Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF004	A. BUILDING: _____ B. WING _____	C 02/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 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 on 2/11/15 - 2/12/15. The survey was prompted by complaint intake LIC-15-013.	S 000	The Nurse Manager, Director of Clinical Services will ensure that all residents weight and other parameter orders will be followed and this will be accomplished by; A. Resident number 2 is deceased. Resident number 3 we have implemented following for resident 3, current, and future residents. B. Communication and education of a new "Vitals Board" that we have for daily weights and other vital signs. The parameters from the physician will posted on the board highlighted in red. If the resident go outside of these parameters the nurse will be notified by any of the nursing staff so that they can communicate it with the physician. This will be in practice and staff educated by March 27th, 2015. This will be reviewed monthly in QA Nursing meeting.	D.O.C 3/27/15
S5019	Ch 12 Sec 7 (a)(x) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (x) Twenty-four (24) hour monitoring of each resident. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to assess residents for a change of condition and/or notify the physician for 2 of 3 sample residents (#2, #3) with a change of condition. The findings were: 1. Medical record review showed a physician's order dated 1/28/14 to check the weight for resident #2 daily. Further review of the order showed the physician was to be notified if the resident's weight was greater than 180 pounds or s/he had increased breathing or edema. Review of the August 2014 treatment sheets revealed the	S5019		

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

Executive Director 5/19/15

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Plan of Correction accepted on 3/30/15 with agreed upon Changes. Date of Compliance to be 3/27/15. Notified NHA Rob Lempka on 3/31/15 at 3:00 PM Tim Conolly

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S5019	Continued From page 1 resident had weights greater than 180 pounds on 2 days and the physician was not notified. Review of the September 2014 treatment sheets showed the resident had weights greater than 180 pounds on 23 out of 30 days and there was no documentation to indicate the physician was notified. Interview with the director of nursing (DON) and the executive director on 2/12/15 at 11:30 AM revealed they were unable to obtain any information from the physician to indicate the physician was notified of the daily weights that were greater than 180 pounds. 2. Medical record review revealed resident #(3) had an order dated 1/25/15 to be weighed daily and to notify the physician if his/her weight increased by 2 pounds in 24 hours or 5 pounds in one week. Further review showed the resident's weight increased from 181 pounds on 1/29/15 to 184 pounds on 1/30/14 and the facility did not notify the physician of the increase in weight. Interview with the DON on 2/12/15 at 11:05 AM confirmed the physician should have been notified of the weight gain per physician's orders.	S5019	C. The nurse manager will be evaluate and re-evaluating all orders with change of condition. This will be accomplished by auditing all orders for current residents by March 27th, 2015. D. The nurse manager will assure, with any change of condition that the physician of that resident will be notified via fax and telephone. All fax and telephone conversations will documented in the residents file. E. We will be tracking these procedures by putting the resident who has a change of condition on 48 hour alert charting. F. We will be putting in a condensed service plan of all residents into a binder for the nursing assistance to inform them of physician parameters.	DOC 3/27/15
S5051	Ch 12 Sec 7 (d)(iii)(A-D) Assisted Living Facility (ALF) Core Services (d) Medications. (iii) Self medication. (A) Residents able to self-medicate may keep prescription medications in their room if deemed safe and appropriate by the RN. (B) Residents may keep and use over-the-counter medications in their room without a written order by a physician unless	S5051		

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S5051	Continued From page 2 deemed inappropriate by the RN. (C) If more than one resident resides in the room, an assessment will be made of each person and his ability to safely have medications in the room. If safety is a factor, the medication shall be kept in a locked container. (D) The facility will work with the resident to develop a means to mutually resolve any problems relating to self-medication. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and review of the list of residents who were self-administering medications, the facility failed to ensure 1 of 3 sample residents (#1) was safe with this practice. The findings were: 1. On 2/11/15 at 4:40 PM the director of nursing (DON) provided a list of residents who self-administered medications. Review of the list confirmed resident #1 was self-administering. Medical record review showed resident #1 had a self-administration of medication assessment completed on 11/18/14 that indicated the resident needed assistance to correctly read aloud instructions, state what time medications were to be taken, state the dosage, correctly open the container, and correctly measure the amount to be administered. The assessment indicated the resident was unable to safely self-administer medications. 2. Interview with the DON and RN #1 on 2/12/15 at 10:05 AM confirmed the resident was deemed unsafe to self-administer medications. Further interview at that time revealed RN #1 assisted the resident with unpacking on 11/18/14 and	S5051	The Clinical Director and Nurse Manager have done completed a self-administration screen on resident 1. Proper documentation has been placed in resident 1 chart. An assessment on all the self-medication residents in the community by using the Edgewood form, "Medication Self Administration Screen", this will be reported to the Executive Director by March 27th, 2015. A. We will continue to monitor these, self-administrators, on a monthly basis and review their needs in our monthly QA nurse meeting. B. This form will be utilized on all new residents that want to self-medicate in the future.	DOC 3/27/15

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S5051	Continued From page 3 conducted another self-administration assessment and deemed the resident was safe to self-administer medications and allowed the resident to retain medications in her possession for self-administration; however, an assessment sheet was not completed at that time. 3. Review of the medical record failed to show the resident had been assessed by an RN and deemed safe to self-administer medications.	S5051	C. We will be performing monthly chart audits on all residents that self-administer medications, and providing a list along with education on how the resident is self-medicating of to the nursing staff. This information will be brought to our monthly QA meeting with the nurse staff. D. We will be putting in a condensed service plan of all residents into a binder for the nursing assistance to inform them of physician parameters of self-medication. This will continually be updated with change of condition and reviewed accuracy in the monthly QA nurse meeting. E. If there is a change of condition with resident that is self-medicating a new, Medication Self-Administration Screen, a new Service plan, and ALF 102 form will be completed and communicated to the nursing staff.	DOC 3/27/15