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Wyoming Dept of Health

OCT 27 2008

Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
MEADOW WINDS ASSISTED LIVING	3955 EAST 12TH ST, CASPER, WY 82609	09/23-24/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	COMPLETION DATE
An annual Health survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 9/23-24/08. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) and for Licensure (Chapter 4) of Assisted Living Facilities (ALF).		
Chapter 12, Section 6. Personnel and Staffing Requirements. (d)Infection Control. (ii)Tuberculin Testing (A)Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter.	Chapter 12, Section 6 (ii) (A) Tuberculin Testing	
This REGULATION was not met as evidenced by: Based on employee file review and staff interview, the facility failed to ensure one (#4) of five employees received TB testing within the previous year. The findings were: The file for employee #4, hired on 6/7/07 as a dietary aide, lacked information that tuberculosis testing had been done within the previous year. The record documented that the employee's last TB test was conducted on 9/18/07. The administrator confirmed the employee had not had the TB test in more than a year.	Chapter 12, Section 6 (ii) (A) Tuberculin Testing Employee #4 received her TB test on 9-24-08. A complete audit of the remaining employee files was completed on 9-25-08 to assure presence of required testing. Admin and Resident Care Coordinator reviewed the State Rules and Regulations regarding TB administration. Resident Care Coordinator will conduct employee file reviews upon completion of the new employee hire process and quarterly there after to maintain compliance. Completion dates 9-25-08	

Set TB resu

Josephine Duggan
Provider Representative's Signature/Title

10-27-08
Date

Approved after P.C. & Administrator on 11/3/08 @ 11:00 Am

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Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(k)Transfer and Discharge.
(i)Residents shall receive a thirty (30) day written notice prior to any facility initiated transfer or discharge.
(m)Facility Policies and Procedures.
(i)Management shall develop policies and procedures that are available to residents and staff, including: (C)Admission, transfer, bed hold days, and discharge of residents.

This REGULATION was not met as evidenced by:

Based on record review and staff interview, the facility failed to ensure policies and procedures relating to transfer and discharge were available and current. The findings were:

Review of the facility's policies and procedures (page 10, section 7.6) revealed the policy pertaining to resident transfer and discharge stated only 14 days notice was required prior to discharge. The facility administrator stated the written policy needed to be changed. In addition, review of the facility's policies and procedures failed to show documentation stating the type of written information required to be provided to residents upon transfer or discharge to another facility (see page 12-22 of Chapter 12, Rules and Regulations for Program Administration of ALF for a listing). The facility administrator reviewed the policies and procedures and was unable to find the above referenced transfer and discharge policy.

Chapter 12, Section 7
(k) transfer and discharge
(i) Resident shall receive 30 day notice of intent to discharge or transfer
(m) Facility policy and procedures
(i) management shall develop policy and procedures that include admission, transfer,bed holds and discharge

The admission contract and policy and procedures related will be corrected to reflect changes in the Rules and Regulations for Wyoming within 30 days.

The Administrator will review policy content at least every 6 months or as rules change to assure policy supports rule expectation.

Date of correction on or before 11-27-08

get copy

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Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(n)Furnishings, Buildings, Physical Plant.
(M)The facility shall be maintained so that it is free of hazards, such as loose or cracked floor coverings.

This REGULATION was not met as evidenced by:

Based on observation and staff interview, the facility failed to ensure the carpet was free of trip hazards. The findings were:

Observation throughout the survey on 9/23 and 9/24 revealed an approximate 15 foot length of carpet in the main entrance area with numerous elevated ripples representing a potential trip hazard for residents, staff, and visitors. The facility community relations representative confirmed the ripples were present and represented a trip hazard.

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(j)Food Service and Nutrition.
(vi)The kitchen and dining area shall be kept clean and sanitary in accordance with standards established in the current edition of FDA Food Code.

Based on observation and staff interview, the following concerns were identified:

a. Observation on 9/23/08 at 4:40 PM revealed three of four kitchen ceiling air vents had areas of accumulated dirt and dust on them. One of the vents was located directly over the food preparation table.
b. Observation on 9/23/08 at 4:48 PM

Chapter 12, Section 7
(n) furnishings, building,physical plant
(M) facility shall be maintained free of hazards such as loose or cracked floor coverings

The Administrator did inspect all carpet in the common areas for any other trip hazards and none were noted.

