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Wyo. Dept. of Health
DEC 18 2015
Healthcare Licensing and Surveys



Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF006 | A. BUILDING: _____ B. WING _____ | 11/23/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASPEN WIND ASSISTED LIVING COMMUNITY | 4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001 |

| (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 |
|---|---|---|---|---|
| S5055 | Ch 12 Sec 7 (e)(ii) Assisted Living Facility (ALF) Core Services<br><br>(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.<br><br>(ii) The resident shall be assured of confidential treatment of all information in the record, and the resident's written consent (or the consent of the guardian) shall be required for the release of information to persons not otherwise authorized to receive it.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure only those with an authorized need had access to medical records for 2 of 2 medical record storage rooms (storage room #1, storage room #2). The findings were:<br><br>Observation on 11/23/15 at 9:43 AM of medical record storage rooms #1 and #2 in the Precious Memories secured unit revealed the facility maintenance director had key lock access. Further observation revealed the medical records were not secured behind a locked cabinet, but located on open shelving. Interview at that time with the maintenance director confirmed he had access to both rooms. Interview with the administrator on 11/23/15 at 3 PM confirmed she was aware the maintenance director had access to stored medical records. The administrator stated she was unaware of the requirement that only those with a need to know the contents of resident medical records should have access to | S5055 | Ch 12 Sec 7<br><br>Resident Records and Reports<br><br>The facility will ensure that only authorized staff have access to medical record storage rooms.<br><br>A.)The facility will ensure that medical storage room #1 and medical storage room #2 in the Precious Memories secured unit that only authorized staff will have access to medical storage rooms. Medical storage room #1 and room #2 will be re- keyed by ~~January 21,2016~~ Dec 21, 2015 and the Maintenance Director no longer has access to this room. ~~Maintenance Director~~ will monitor for compliance with all present and future staff. D/O process will monitor until resolution Director of Nursing<br><br>Maintenance Director gave his key to HR manager 11/22/15. | 12/21/15 |

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

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



12/22/15 - This POC accepted w. MM agreed to change between Leslie Milliken, Manager and Tom Madden, Surveyor.

12/04/15

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PRINTED: 12/08/2015
FORM APPROVED

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/18/2015

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| S5055 | Continued From page 1<br>those records. | S5055 | | |



12/02/15