PRINTED: 04/06/2016
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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
	AL#026	A. BUILDING: _____ B. WING _____	C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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 follow-up survey to the 11/26/14 complaint investigation and a new complaint survey was conducted on 3/25/15-3/26/15 by Healthcare Licensing and Surveys. The new complaints investigated were prompted by intakes LIC-15-023, LIC-15-025, and LIC-15-027. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide LPN- Licensed Practical Nurse w/c- wheelchair	S 000		
S5095	Ch 12 Sec 8 (a)(i) 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: (i) Continuous assistance with transfer and mobility; This State Rule and Regulation is not met as evidenced by: Based on observation, record review, and resident and staff interview, the facility failed to	S5095		

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

Administrator — 6/17/2015

STATE FORM 6899 — SEVHA — If continuation sheet 1 of 19

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WY Dept of Health
JUN 17 2015
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POC accepted.

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S5095	Continued From page 1 ensure 1 of 11 sample residents (#4) who resided in the level I facility did not require continuous assistance with mobility. The findings were: Review of the resident record for resident #4 showed admission orders dated 1/26/15 which read "Please allow pt [patient] to be moved in w/c [wheelchair] as ambulation is extremely difficult." Review of nurse charting (completed by CNAs and nurses) showed the following notes regarding mobility: a. 3/17/15- resident asks to be pushed in wheelchair to the dining area during breakfast. b. 3/16/15- resident asks to be pushed in w/c to the dining area. Resident says s/he cannot push him/herself. c. 3/11/15- resident was a full assist to and from dining area for breakfast and lunch. Resident does not pedal self in w/c. d. 3/9/15- does not ambulate or pedal self in w/c. e. 3/8/15- would not ambulate or pedal self in w/c. f. 3/7/15- would not ambulate or pedal self in w/c g. 2/11/15- resident is unable to wheel self down to meals. CNAs have to get resident for all meals. On 3/26/15 at 8:30 AM the resident was interviewed. The resident stated s/he was not able to walk far distances due to pain. The resident stated staff pushed him/her in the w/c outside of the room. When asked if the resident could push him/herself in the w/c, the resident replied "no." Observation of the resident's w/c at that time revealed the w/c was a transport w/c with four smaller tires; there was not a large wheel for the resident to use his/her arms to push. When asked how the resident would	S5095	1. Resident #4 ambulates to and from her restroom and around her apartment. To the administrator, she demonstrated the ability to walk from her apartment to the nearest exit in 4 minutes and committed to do the same once a month during fire drills. She has also changed apartments allowing her the ability to ambulate to and from the dining room. Mobility needs and ability will be reviewed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's mobility is in question.	4/20/2015

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	ALF030	A. BUILDING: _____ B. WING _____	C 03/26/2015

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DEER TRAIL ASSISTED LIVING	2380 REAGAN AVENUE ROCK SPRINGS, WY 82901

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S5005	Continued From page 2 evacuate the building in case of a fire, the resident replied s/he would not be able to walk that far, and so staff would have to come and push him/her in the w/c. During an interview on 3/26/15 at 1:10 PM the wellness director confirmed the resident was not able to push him/herself in the w/c. The wellness director stated she has told the family the resident needed a different w/c.	S5005		
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, record review, and staff interview, the facility failed to ensure staff were not required to provide incontinence care for 2 of 11 sample residents (#9, #10) who resided in the level I facility and were incontinent. The findings were: 1. During an interview on 3/26/15 at 1:30 PM CNA #1 stated resident #10 did not know when s/he needed to use the bathroom and therefore was incontinent. The CNA stated the resident was not able to manage the incontinence by him/herself. She further stated the resident was very incontinent that morning and so she needed to put the resident in the shower.	S5101	Resident #10 has transferred to Memory Care within the community where her incontinence needs can be met. Continence needs and ability to maintain continence will be reviewed at each Quality Assurance meeting and any time a change in condition is noted.	4/20/2015

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	ALF028	A. BUILDING: _____ B. WING _____	C 03/26/2015

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DEER TRAIL ASSISTED LIVING	2350 REAGAN AVENUE ROCK SPRINGS, WY 82901

