; (K) Management of resident trust accounts; (L) Personnel policies (M) Grievance procedures; (N) Per Diem rate/charges/fees, to include a listing of what is included in the established charges; (O) Incident reports; (P) Notification of change in established per diem rates/charges/fees; (Q) Outside contractual responsibilities; and	55089		

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S5089	Continued From page 7 (R) Identification and notification of change in resident's condition. This State Rule and Regulation is not met as evidenced by: Based on review of policies and personnel records, staff interview, and record review, the facility failed to ensure staff followed policies related to emergency care for residents who were a full code for 2 of 2 closed records (#1, #2). The findings were: Review of the facility's "Advance Health Directives" policy revealed "...Advance Health Directive decisions belong with the Health Care Professional; therefore we are cautious and concerned about staff making life and death judgements in the Home. Based on this premise, if a resident experiences a heart attack or other acute life-threatening episode in the Home, Bee Hive Homes staff will best fulfill its responsibilities and minimize risks by administering CPR and immediately contacting emergency medical services (i.e. calling 911), physicians, families, etc...Bee Hive Homes staff will withhold emergency life-saving measures only when a resident has a physician's current DNR [do not resuscitate] order in his/her resident file." Review of posted instructions in the staff room further showed "...If there is total absence of vital signs, the Director or person in charge shall: 1. Call 911 and state "we have a resident with no vital signs." Remember, only a physician can pronounce a person "dead." 2. Initiate CPR when appropriate to do so. Obey any "No Code" or other Advance Health Directive." The following concerns were identified: 1. Review of the resident file showed resident #1	S5089	A. Resident #1 is no longer in the facility. CNA is no longer employed by the facility. A letter of correction will be placed in LPN's file. B. Resident #2 is no longer in the facility. Corrective counseling will be placed in CNA's file and a letter of correction will be placed in the DON's file. C. In-service was held in February 2015 to educate all CNA's on procedures to follow in case of an emergency. D. In-service is scheduled for April 20, 2015 for licensed personnel to review emergency procedures. E. Emergency procedures will be reviewed at all employee orientations. All emergency occurrences will be reviewed for compliance with procedure. F. For quality assurance, the policy regarding the death of a resident will be included in all staff orientations and reviewed at least annually as part of required in-services.	3/20/15 4/20/15

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85089	Continued From page 8 had a signed directive dated 6/20/13 which indicated s/he wanted CPR (full code) in the event of an emergency. Review of an incident report dated 6/13/14 showed the resident was found with no pulse, no respirations, and mottled skin at 6 AM. The incident report showed the nurse was contacted at 6 AM, but emergency medical services (EMS) was not contacted until 6:35 AM. There lacked evidence CPR was initiated by facility staff. During an interview on 2/19/15 at 6:20 PM the DON confirmed the resident was a "full code" and staff should have called 911 and initiated CPR. Review of the personnel file for the CNA (#1) involved revealed she was CPR certified. 2. Review of the resident file revealed a signed CPR directive, dated 12/31/13 by the physician, indicating resident #2 wanted CPR (full code). Review of an incident report showed on 11/28/14 the resident "passed away between 6 and 6:30 AM." Review of a note dated 11/28/14 by the DON showed she was notified at 6:24 AM that the CNA had found the resident without vital signs. There lacked evidence the CNA called 911 or initiated CPR. During an interview on 2/19/15 at 1:10 PM the house manager stated the CNA called the DON, but did not call 911 or initiate CPR. She stated "maybe she panicked." On 2/19/15 at 6:20 PM the DON confirmed the CNA called her, but did not initiate CPR or call 911. She stated the CNA was "inexperienced ...first time she found a dead body." Review of the personnel file for the CNA (#2) revealed she was CPR certified.	85089		
85099	Ch 12 Sec 8 (a)(v)(A-C) Services Which Cannot Be Provided By eveI I	85099		

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S6099	Continued From page 9 Services which cannot be provided by the Level I Assisted Living Facility staff. (a) The following services cannot be provided: (v) Care of resident who is on continuous oxygen, if; (A) The resident is unable to determine if oxygen is on or off; (B) The resident is unable to adjust the flow or turn the oxygen on or off; (C) Continuous monitoring is required. This State Rule and Regulation is not met as evidenced by: Based on record review and staff interview, the facility provided care beyond level IALF regulations for 1 of 6 sample residents (#7) who utilized oxygen. The resident required continuous monitoring. The findings were: Review of a progress note dated 12/18/14 showed resident #7 was discharged from the hospital with orders for oxygen at 2 to 4 liters per minute (LPM), and for oxygen saturation (02 sats) levels to be checked four times a day. Review of the MAR for February 2015 showed 02 sats were to be taken four times a day and "if less than 90% put on 02 at 2 to 4 LPM." During an interview on 2/19/15 at 6 PM the DON stated the resident did require monitoring of 02 sats, and titration of oxygen based on the 02 sats. She further acknowledged it was not documented in the MAR how many liters of oxygen the resident was on at the time the 02 sat was checked and recorded.		A. Specific oxygen orders have been obtained for resident #7. B. Specific oxygen orders have also been obtained for all other residents who require therapeutic oxygen. C. The Quality Assurance Coordinator will review oxygen orders on a quarterly basis.	3/20/15

VCVN11

If continuation sheet Page 10