PRINTED: 12/03/2015
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
	ALF008	A. BUILDING: _____ B. WING _____	C 11/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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 survey was conducted by Healthcare Licensing and Surveys on 11/16/15 - 11/18/15. The survey was prompted by complaint intake LIC-15-058. The following common abbreviations are used throughout the document: RN - Registered Nurse LPN - Licensed Practical Nurse CNA - Certified Nursing Assistant CSD - Clinical Service Director mg - milligrams Less commonly used abbreviations will be annoted in each deficiency.	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 medical record review and staff interview, the facility failed to ensure residents	S5095	The facility will identify each resident that requires full assistance, this will be accomplished by: An assessment was done on resident #3. Resident #3 was found to be not appropriate for this facility. A 30 day letter was issued on 11/20/15. Resident #3 moved to a higher level of care. Clinical Services Director/Assistant Clinical Services Director will do assessment of remaining residents. The assessment will identify if a resident needs continuous assistance with transfer and mobility. Any resident that requires continuous assistance with transfer and mobility will be issued a 30 day written notice and a meeting with POA/family will be held to assure that the needs of the resident are met until resident can be placed to a higher level of care.	03/31/16 ~~12/26/15~~

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: M. [illegible] TITLE: ED (X6) DATE: 3/6/16

STATE FORM 6899 UKQS11 If continuation sheet 1 of 3

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WY Dept of Health
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spoke with Mike ED on 3/7/16 at 4:14 PM POC was accepted with a DOC of 3/31/16. Tina Evans

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S5095	Continued From page 1 were appropriate for the core services level of care for 1 of 1 sample resident (#3) who required continuous transfer assistance. The findings were: 1. Medical record review showed resident #3 had an ALF 102 assessment completed on 4/1/15. The resident was determined to be independent and appropriately able to transfer. Review of the residents care plan dated 5/20/15 showed the resident was alert and oriented to name, place, time, date, and family. The following concerns were identified: a. Review of the list of residents who needed assistance, provided by the facility on 11/16/15, showed the resident required "full assist. [assistance]" b. Review of an ALF 102 assessment completed on 11/18/15 showed the resident was completely dependent for transfers. c. Interview with the CSD and executive director on 11/18/15 at 2:07 PM revealed the facility was pursuing long term care placement but there was no evidence of communication with the family. Further, the interview revealed the resident required services that were no longer appropriate for the facility.	S5095	Documentation of this meeting will be placed in the nursing notes. CSD will conduct training with current nursing staff regarding the state regulations outlining continuous assistance with transfer and mobility. A report of this training will be placed in the QA state book. Ongoing monitoring of assessments will be done annually or when a significant change of condition occurs. Administrator and CSD will ensure assessments are completed and any issues will be noted in Quality Assurance Program which will be reviewed quarterly.	
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	S5101	The Facility will identify each resident that requires incontinence care by facility staff, this will be accomplished by: An assessment was done on resident #3. Resident #3 was found to be not appropriate for this facility. A 30 day letter was issued on 11/20/15. Resident #3 moved to a higher level of care.	03/31/16 ~~12/20/15~~

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S5101	Continued From page 2 evidenced by: Based on medical record review and staff interview, the facility failed to ensure residents were appropriate for the core services level of care for 1 of 1 sample resident (#3) who required incontinence care by staff. The findings were: 1. Medical record review showed resident #3 had an ALF 102 assessment completed on 4/1/15. The resident was determined to be continent of bowel and bladder. Review of the residents care plan dated 5/20/15 showed the resident was alert and oriented to name, place, time, date, and family. The following concerns were identified: a. Review of the list of residents who needed assistance, provided by the facility on 11/16/15, showed the resident required "full assist." b. Review of nursing/progress note dated 11/2/15 and timed 12:15 PM showed the resident was alert and oriented times 2 with "periods of confusion." Further review showed the resident required 1 person assist with ADLs and was incontinent of bowel and bladder. c. Review of an ALF 102 assessment completed on 11/18/15 showed the resident was occasionally incontinent. d. Interview with the CSD and executive director on 11/18/15 at 2:07 PM revealed the facility was pursuing long term care placement but there was no evidence of communication with the family. Further, the interview revealed the resident required services that were no longer appropriate for the facility.	S5101	Clinical Services Director/Assistant Clinical Services Director will do assessment of remaining residents. The assessment will identify if a resident incontinence care is being done by facility staff. Any resident that incontinence care is being done by facility staff will be issued a 30 day written notice and a meeting with POA/family will be held to assure that the needs of the resident are met until resident can be placed to a higher level of care. Documentation of this meeting will be placed in the nursing notes. CSD will conduct training with current nursing staff regarding the state regulations outlining incontinence care by facility staff. A report of this training will be placed in the QA state book. Ongoing monitoring of assessments will be done annually or when a significant change of condition occurs. Administrator and CSD will ensure assessments are completed and any issues will be noted in Quality Assurance Program which will be reviewed quarterly.	