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S6101	Continued From page 3 Observation on 3/25/15 at 1:36 PM revealed CNA #1 took the resident in the w/c to his/her room to use the bathroom. The resident required the CNA's assistance to transfer onto the toilet. The resident's incontinence brief was soiled with urine and feces. The CNA encouraged the resident to be as independent as possible, but the resident was not able to removed the soiled brief by him/herself. The CNA removed the soiled brief. The CNA asked the resident to wipe him/herself, but the CNA had to provide perineal care for the resident because the resident was not able to clean him/herself. The CNA put a new brief on the resident and pulled the resident's pants up. Review of nurse charting (completed by CNAs and nurses) showed the following regarding incontinence care: a. 3/24/15- assisted resident to the toilet b. 3/24/15- aide had to toilet resident c. 3/22/15- assisted resident with toileting d. 3/22/15- resident refused to toilet; resident was incontinent; had to help clean resident up e. 3/21/15- was incontinent today f. 3/18/15- incontinent with BM g. 3/17/15- incontinent three times. Resident states s/he does not know when s/he needs the bathroom. Resident says s/he cannot put on a brief or pants on own. h. 3/16/15- resident incontinent once. Resident states s/he did not know s/he needed to use the bathroom. Resident states s/he cannot change him/herself. i. 3/16/15- assisted resident with toileting j. 3/13/15- incontinent twice. wet his/her briefs while sitting in a chair; states did not know was wet k. 3/12/15- incontinent during whole shift l. 3/11/15- incontinent three times. Resident had to get out of bed so I could change his/her	S6101	The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's continence is in question.	

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S6101	Continued From page 4 clothes and bedding. m. 3/0/15- resident's family given 30 day notice in regards to incontinence care. Resident does not remember wetting or having BMs at night. n. 3/8/15- assisted to toilet o. 3/3/15- assisted with toileting p. 2/26/15- resident did not want to clean him/herself up. States s/he cannot stand and wipe self at the same time. CNA had to clean resident twice today. On 3/26/15 at 1:10 PM the wellness director stated the resident did not like to get up at night to use the bathroom, so the family was asking the doctor to put in a catheter. The wellness director further stated the resident had been issued a 30 day notice for discharge. During the exit conference on 3/26/15 at 2:10 PM the administrator provided the surveyor a copy of the 30 day notice issued to the resident. The notice was dated 2/17/15 and stated the resident's lease agreement would be terminated on 3/19/15 because the resident required care beyond what the facility could provide under a level I license. The notice indicated the resident required care for incontinence. When asked why the resident was still in the facility, the administrator stated the family was looking into hiring private care. 2. Review of nurse charting for resident #9 revealed the following notes: a. 3/15/15- resident incontinent of urine; has soaked brief and bed. Resident refuses to get up and change brief. b. 3/12/15- assisted with toileting and into bed, got in bed with soiled linens and refused to let us change them	S6101	Resident #9 has transferred to Memory Care within the community where her continence needs can be met. Continence needs and ability to maintain continence will be reviewed at each Quality Assurance meeting and any time a change in condition is noted.	4/20/2015

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S5101	Continued From page 6 c. 3/12/15- resident incontinent all night, refused to be changed and bed was soiled d. 2/21/15- resident had BM mess, showered him/her and cleaned him/her During an interview on 3/26/15 at 9:16 AM CNA #1 stated the resident was incontinent in the mornings and needed assistance to manage incontinence. The CNA further stated the resident sometimes refused toileting and the resident's room smelled of urine. On 3/26/15 at 1:10 PM the wellness director stated she thought the resident had been issued a 30 day discharge notice. However, during the exit conference on 3/26/15 at 2:15 PM the administrator stated a 30 day discharge notice had not been issued because the facility planned to transfer the resident to the level 2 memory care unit.	S5101	The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's continence is in question.	
S5104	Ch 12 Sec 8 (e)(x) Services Which Cannot Be Provided By Level I Services which cannot be provided by the Level I Assisted Living Facility staff. (e) The following services cannot be provided: (x) Care of the resident with inappropriate social behavior, e.g., frequent aggressive, abusive, or disruptive behavior; and This State Rule and Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure staff did not provide care to 1 of 1 sample resident (#5) with inappropriate behavior who resided in the level I facility. The	S5104		

