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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
	ALF028	A. BUILDING _____ B. WING _____	C 01/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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 08/28/2001 A survey was conducted by Healthcare Licensing and Surveys on 1/14/16. The survey was prompted by complaint intakes LIC-15-055 and LIC-16-011. The following common abbreviations are used throughout the document: RN- Registered Nurse LPN- Licensed Practical Nurse CNA- Certified Nursing Assistant DON- Director of Nursing mg- milligrams Less commonly used abbreviations will be annoted in each deficiency.	S 000		
S5023	Ch 12 Sec 7 (b)(iv)(A-C) 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. (iv) Frequency of assessment. An assessment must be conducted:	S5023		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Admin — (X6) DATE: 2/17/16

STATE FORM 6899 NYUB11 If continuation sheet 1 of 9

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Wyoming Department of Health
FEB 18 2016
Healthcare Licensing
Casper, WY

2/24/16 - 10:48 AM - Spoke w Kenyne Schlager administrator. Plan will be accepted with a date of Compliance of 3/9/16. Facility to submit signed original with date of compliance on it.

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S5023	Continued From page 1 (A) No earlier than one (1) week prior to admission; (B) Immediately upon any significant change in the resident's mental or physical condition; or (C) No less than once every twelve (12) months. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and facility incident report review, the facility failed to ensure a change of condition assessment was completed for 3 of 3 sample residents (#42, #48, #52) who had a change in condition. The findings were: 1. Review of the ALF 102 dated 2/12/15 showed resident #42 was able to transfer and/or ambulate with minimal or standby assistance and is continent of bowel and bladder. The resident had diagnoses that included right hip arthroplasty, bilateral knee surgery, and history of left wrist fracture. The following concerns were identified: a. Review of the facility incident reports showed resident #42 had 18 falls between 8/8/15 and 12/28/15. b. Review of the service plan dated 2/20/15 showed the resident was incontinent of bladder. c. Interview with CNA #1 on 1/14/16 at 3:10 PM revealed staff had to physically lift the resident by placing their arms under the resident's arms after falls. d. Interview with the memory care coordinator, assistant administrator, and DON on 1/14/15 at 4:50 PM confirmed the resident had a change in condition that was not assessed.	S5023	**Tag: S5023** **Violation:** Resident #42, #52, and #48 did not have an assessment completed as per the state regulations for completing assessments upon resident change of condition. **Correction:** The director of nursing will complete the assessments of residents #42, #52, and #48 and all future residents that experience a change of condition. **Identify Others:** An audit of each resident's file that is at risk for a change of condition will be completed to ensure that each required assessment has been completed. **System Measures:** Nurses will be provided a copy of Chapter 12, Section 7, (b) that states residents will receive a new assessment upon any significant change in mental or physical condition. **Responsibility:** Director of nursing. 3/9/16	

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S5023	Continued From page 2 2. Review of the ALF 102 dated 12/5/14 showed resident #52 was continent of bowel and bladder, intermittently confused and/or agitated; required occasional reminders as to person, place, or time, and appropriate and independent dressing, undressing, or grooming with little assistance. The following concerns were identified: a. Review of the service plan dated 1/12/15 showed the resident had severe orientation deficits with past history of poor judgement creating potential unsafe behaviors to self or others. b. Review of the MMSE (Mini Mental State Examination) dated 7/31/15 showed resident #52 had a score of zero. c. Interview with CNA #1 on 1/14/16 at 3:10 PM revealed staff provide "all around care" including daily incontinence care, changing the resident's brief, and changing the resident's clothing. d. Interview with the memory care coordinator, assistant administrator, and DON on 1/14/15 at 4:50 PM confirmed the resident required routine nursing care and had declined since being placed in the memory care unit. 3. Review of the ALF 102 dated 8/19/14 showed resident #48 was continent of bowel and bladder, appropriate and independent dressing, undressing or grooming with little assistance, and independently and appropriately able to transfer with or without a device. The following concerns were identified: a. Review of facility incident reports showed the resident had 12 falls between 8/18/15 and 12/1/15. b. Interview with CNA #1 on 1/14/16 at 3:10 PM revealed the resident required daily assistance with incontinence care and transfers. Further, Staff had to physically assist the resident	S5023	**Quality improvement:** Review of resident files will occur quarterly on the QA document utilized by the community by the management team. **Monitoring:** The DON will verify monthly and, review changes of condition that require for assessments	

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S5023	Continued From page 3 to stand after falls. c. Interview with the memory care coordinator, assistant administrator, and DON on 1/14/16 at 4:50 PM confirmed the resident required routine nursing care and that the resident had a change of condition since the last assessment.	S5023		
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; (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	S5054		

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S5054	Continued From page 4	S5054		

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 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.