The Administrator will have this section of carpet repaired within 60days.

Administrator will monitor for compliance using quarterly QA process.

Date of compliance on or before 11-24-08.

Picture of new carpet or P.O.

Chapter 12, Section 7
(j) food service and nutrition
(vi) the kitchen shall be kept clean and sanitary according to FDA Codes

a. All vents in the dietary department were removed, cleaned and correction was completed on 9-23-08.

Picture of vent

All vents will be checked and cleaned weekly as per policy and procedure using the weekly QA form. The Dietary Supervisor and staff were in serviced on this date. 9-23-08

copy of QA form

The Dietary Supervisor and the Administrator will monitor for compliance.

Date of compliance was 9-23-08

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revealed a shelf in the interior box of the facility ice machine located in the kitchen was encrusted with mineral salts and food residue. c. Observation on 9/23/08 at 4:10 PM revealed three plastic bags containing lunch meat (salami, bologna, coto) in the walk-in refrigerator that were not labeled with a date. d. Kitchen manager confirmed the lack of dates and the condition of the vents and ice machine.	b.The entire ice machine was emptied and the ice destroyed, it was checked thoroughly for any other areas of accumulation of encrusted mineral salts and none were noted. Completion date 9-24-08. The area in question was cleaned of mineral salts. The ice machine will be checked weekly as per policy and procedure and noted on the weekly QA form for any encrusted mineral salts. The dietary staff and Supervisor were in serviced on 9-23-08. c. The 3 bags not labeled properly in the walk-in refrigerator were destroyed and the remainders of food items were checked for appropriate dates and labels, no other issues were noted. Date of completion 9-23-08. The Dietary Supervisor and the dietary staff were in serviced on 9-23-08 The Administrator and Dietary Supervisor will monitor for compliance using the weekly QA form. Date of completion 9-24-08.
According to the Food Code 2005, U.S. Public Health Service, Food and Drug Administration, 3-307.11: Miscellaneous Sources of Contamination. "FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306." **According to the Food Code 2005** U.S. Public Health Service, Food and Drug Administration, 3-501.17: Ready to eat, potentially hazardous food (timing/ temperature control for safety food), date marking. "(B) Except as specified in ¶¶ (D) - (F) of this section, refrigerated ready to eat potential hazardous food prepared and packaged by a food processing plant shall be clearly marked at the time the original container is opened to indicate the date or day by which the food shall be consumed or discarded." **Chapter 4, Section 10. Life Safety and Electrical Safety** **This REGULATION was not met as evidenced by:** Based on observation and staff interview, the	

QA form
sgt P/P
sign in sheet
SIGN IN Sheet

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facility failed to provide an electrical system installed in accordance with NFPA 70. The findings were: Observation on 9/23/08 at 3:48 PM revealed a wall mounted telephone wire panel located directly over a six foot high food and cooking equipment storage shelf. The panel was uncovered exposing a multitude of low voltage wires. Sitting on the shelf were several pots and pans with metal handles approximately two inches from the exposed wires. The facility maintenance manager stated the panel should be covered to prevent staff from reaching up for a pot and accidently snagging a pot handle on a telephone wire pulling it from the panel and possibly affecting phone service in the event of an emergency. Reference NFPA 101 Life Safety Code, 1988 Edition: "NFPA 101, Chapter 32 Referenced Publications:" "NFPA 70, National Electrical Code, 1999 edition:" "370-28. Pull and Junction Boxes. (3) (c) cover. All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use...."	Chapter 4, Section 10. Life Safety and Electrical Safety (3)(c) all pull boxes and junctions shall have a cover The phone wire panel box in question was temporarily covered to prevent any phone disruption or hazards. 9-24-08. The dry storage area was checked for any other panel issues and none were noted. The maintenance manager built a permanent, wooden cover for the panel and installed it. The maintenance manager and Administrator reviewed the State Rules and Regulations and expectations related to junction boxes. The Administrator and Maintenance Manager will monitor for compliance using the quarterly QA safety form. Date of completion 9-28-08	Picture of cover