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S5104	Continued From page 6 findings were: During an interview on 3/25/15 at 8:35 AM CNA #1 and CNA #2 stated resident #5 had some inappropriate and unsafe behaviors. The CNAs stated the resident barricaded him/herself in the room. When asked how often, they replied "all the time." The CNAs also stated the resident "took apart [his/her] room" and had even put a soiled incontinence brief in his/her fridge. Review of the nurse charting showed the following notes: a. 3/22/15- resident rearranging [his/her] room and blockading the door b. 3/6/15- resident's room was a mess, all clothes out all over. Resident had dirty clothes and soiled clothes in the closet. Resident had everything out of cupboards on the floor and broken glass on floor. c. 3/5/15- very confused today; had dirty diaper in the fridge. Resident packed his/her room up d. 2/19/15- tried to barricade him/herself in room During an interview on 3/26/15 at 1:10 PM the wellness director confirmed the behaviors and stated she wanted the resident to go see a geripsychiatrist.	S5104	1. In consultation with the family, Resident #5 has moved to the Memory Care within the community. Also, the Wellness Director, in consultation with the family, believes the resident will benefit from the services of a geriatric psychologist who may be able to adjust medications to better service the resident. An appointment is pending. Resident's behavior patterns will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's behaviors are in question.	5/4/2015
S5136	Ch 12 Sec 10 (f)(ii) Secure Dementia Units Secure Dementia Units. Level 2 assisted living facilities require adherence to all Level I requirements with the following additional criteria for a Level 2 Assisted Living Facility License. (f) Level 2 Discharge Requirements. In	S5136		

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S5136	Continued From page 7 addition to Level 1 discharge criteria residents of Level 2 facilities must be discharged when one or more of the following situations exist: (II) When it has been determined that intermittent nursing care has become ongoing; or This State Rule and Regulation is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure 3 of 5 sample residents (#2, #14, #16) who resided in the locked memory care unit were appropriate for level 2 services. The findings were: 1. Interviews with CNA #3 on 3/26/15 at 10:40 AM and CNA #4 on 3/26/15 at 11:05 AM revealed resident #2 required the assistance of two staff for transfers. Observation on 3/26/15 at 11:31 AM revealed CNAs #3 and #4 took the resident to the bathroom. The CNAs used a gait belt and extensive assistance of two for the transfer to the toilet. The CNAs said all transfers required the assist of two staff. Review of nurse charting showed the following notes: a. 3/25/15- requires assist with transfers two person with gait belt b. 3/24/15- two person assist with belt c. 3/23/15- resident was a total on transfers and lift with two person assist and gait belt d. 3/20/15- total two person assist with gait belt for all transfers e. 3/18/15- two person assist with gait belt on all transfers and lifts; can't hold own weight f. 3/15/15- resident was dead weight and would not help stand at all; was a two person lift	S5136	1. Resident #2 will be assessed for ability to transfer by the Wellness Director. If it is determined the resident is a two person assist the resident and family will be given a 30-day discharge notice indicating we can no longer meet the resident's needs and that the resident will need to move to a community which is able to help with transfer needs. Resident's mobility will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's mobility is in question.	6/30/2015

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S5136	Continued From page 8 all day g. 3/12/15- resident total care on transfers and two person lift with gait belt; not able to bear any weight 2. Interviews with CNA #3 on 3/26/15 at 10:40 AM and CNA #4 on 3/26/15 at 11:05 AM revealed resident #14 required the assistance of two staff for transfers. Review of a progress note dated 3/24/15 showed the resident was a two person assist with a gait belt. Observation on 3/26/15 at 11 AM revealed CNA #4 assisted the private care giver to transfer the resident from the w/c to bed. The resident was transferred with a gait belt and the assist of two. 3. During an interview on 3/26/15 at 11:05 AM CNA #4 stated resident #16 was just transferred into the the memory care unit from the assisted living side and required the assist of two staff for transfers. The CNA stated the resident required the assist of two staff when s/he was on the level I assisted living side too. Observation on 3/26/15 at 11:12 AM revealed CNAs #3 and #4 took the resident to the bathroom. The resident required the assistance of two and a gait belt for the transfer. Review of nurse charting showed the following notes; a. 3/25/15- resident can not help assist to stand or transfer; is total with two person assist and gait belt. b. 3/24/15- two person assist with transfer and gait belt c. 3/21/15- two person assist d. 3/20/15- two person assist with gait belt e. 3/17/15- was transferred a two person to	S5136	2. Resident #14 was discharged due to higher care needs on 4/1/2015. Resident's mobility will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's mobility is in question. 3. Resident #16 will be assessed for ability to transfer by the Wellness Director. If it is determined the resident is a two person assist the resident and family will be given a 30-day notice indicating we can no longer meet the resident's needs and that the resident will need to transfer to a community who is able to help with transfer needs. Resident's mobility will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's mobility is in question.	4/20/2015 6/30/2015