Tag: S5054

Violation: An incident report for resident #45, #49, and #53 was not located during the state inspection. The reports were also not received by the OHLS.

Correction: The director of nursing will complete a state report for resident #45, #49, and #53 and any other resident necessary as per the State of Wyoming's reporting requirements.

Identify Others: An audit of incident reports for the past 90 days will be completed to ensure no other state reportable events occurred.

System Measures: Nurses will be provided Chapter 12, Sec 7 (e)(i) section D pertaining to the reporting of all accidents, injuries, incidents, illness, and allegations of abuse, neglect or exploitation.

Responsibility: Director of nursing.

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S6054	Continued From page 5 (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. (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	S6054	**Quality improvement:** Review of resident-involved incident reports will occur each time a report is submitted. The report will be deemed appropriate or not appropriate to submit to the state of Wyoming per the reporting criteria. The quarterly QA document will be utilized by the community by the management team. **Monitoring:** The DON will verify monthly and, review changes of condition that require for assessments 3/9/16	

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S5064	Continued From page 6 responsibilities, if applicable. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and Licensing Division record review, the facility failed to report incidents involving the health, safety, or welfare of residents to the Licensing Division for 3 of 3 sample residents (#45, #49, #53) with a reportable incident. The findings were: 1. Review of the progress notes for resident #45 dated 9/4/15 and timed 8 PM showed another resident "shoved the door open forcefully" and backed the resident in the corner. The residents engaged in a physical altercation where resident #45 "started punching [him/her] in the face". Further review showed the facility notified local law enforcement of the incident. 2. Review of the progress notes for resident #53 dated 8/21/15 and timed 5:45 PM showed "resident became very aggitated [sic]" and was taken to the garden area "to help de-escalate." The staff was unable to calm the resident and s/he "kicked open the garden gate" and left the facility grounds. While out of the facility, the resident "attempted to enter near by apartments". 3. Review of progress notes for resident #49 dated 8/29/15 and untimed showed the resident was walking in the hallway and passed another resident. Resident #49 began to yell at the other resident and "hit the other residents [sic] arm." 4. Interview with the memory care coordinator,	S5054		

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S5054	Continued From page 7 assistant administrator, and DON on 1/14/16 at 4:50 PM revealed they were not sure if the incidents had been reported and were not aware of the resident to resident altercation involving resident #49. 5. Review of the Licensing Division incident logs on 1/21/16 confirmed none of the incidents had been reported. 6. Review of the policy titled "Abuse and Neglect Policy" reviewed 1/15/14 showed "...2. Mountain Plaza will report such allegations to the state, as per Wyoming Regulations. 3. Mountain Plaza will report all investigation findings to the state as per Wyoming regulations..."	S5054		
S5135	Ch 12 Sec 10 (f)(i) 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: (i) They score less than 10 on the MMSE; This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure residents met the minimum MMSE requirement for 1 of 6 sample residents (#52) in	S5135	**Tag: S5135** **Violation:** Resident #52 did not meet the score of 10 on the MMSE as per the state of Wyoming rules and regulations for Chapter 12, which was a change in condition from the prior MMSE. **Correction:** The resident has been given notice and will transition to skilled nursing care as soon as an opening occurs. In the meantime, he has private one-on-one care.	

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S5135	Continued From page 8 the secure unit. The findings were: 1. Review of the MMSE (Mini Mental State Examination) dated 7/31/15 showed resident #52 had a score of zero. 2. Review of the MMSE dated 12/5/14 showed resident #52 had a score of 7. 3. Interview with the memory care coordinator, assistant administrator, and DON on 1/14/15 at 4:50 PM confirmed the resident did not meet the minimum Level 2 requirement for residents to have a MMSE score of 10.	S5135	**Identify Others:** An audit of all resident MMSEs will be completed to ensure compliance with state regulations. **System Measures:** Nurses will be provided Chapter 12, Sec 10 (f)(i) requirements pertaining to the requirement of MMSE scores to be no less than 10. **Responsibility:** Director of nursing. **Quality improvement:** Review of resident files will occur quarterly on the QA document utilized by the community by the management team. **Monitoring:** The DON will verify monthly and, review changes of condition that require for assessments	3/9/16