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 _____	R-C 06/09/2015

RECEIVED WY Dept of Health JUL 06 2015 Healthcare Licensing and Surveys

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

(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	{S 000}		
{S5021}	Ch 12 Sec 7 (b)(ii)(A) Assisted Living Facility (alf) Core Services (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. (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.	{S5021}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis R. Lawrence | TITLE: President | (X6) DATE: 7/2/2015

STATE FORM 6899 VCVN12 If continuation sheet 1 of 7

POC accepted. DOC - 8/24/15. Emailed Dennis Lawrence on 7/15/15 @ 4:03 pm. 10821C

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{S5021}	Continued From page 1 (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 resident record review and staff interview, the facility failed to ensure physician orders for oxygen for 2 of 6 sample residents (#3, #6) who utilized oxygen. The findings were: Interview with licensed practical nurse (LPN) #1 on 6/9/15 at 11:20 AM revealed residents #3 and #6 utilized oxygen. Review of the records for both residents revealed no physician's order for the oxygen. After looking in the records on 6/9/15 at 11:35 AM, LPN #1 confirmed the lack of physician's orders.	{S5021}	A. Resident #3 moved out of our facility on 6/15/15 and Resident #6 moved out of our facility on 6/17/15. 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.	6/17/15
{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;	{S5054}		

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{S5054}	Continued From page 2 (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; (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	{S5054}		

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{S5054}	Continued From page 3 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. (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.	{S5054}		

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{S5054}	Continued From page 4 (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 incident report review and staff interview, the facility failed to report incidents involving elopement to the Licensing Division for 1 of 6 sample residents (#6). The findings were: Review of incident reports showed on 4/27/15 at 10:30 PM resident #6 was setting off door alarms trying to leave the facility. The resident was very aggressive to staff and the police and family were called. On 5/13/15 the resident was found missing from the facility. The police were called and found the resident about a block away. Further review of the two incident reports showed no evidence the Licensing Division was notified. Interview with licensed practical nurse (LPN) #1 on 6/9/15 at 11:45 AM confirmed the resident has been eloping from the facility.	{S5054}	A. Resident #6 moved out of our facility on 6/17/15. B. All staff has been informed that the Licensing Division is to be informed within one business day of incidents which affect the residents' health, welfare or safety. C. Staff working during the incident will inform the manager and/or nursing manager of the incident immediately. Manager will then call the Licensing Division and family to report the incident. D. Follow up of the incident will be reported by the manager to the Licensing Division and Long Term Care Ombudsman within five working days. E. Thorough documentation will be provided by all staff members involved with the incident and placed in resident's file. F. The quality assurance coordinator (resident manager) will make sure all documentation is complete and accurate. At the next quality assurance meeting (held quarterly) the coordinator will address all incidents and discuss ways the staff can improve if needed.	6/24/15

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S5100	Continued From page 5	S5100		
S5100	Ch 12 Sec 8 (a)(vi) 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: (vi) Care of resident whose wandering jeopardizes the health and safety of the resident; This State Rule and Regulation is not met as evidenced by: Based on observation, incident report review, and staff interview, the facility provided care for 1 of 1 sample residents (#6) with wandering behaviors which jeopardized the safety of the resident. The findings were: Observation on 6/9/15 at 11:15 AM upon entering the facility revealed an alarm that sounded when the front door was opened. Review of incident reports revealed the following for resident #6: a. 4/27/15 10:30 PM- resident setting off door alarms trying to get out...aggressive to staff...police and family called. b. 5/6/15- resident tries to run away at least 1 to 2 times per day. c. 5/13/15- resident not in room; couldn't find...police called, was found about a block away. Interview with licensed practical nurse (LPN) #1 on 6/9/15 at 11:45 AM revealed resident #6 had been eloping from the facility. She stated the alarms on the doors were because of the	S5100	A. Resident #6 moved out of our facility on 6/17/15. Family is in the process of finding a facility that can accommodate the resident and prevent elopement in the future. B. We were in the process of working with the family on transferring the resident to a facility that is licensed to handle residents with wandering behaviors. C. The manager will inform the family of residents that our facility is not licensed, nor does it have enough staff members to provide proper services to residents with wandering behaviors. If a resident attempts to elope, the manager will provide a specific date in which the family must transfer the resident. These steps are in place to prevent future wandering behavior incidents which jeopardize the safety of a resident. D. The quality assurance coordinator (resident manager) will follow up with the staff in the quarterly meeting to take suggestions and offer improvements on how our facility handles residents who have wandering behaviors.	6/17/15

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S5100	Continued From page 6 resident. She further stated the resident eloped last night after 10 PM in the dark, and the family finally found him/her. In addition, she stated the resident had eloped that morning without shoes on. Additionally, the LPN stated the resident's elopement was a concern because there was sometimes only one certified nurse aide in the building, and she couldn't leave to "chase down the resident."	S5100		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
ALF010

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
06/09/2015

Name of Facility
BEE HIVE HOMES OF EVANSTON

Street Address, City, State, Zip Code
1949 WEST UINTA STREET
EVANSTON, WY 82930

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix S5089 Reg. # Ch 12 Sec 7 (m)(i)(A-R) LSC	04/20/2015	ID Prefix S5099 Reg. # Ch 12 Sec 8 (a)(v)(A-C) LSC	03/20/2015	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency | Reviewed By B 9/8/15 | Date: | Signature of Surveyor: [signature] | Date: 6/10/15

Reviewed By CMS RO | Reviewed By | Date: | Signature of Surveyor:

Followup to Survey Completed on:
02/20/2015

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

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
ALF010	A. Building B. Wing	06/09/2015

Name of Facility	Street Address, City, State, Zip Code
BEE HIVE HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

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(Y4) Item		(Y5) Date Correction Completed	(Y4) Item		(Y5) Date Correction Completed	(Y4) Item		(Y5) Date Correction Completed
ID Prefix	S5089	04/20/2015	ID Prefix	S5099	03/20/2015	ID Prefix		
Reg. #	Ch 12 Sec 7 (m)(i)(A-R)		Reg. #	Ch 12 Sec 8 (a)(v)(A-C)		Reg. #		
LSC			LSC			LSC		
ID Prefix			ID Prefix			ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC		
ID Prefix			ID Prefix			ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC		
ID Prefix			ID Prefix			ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC		
ID Prefix			ID Prefix			ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC		

Reviewed By State Agency	Reviewed By TO 9/8/15	Date:	Signature of Surveyor: [signature]	Date:	6/10/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on:
02/20/2015

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