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S6136	Continued From page 9 toilet f. 3/16/15- two person assist with a gait belt for all transfers g. 3/15/15- two person transfer with gait belt h. 3/13/15- two person transfer i. 3/11/15- two person assist with transfers 4. During an interview on 3/26/15 at 1:10 PM the wellness director stated the nurses don't agree with the CNAs on how much assistance residents #2, #14, or #16 need for transfers.	S6136		
S6137	Ch 12 Sec 10 (f)(iii) Secure Dementia Units Secure Dementia Units. Level 2 assisted living facilities require adherence to all Level I requirements with the following additional criteria for a Level 2 Assisted Living Facility License. (f) Level 2 Discharge Requirements. In addition to Level 1 discharge criteria residents of Level 2 facilities must be discharged when one or more of the following situations exist: (iii) When the resident requires more than limited assistance to evacuate the building. This State Rule and Regulation is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure 4 of 5 sample residents (#2, #13, #14, #16) in the secure memory care unit (level 2) could evacuate with no more than limited assistance. The findings were: 1. Observations of the following residents revealed they required the assistance of two staff for transfers:	S6137		

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DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

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S5137	Continued From page 10 a. Observation on 3/26/15 at 11:31 AM revealed CNAs #3 and #4 took resident #2 to the bathroom. The CNAs used a gait belt and extensive assistance of two for the transfer to the toilet. The CNAs said all transfers required the assist of two staff. b. Observation on 3/26/15 at 11 AM revealed CNA #4 assisted the private care giver to transfer resident #14 from the w/c to bed. The resident was transferred with a gait belt and the assist of two. c. Observation on 3/26/15 at 11:12 AM revealed CNAs #3 and #4 took resident #16 to the bathroom. The resident required the assistance of two and a gait belt for the transfer. 2. During an interview on 3/26/15 at 11:20 AM CNA #3 stated resident #13 did not participate in fire drills. She stated s/he refused to evacuate. Review of nurse charting showed a note dated 2/25/15 which read "resident became upset with staff during fire drill. Resident threaten staff and DON, stating he was going to hit and punch staff." On 3/26/15 at 1:10 PM the wellness director confirmed the resident refused to participate in fire drills. She stated "if it was a real fire, maybe he would [evacuate]." 8. On 3/26/15 at 1:30 PM a fire drill was conducted in the memory care unit. Residents #2 and #16 were already in wheelchairs. When the fire alarm sounded, the private care giver for resident #14 came out and said she needed assistance to get the resident out. LPN #1 went to the resident's room and the resident was transferred to the w/c with the assistance of two and a gait belt. Resident #13 was in his/her room, and did not evacuate. LPN #1 tried to get the	S5137	1.a. The plan noted above will be in effect for Resident #2 with a 30-day notice given if resident does not meet mobility criteria. Please see page 8 for detail b. Resident #14 was discharged on 4/1/2015 for higher care needs. c. The plan noted above will be in effect for Resident #16 with a 30-day notice given if resident does not meet mobility criteria. Please see page 9 for details. 2. Resident #13's behaviors will be evaluated by the Wellness Director using the ALF 102, MMSE and our assessment. If it is determined his behaviors pose a threat to himself or others, including willingness to evacuate, the resident will be issued a 30-day discharge notice. Resident's mobility will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's mobility is in question. 3. Resident #14 was discharged for higher care needs on 4/1/2015.	5/15/2015 5/15/2015 5/4/2015 4/20/2015

