PRINTED: 05/13/2015
FORM APPROVED
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 04/29/2015

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
S5054	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 insurance identifying data;	S5054	**S5054 Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services** *The corrective action(s) that will be accomplished for Resident #36, Vera Rainey who was found to have been affected by the deficient practice will be to ensure that when an initial incident report is sent to the Licensing Division, a follow up will be sent with in five (5) business days to verify that an investigation of the incident has been completed. Additionally, this information will be sent to the Regional Ombudsman as well. Resident #49, Dorothy Vanhorn has since moved out of the facility. *The corrective action that will be taken to prevent other residents from being affected by the same deficient practice is for the Administrator or designee to review all incident reports on a daily basis to ensure required reporting is completed in a timely manner. *Measures that will be put into place to ensure the deficient practice(s) does not recur will be to include incident reports sent to the Licensing Division to be reviewed each month during the Quality Assurance meeting to ensure that a follow up report has been completed in a timely manner. All deficiencies found will be reported immediately to the Administrator for correction. *The effectiveness of this practice will be evaluated monthly during the Quality Assurance meeting and documented in the minutes. *This corrective action will be completed by 6.30.15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jill Decker — TITLE: Administrator — (X6) DATE: 5-29-15

STATE FORM 6899 T4LU11 If continuation sheet 1 of 4

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MAY 29 2015
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6/8/15 POC is accepted with changes. DOC 6/30/15 SQ OK.

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GARDEN SQUARE OF CASPER	1959 SOUTH BEVERLY STREET CASPER, WY 82601

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S5054	Continued From page 1 (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 generally accepted accounting principles of each resident's personal funds entrusted to the facility.	S5054		

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S5064	Continued From page 2 (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 medical record review, staff interview and State Survey Agency record review, the facility failed to send the investigative follow-up reports involving the health, welfare, or safety of a resident to the Licensing Division and Long Term	S5064		

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S5054	Continued From page 3 Care Ombudsman in a timely manner for 2 of 2 sample residents (#36, #49). The findings were: 1. Review of the Facility Incident Report Form showed resident #36 had a fall on 4/16/15 and the resident was admitted to the hospital. Review of the Licensing Division Incident Report form showed the resident was found to have a hairline fracture in her right arm. 2. Review of the Facility Incident Report form showed resident #49 had a fall on 2/22/15 and the resident was admitted to the hospital. Review of the Licensing Division Incident Report form revealed the resident was found to have a pelvic fracture. 3. Interview with the Administrator on 4/29/15 at 9:15 AM revealed the incidents did occur, the incidents were investigated and followed up on, but she was unaware of the follow up report requirement that needed to be sent to the Licensing Division. She further verified the ombudsmen was not sent the results of the investigation findings.	S5054		