PRINTED: 06/03/2016
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 |
|---|---|---|---|
| | ALF006 | A. BUILDING: _____ B. WING _____ | C 05/19/2016 |

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

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| S 000 | Opening Comments<br><br>Rules and Regulations utilized for this survey are:<br><br>Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007<br><br>Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001<br>A survey was conducted by Healthcare Licensing and Surveys on 5/17/16 through 5/19/16. The survey was prompted by complaint intakes LIC-16-014, LIC-16-015, and LIC-16-023. | S 000 | | |
| S5020 | Ch 12 Sec 7 (b)(i)(A) Assisted Living Facility (ALF) Core Services<br><br>(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.<br><br>(i) The completion of the ALF 102.<br><br>(A) The current version of the ALF 102 is the designated screening tool. The form may be updated and/or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102;<br><br>(I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition.<br><br>(II) The ALF 102 must be completed and signed by an RN. | S5020 | CSD and Asst. CSD will conduct initial and at minimum annually, an accurate standardized, reproducible assessment of each Residents functional capacity, physical assessment and medications review by completing an ALF-102 on each resident by July 15th, 2016. CSD and Asst. CSD will review and immediately start a tracking tool to ensure compliance.<br><br>Administrator and CSD will ensure assessments are completed and any issues will be noted in<br><br>The QA program which will be reviewed quarterly. | 7/15/16 |

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE ED (X6) DATE 6/28/2016

STATE FORM 6899 IQKZ11 If continuation sheet 1 of 5

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WY Dept of Health
JUN 28 2016
Healthcare Licensing and Surveys

POC accepted. Call to Leslie Milliken, E.D. on 7/5/16 @ 2:57 pm.
Jonelle C

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| S5020 | Continued From page 1<br><br>(III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN.<br><br>(IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on medical record review and staff interview, the agency failed to ensure an ALF 102 assessment was completed on an annual basis for 4 of 7 sample residents (#3, #4, #6, #7).<br><br>1. Medical record review showed resident #3 had an ALF 102 assessment completed on 10/11/14. Further review showed there was no ALF 102 with a more recent date.<br><br>2. Medical record review showed resident #6 had an ALF 102 assessment completed on 04/16/15. Further review showed there was no ALF 102 with a more recent date.<br><br>3. Medical record review showed resident #7 had an ALF 102 assessment completed on 08/20/13. Further review showed there was no ALF 102 with a more recent date.<br><br>4. Review of the medical record showed an ALF 102 for resident #4 was completed on 10/6/14. Further review of the medical record showed no evidence of an ALF 102 with a more recent date.<br><br>5. Interview with the clinical service director on 05/18/16 at 9:55 AM confirmed the ALF 102 assessments in the residents' charts were the most recent assessments completed. | S5020 | | |

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| S5020 | Continued From page 2<br><br>6. Interview with the clinical service director on 05/18/16 at 4:00 PM verified "there are a lot of ALF 102 assessments that are past due." | S5020 | | |
| S5133 | Ch 12 Sec 10 (e)(i)(A) Secure Dementia Units<br><br>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.<br><br>(e) Level 2 Resident Assessments. In additional to all other required assessments Level 2 facilities must provide a Mini-Mental State Examination (MMSE) for each resident considered for admittance to the secure unit.<br><br>(i) The resident shall score between 20 and 10 points on the MMSE exam;<br><br>(A) The exam shall be performed and documented at least annually and upon any significant change in the resident's mental or physical condition.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on medical record review and staff interview, the facility failed to ensure the Mini-Mental State Examinations (MMSE) were completed at least annually for 4 of 5 sample residents (#2, #3, #4, #7) residing in the secure dementia unit. The findings were:<br><br>1. Review of the MMSE for resident #4 showed it was completed on 10/12/14. Further review of the medical record showed no evidence of a MMSE with a more recent date. | S5133 | CSD and Asst. CSD will provide a Mini-Mental State Examination for each resident considered for admittance to the secure unit, with a score of 10-20. CSD and Asst. CSD will ensure all Residents in the secure unit have current MMSEs. CSD and Asst. CSD will perform an MMSE annually and upon any significant change in the resident's mental or physical condition.<br><br>Administrator and CSD will ensure assessments are completed and any issues will be noted in the QA program which will be reviewed quarterly.<br><br>Resident #2, #3, #4, #7 will have a MMSE performed to ensure they meet criteria for Memory Care. POA will be notified of findings by July 15th, 2016. Appropriate notification will be given if indicated. CSD will follow proper steps to begin process and assist POA with finding appropriate level of care if indicated. | 7/15/16 |

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| S5133 | Continued From page 3<br><br>2. Review of the MMSE for resident #2 showed it was completed on 2/3/15. Further review of the medical record showed no evidence of a MMSE with a more recant date.<br><br>3. Medical record review showed resident #3 had a MMSE completed and dated 10/11/14. Further review showed there was no MMSE with a more recent date.<br><br>4. Medical record review showed resident #7 had a MMSE completed and dated 08/12/13. Further review showed there was no MMSE with a more recant date.<br><br>5. Interview with the clinical service director on 5/18/16 at 9:50 AM confirmed there was no evidence of more recent MMSE examinations for the above residents. Interview with the clinical service director on 5/19/16 at 10:30 AM revealed she was aware the examinations were overdue and needed to be completed. | S5133 | | |
| S5135 | Ch 12 Sec 10 (f)(i) Secure Dementia Units<br><br>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.<br><br>(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:<br><br>(i) They score less than 10 on the MMSE; | S5135 | Resident #2 has had a MMSE and identified as needing a higher level of care. POA was informed of findings. Proper steps will be taken to begin process for placement at appropriate level of care. CSD will assist POA with finding appropriate placement. POA for family #2, will receive a 30 day notice no later than July 15th, 2016. | |

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| S5135 | Continued From page 4<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on medical record review and staff interview, the facility failed to ensure a Mini-Mental State Examination (MMSE) score was greater than "10" for 2 of 5 sample residents (#2, #6) residing in the secure dementia unit. The findings were:<br><br>1. Review of the 2/3/15 MMSE for resident #2 showed a score of "1". The facility was unable to provide a more recent MMSE.<br><br>2. Medical record review showed resident #6 had a MMSE completed and dated 1/25/16 with a score of "0".<br><br>Interview with the clinical service director on 5/19/16 at 11:25 AM revealed she was aware the residents' MMSE scores were below the requirement for level 2 assisted living. She further stated it was time to start the process for discharge for those residents. | S5135 | Resident #6 has had a repeat MMSE performed and resident identified as needing a higher level of care. POA will be informed of current findings. Proper steps will be followed to begin process for placement at appropriate level of care. CSD will assist POA with finding appropriate placement. POA for family #6, will receive a 30 day notice no later than July 15, 2016.<br><br>All Residents will be reviewed in the secure units to ensure that they have the appropriate score between 10 – 20 to continue to reside in the Secured units by July 15th, 2016.<br><br>Administrator and CSD will ensure assessments are completed and any issues will be noted in the QA program which will be reviewed quarterly | 7/15/16 |