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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
	ALF026	A. BUILDING: _____ B. WING _____	C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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
S5137	Continued From page 11 resident to evacuate, but s/he refused. At 1:36 PM all residents except for resident #13 had evacuated. Interview with the wellness director at that time revealed she had also tried to get resident #13 to evacuate, but s/he refused. 4. During the exit conference on 3/26/15 at 2:15 PM the administrator stated he didn't realize that the regulations required residents to evacuate with not more than limited assistance.	S5137	4. Chapter 12, Section 10 (f)(iii) contradicts the Level 2 additional core services outlined in Chapter 12, Section 10 (d)(i), which states: In addition to the previously listed Core Services increased assistance may be required with activities of daily living depending upon assessed resident functional and cognitive ability: (i) *Assistance as needed* with dressing, grooming, bathing, *mobility*, toileting (Italics added).	

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	ALF026	A. BUILDING: ______ B. WING ______	R-C 03/26/2015

NAME OF PROVIDER OR SUPPLIER: DEER TRAIL ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: 2300 REAGAN AVENUE, ROCK SPRINGS, WY 82901

(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 06/26/2001 A follow-up survey to the 11/26/14 complaint investigation and a new complaint survey was conducted on 3/25/15-3/26/15 by Healthcare Licensing and Surveys. The new complaints investigated were prompted by intakes LIC-15-023, LIC-15-025, and LIC-15-027. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide LPN- Licensed Practical Nurse w/c- wheelchair	{S 000}		
{S5095}	Ch 12 Sec 8 (a)(i) 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: (i) Continuous assistance with transfer and mobility; This State Rule and Regulation is not met as evidenced by: Based on observation, record review, and resident and staff interview, the facility failed to	{S5095}		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] | TITLE: Administrator | (X6) DATE: 17 Jun 2015

STATE FORM 6899 Q2BQ12 If continuation sheet 1 of 10

POC accepted 6/22/15 ... by Jeff Smith, Administrator on 6/22/15 @ 2:40pm ... , CNC

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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
	ALF026	A. BUILDING: _____ B. WING _____	R-C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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
(S6096)	Continued From page 1 ensure 1 of 11 sample residents (#4) who resided in the level I facility did not require continuous assistance with mobility. The findings were: Review of the resident record for resident #4 showed admission orders dated 1/28/15 which read "Please allow pt [patient] to be moved in w/c [wheelchair] as ambulation is extremely difficult." Review of nurse charting (completed by CNAs and nurses) showed the following notes regarding mobility: a. 3/17/15- resident asks to be pushed in wheelchair to the dining area during breakfast. b. 3/16/15- resident asks to be pushed in w/c to the dining area. Resident says s/he cannot push him/herself. c. 3/11/15- resident was a full assist to and from dining area for breakfast and lunch. Resident does not pedal self in w/c. d. 3/9/15- does not ambulate or pedal self in w/c. e. 3/8/15- would not ambulate or pedal self in w/c. f. 3/7/15- would not ambulate or pedal self in w/c g. 2/11/15- resident is unable to wheel self down to meals. CNAs have to get resident for all meals. On 3/20/15 at 8:30 AM the resident was interviewed. The resident stated s/he was not able to walk far distances due to pain. The resident stated staff pushed him/her in the w/c outside of the room. When asked if the resident could push him/herself in the w/c, the resident replied "no." Observation of the resident's w/c at that time revealed the w/c was a transport w/c with four smaller tires; there was not a large wheel for the resident to use his/her arms to push. When asked how the resident would	(S6095)	1. Resident #4 ambulates to and from her restroom and around her apartment. To the administrator, she demonstrated the ability to walk from her apartment to the nearest exit in 4 minutes and committed to do the same once a month during fire drills. She has also changed apartments allowing her the ability to ambulate to and from the dining room. Mobility needs and ability will be reviewed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALP 102, when a resident's mobility is in question.	4/20/2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	R-C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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
(S5095)	Continued From page 2 evacuate the building in case of a fire, the resident replied s/he would not be able to walk that far, and so staff would have to come and push him/her in the w/c. During an interview on 3/26/15 at 1:10 PM the wellness director confirmed the resident was not able to push him/herself in the w/c. The wellness director stated she has told the family the resident needed a different w/c.	(S5095)		
(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, record review, and staff interview, the facility failed to ensure staff were not required to provide incontinence care for 2 of 11 sample residents (#9, #10) who resided in the level I facility and were incontinent. The findings were: 1. During an interview on 3/25/15 at 1:30 PM CNA #1 stated resident #10 did not know when s/he needed to use the bathroom and therefore was incontinent. The CNA stated the resident was not able to manage the incontinence by him/herself. She further stated the resident was very incontinent that morning and so she needed to put the resident in the shower.	(S5101)	Resident #10 has transferred to Memory Care within the community where her incontinence needs can be met. Continence needs and ability to maintain continence will be reviewed at each Quality Assurance meeting and any time a change in condition is noted.	4/20/2015

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	ALF020	A. BUILDING: _____ B. WING _____	R-C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2300 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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 3 Observation on 3/25/15 at 1:35 PM revealed CNA #1 took the resident in the w/c to his/her room to use the bathroom. The resident required the CNA's assistance to transfer onto the toilet. The resident's incontinence brief was soiled with urine and feces. The CNA encouraged the resident to be as independent as possible, but the resident was not able to removed the soiled brief by him/herself. The CNA removed the soiled brief. The CNA asked the resident to wipe him/herself, but the CNA had to provide perineal care for the resident because the resident was not able to clean him/herself. The CNA put a new brief on the resident and pulled the resident's pants up. Review of nurse charting (completed by CNAs and nurses) showed the following regarding incontinence care: a. 3/24/15- assisted resident to the toilet b. 3/24/15- aide had to toilet resident c. 3/22/15- assisted resident with toileting d. 3/22/15- resident refused to toilet; resident was incontinent; had to help clean resident up e. 3/21/15- was incontinent today f. 3/18/15- incontinent with BM g. 3/17/15- incontinent three times. Resident states s/he does not know when s/he needs the bathroom. Resident says s/he cannot put on a brief or pants on own. h. 3/16/15- resident incontinent once. Resident states s/he did not know s/he needed to use the bathroom. Resident states s/he cannot change him/herself. i. 3/16/15- assisted resident with toileting j. 3/13/15- incontinent twice; wet his/her briefs while sitting in a chair; states did not know was wet k. 3/12/15- incontinent during whole shift l. 3/11/15- incontinent three times. Resident had to get out of bed so I could change his/her	(S5101)	The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALP 102, when a resident's continence is in question.	

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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
	ALF026	A. BUILDING: _____ B. WING _____	R-C 03/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(S5101)	Continued From page 4 clothes and bedding. m. 3/9/15- resident's family given 30 day notice in regards to incontinence care. Resident does not remember wetting or having BMs at night. n. 3/8/15- assisted to toilet o. 3/8/15- assisted with toileting p. 2/26/15- resident did not want to clean him/herself up. States s/he cannot stand and wipe self at the same time. CNA had to clean resident twice today. On 3/26/15 at 1:10 PM the wellness director stated the resident did not like to get up at night to use the bathroom, so the family was asking the doctor to put in a catheter. The wellness director further stated the resident had been issued a 30 day notice for discharge. During the exit conference on 3/26/15 at 2:15 PM the administrator provided the surveyor a copy of the 30 day notice issued to the resident. The notice was dated 2/17/15 and stated the resident's lease agreement would be terminated on 3/19/15 because the resident required care beyond what the facility could provide under a level I license. The notice indicated the resident required care for incontinence. When asked why the resident was still in the facility, the administrator stated the family was looking into hiring private care. 2. Review of nurse charting for resident #9 revealed the following notes: a. 3/15/15- resident incontinent of urine; has soaked brief and bed. Resident refuses to get up and change brief. b. 3/12/15- assisted with toileting and into bed, got in bed with soiled linens and refused to let us change them	(S5101)	Resident #9 has transferred to Memory Care within the community where her continence needs can be met. Continence needs and ability to maintain continence will be reviewed at each Quality Assurance meeting and any time a change in condition is noted.	4/20/2015

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	ALF026	A. BUILDING: _____ B. WING _____	R-C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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 5 c. 3/12/15- resident incontinent all night, refused to be changed and bed was soiled d. 2/21/15- resident had BM mess, showered him/her and cleaned him/her During an interview on 3/26/15 at 9:15 AM CNA #1 stated the resident was incontinent in the mornings and needed assistance to manage incontinence. The CNA further stated the resident sometimes refused toileting and the resident's room smelled of urine. On 3/26/15 at 1:10 PM the wellness director stated she thought the resident had been issued a 30 day discharge notice. However, during the exit conference on 3/26/15 at 2:15 PM the administrator stated a 30 day discharge notice had not been issued because the facility planned to transfer the resident to the level 2 memory care unit.	(S5101)	The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's continence is in question.	
(S5104)	Ch 12 Sec 8 (a)(x) 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: (x) Care of the resident with inappropriate social behavior; e.g., frequent aggressive, abusive, or disruptive behavior; and This State Rule and Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure staff did not provide care to 1 of 1 sample resident (#5) with inappropriate behavior who resided in the level I facility. The	(S5104)		

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	ALF026	A. BUILDING: _____ B. WING _____	R-C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2300 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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
(S5104)	Continued From page 6 findings were: During an interview on 3/26/15 at 8:35 AM CNA #1 and CNA #2 stated resident #5 had some inappropriate and unsafe behaviors. The CNAs stated the resident barricaded him/herself in the room. When asked how often, they replied "all the time." The CNAs also stated the resident "took apart [his/her] room" and had even put a soiled incontinence brief in his/her fridge. Review of the nurse charting showed the following notes: a. 3/22/15- resident rearranging [his/her] room and blockading the door b. 3/8/15- resident's room was a mess, all clothes out all over. Resident had dirty clothes and soiled clothes in the closet. Resident had everything out of cupboards on the floor and broken glass on floor. c. 3/6/15- very confused today; had dirty diaper in the fridge. Resident packed his/her room up d. 2/19/15- tried to barricade him/herself in room During an interview on 3/26/15 at 1:10 PM the wellness director confirmed the behaviors and stated she wanted the resident to go see a geripsychiatrist.	(S5104)	1. In consultation with the family, Resident #5 has moved to the Memory Care within the community. Also, the Wellness Director, in consultation with the family, believes the resident will benefit from the services of a geriatric psychologist, who may be able to adjust medications to better service the resident. An appointment is pending. Resident's behavior patterns will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's behaviors are in question.	5/4/2015
(S5136)	Ch 12 Sec 10 (f)(ii) Secure Dementia Units Secure Dementia Units. Level 2 assisted living facilities require adherence to all Level I requirements with the following additional criteria for a Level 2 Assisted Living Facility License. (f) Level 2 Discharge Requirements. In	(S5136)		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(S6136)	Continued From page 7 addition to Level 1 discharge criteria residents of Level 2 facilities must be discharged when one or more of the following situations exist: (ii) When it has been determined that intermittent nursing care has become ongoing; or This State Rule and Regulation is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure 3 of 6 sample residents (#2, #14, #16) who resided in the locked memory care unit were appropriate for level 2 services. The findings were; 1. Interviews with CNA #3 on 3/26/15 at 10:40 AM and CNA #4 on 3/26/15 at 11:06 AM revealed resident #2 required the assistance of two staff for transfers. Observation on 3/26/15 at 11:31 AM revealed CNAs #3 and #4 took the resident to the bathroom. The CNAs used a gait belt and extensive assistance of two for the transfer to the toilet. The CNAs said all transfers required the assist of two staff. Review of nurse charting showed the following notes; a. 3/25/15- requires assist with transfers two person with gait belt b. 3/24/15- two person assist with belt c. 3/23/15- resident was a total on transfers and lift with two person assist and gait belt d. 3/20/15- total two person assist with gait belt for all transfers e. 3/18/15- two person assist with gait belt on all transfers and lifts; can't hold own weight f. 3/15/15- resident was dead weight and would not help stand at all; was a two person lift	(S6136)	1. Resident #2 will be assessed for ability to transfer by the Wellness Director. If it is determined the resident is a two person assist the resident and family will be given a 30-day notice indicating we can no longer meet the resident's needs and that the resident will need to transfer to a community who is able to help with transfer needs. Resident's mobility will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's mobility is in question.	6/30/2015

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	ALF026	A. BUILDING: _____ B. WING _____	R-C 03/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 READAN AVENUE ROCK SPRINGS, WY 82901

(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
(S6138)	Continued From page 8 all day g. 3/12/15- resident total care on transfers and two person lift with gait belt; not able to bear any weight 2. Interviews with CNA #3 on 3/26/15 at 10:40 AM and CNA #4 on 3/26/15 at 11:05 AM revealed resident #14 required the assistance of two staff for transfers. Review of a progress note dated 3/24/15 showed the resident was a two person assist with a gait belt. Observation on 3/26/15 at 11 AM revealed CNA #4 assisted the private care giver to transfer the resident from the w/c to bed. The resident was transferred with a gait belt and the assist of two. 3. During an interview on 3/26/15 at 11:05 AM CNA #4 stated resident #16 was just transferred into the the memory care unit from the assisted living side and required the assist of two staff for transfers. The CNA stated the resident required the assist of two staff when s/he was on the level I assisted living side too. Observation on 3/26/15 at 11:12 AM revealed CNAs #3 and #4 took the resident to the bathroom. The resident required the assistance of two and a gait belt for the transfer. Review of nurse charting showed the following notes: a. 3/25/15- resident can not help assist to stand or transfer; is total with two person assist and gait belt. b. 3/24/15- two person assist with transfer and gait belt c. 3/21/15- two person assist d. 3/20/15- two person assist with gait belt e. 3/17/15- was transferred a two person to	(S6138)	2. Resident #14 was discharged due to higher care needs on 4/1/2015. Resident's mobility will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents. The Wellness Director will conduct formal assessments, including use of the ALF 102, when a resident's mobility is in question. 1. Resident #16 will be assessed for ability to transfer by the Wellness Director. If it is determined the resident is a two person assist the resident and family will be given a 30-day notice indicating we can no longer meet the resident's needs and that the resident will need to transfer to a community who is able to help with transfer needs. Resident's mobility will be discussed at each Quality Assurance meeting and any time a change in condition is noted. The community's lead CNA is now invited to participate in QA meetings to bring another perspective to the continuing assessment of residents.	4/20/2015 6/30/2015

PRINTED: 04/08/2016
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
	ALF026	A. BUILDING: _____ B. WING _____	R-C 03/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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
(S5136)	Continued From page 9 toilet f. 3/16/15- two person assist with a gait belt for all transfers g. 3/16/15- two person transfer with gait belt h. 3/13/15- two person transfer i. 3/11/15- two person assist with transfers 4. During an interview on 3/26/16 at 1:10 PM the wellness director stated the nurses don't agree with the CNAs on how much assistance residents #2, #14, or #18 need for transfers.	(S5136)	The Wellness Director will conduct formal assessments, including use of the ALP 102, when a resident's mobility is in question.	

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number: ALF026

(Y2) Multiple Construction: A. Building, B. Wing

(Y3) Date of Revisit: 03/26/2015

Name of Facility: DEER TRAIL ASSISTED LIVING

Street Address, City, State, Zip Code: 2360 REAGAN AVENUE, ROCK SPRINGS, WY 82901

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix S5023 Reg. # Ch 12 Sec 7 (b)(iv)(A-C) LSC	Correction Completed 02/02/2015	ID Prefix S5054 Reg. # Ch 12 Sec 7 (e)(i)(A-K) LSC	Correction Completed 02/02/2015	ID Prefix S5071 Reg. # Ch 12 Sec 7 (i)(iii)(A-B) LSC	Correction Completed 02/02/2015
ID Prefix S5097 Reg. # Ch 12 Sec 8 (a)(iii) LSC	Correction Completed 02/02/2015	ID Prefix S5100 Reg. # Ch 12 Sec 8 (a)(vi) LSC	Correction Completed 02/02/2015	ID Prefix S5103 Reg. # Ch 12 Sec 8 (a)(ix) LSC	Correction Completed 02/28/2015
ID Prefix S5107 Reg. # Ch 12 Sec 9 (a)(i-v) LSC	Correction Completed 02/02/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency

Reviewed By

Date:

Signature of Surveyor: [signature] 03/31/15

Date: 3/31/15

Reviewed By CMS RO

Reviewed By

Date:

Signature of Surveyor:

Followup to Survey Completed on: 11/24/14

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO