9/23/16

Healthcare Licensing and Surveys

PRINTED: 08/26/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING _____ B. WING _____	R-C 08/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

(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	{S 000}	**Completion date for all 9.12.16**	
{S5012}	Ch 12 Sec 7 (a)(ii) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (ii) A safe and clean environment. This State Rule and Regulation is not met as evidenced by: Based on observation, resident interview and staff interview, the facility failed to provide a safe and clean environment in 7 of 10 resident areas (front lobby, the library, short hall, 100, 200, 300, 400 hallways). The findings were: Observation on 8/10/16 beginning at 4:09 PM showed the following areas which were soiled and in disrepair: a. The carpet in the lobby area near the front entrance was soiled with more than 20 areas where liquids had been spilled and allowed to dry. These areas varied in size, some were the size of a quarter and others were the size of a sheet of standard paper. b. An area near the back exit in the 300 hall had dried spilled liquid covering an area 3 feet by 2 feet.	{S5012}	**S5012** The facility will ensure it provides a safe and clean environment. This will be accomplished by: A. The Administrator and Manager will work with the maintenance staff to ensure the facility provides a safe and clean environment. B. The following areas will be corrected: Carpets: Maintenance will deep clean all soiled areas: • lobby area 20 soiled areas • 300 hall – soiled area near back door • 100 hall – near room 106 – will repair with metal carpet strip • Room 209-210 – carpet will be stretched • Library – repair frayed carpet area Ceiling tiles: Maintenance will replace ceiling tiles in the following areas: • 400 hall – 14 tiles • 200 hall – 8 tiles • Main Office area – 2 tiles	

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

Admin. 9.22.16

STATE FORM 6899 Z09712 If continuation sheet 1 of 8

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WY Dept of Health
SEP 22 2016
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Accepted on 9/23/16 by Loci Fuess. Admin
notified Linda
DOC = 9/12/16

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{S5012}	Continued From page 1 c. Ceiling tiles in the 400 hall common area were stained with dried liquid and cracks. Some tiles appeared to have been painted over. There were 14 tiles counted with this damage. d. There were 8 ceiling tiles counted in the 200 hall with dried liquid rings and discoloration. There were 2 ceiling tiles that were cracked and water-damaged near the main office entrance. e. The carpet in the 100 hallway near room 106 had tape covering 2 areas which extended across the width of the hallway. The tape was loose at the edges. f. The carpet in the bedroom of room 209-210 was not stretched and there were multiple areas where the carpet had large stiff wrinkles. In addition, interview with the resident (#11) at 4:17 PM stated "months ago" s/he had requested blinds which would cover the length of the window to block out the light. According to the resident, staff had stated they would provide blinds that were longer and had not followed through with this. Observation of the blinds showed they were not long enough to cover the window. g. In the short hall near the "coffee break room" extending down the hall to the south there were 5 seams in the carpet which were visibly frayed. h. In the library there was an area of carpet by the door which was frayed and damaged. i. Interview with the manager and the RN on 8/10/16 at 4:35 PM verified the carpet stains may require professional cleaning. They also verified there was no schedule for the cleaning of carpets and environmental work/repairs. Further, no audits or written list of identified areas in the facility that required maintenance was available.	{S5012}	C. The Manager will ensure that listed carpet maintenance projects are completed in lobby, halls 300 and 100, in apartments 209-210, break room hall and library. The Manager will ensure that listed ceiling tile replacements are completed in 400 hall, 200 hall and outside main office. D. The Quality Management staff will do monthly inspections on all hallways, apartments and laundry rooms. When any work or repairs are identified, staff will complete a work order. The manager will document work orders on Maintenance Log and follow up for completion in a timely manner. E. The Manager will complete monthly building inspections. F. A newly developed quality monitoring tool (Showboat Maintenance Log) will be completed monthly and will be reviewed at the Quality Management Team Meeting.	
{S5072}	Ch 12 Sec 7 (j)(i) Assisted Living Facility (ALF) Core Services	{S5072}		

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{S5072}	Continued From page 2 (j) Food Service and Nutrition. (i) Assisted Living Facilities that choose to admit residents who need therapeutic or mechanically modified diets must employ or contract with a Registered Dietitian who shall approve written menus and dietary modifications, approve special diet needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring. The frequency of visits is determined by the residents' needs and the competency of the dietary staff but must include at least a monthly onsite review of dietary services. This State Rule and Regulation is not met as evidenced by: Based on medical record review, and staff interview, the facility failed to ensure a registered dietitian (RD) was employed/contracted with to provide services for 5 of 5 residents (#1, #2, #14, #18, #22) reviewed with orders for therapeutic diets. The findings were: Interview with the manager and registered nurse on 8/10/16 at 5:30 PM verified an RD had not been contracted, they were continuing to work toward a contract for these services. They verified the residents who had special diets on the 4/6/16 survey continued with those diets and no changes had been made. These included: 1. Review of the record for resident #22 showed physician consent and medical information dated and signed by the physician on 11/9/15. This included a diagnosis of Gout, and a "low uric acid" diet order. 2. Review of the record for resident #14 showed	{S5072}	**S5072** The facility will ensure appropriate diets are provided for all residents. This will be accomplished by: A. A Registered Dietician has been employed as of August 12, 2016 on a monthly basis to ensure residents 1, 2, 11, 14, 18, 22 and all residents receive proper diets that are ordered by physicians. B. The Registered Dietician will review all resident diets on a monthly basis. C. The Dietary Manager will meet with the Registered Dietician on monthly basis to review all resident diets to ensure instruction and guidance from Registered Dietitian is implemented to each resident specific diet. The RD will work with resident's physicians as needed to ensure they receive proper nutritional diet. D. The diets of residents will be reviewed at our quarterly Quality Assurance Management Meeting.	

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{S5072}	Continued From page 3 physician consent and medical information dated and signed by the physician on 3/13/16. This included a diagnosis of diabetes, and a "regular diet/no concentrated sweets" diet order. 3. Review of the record for resident #18 showed physician consent and medical information dated and signed by the physician on 6/1/15. This included a diagnosis of diabetes and a diet order for a "regular- watch sugar" diet. 4. Review of a "Resident Dietary List" dated 8/1/16 showed in addition to residents #14, #18, and #22, there were 2 other residents #1 and #2 who had diet specifications. The diet list for resident #1 showed "eat protein and watch carbs [carbohydrates]" and the diet list for resident #2 showed "watch salt & [and] sugar."	{S5072}	**S5077** The facility will ensure that the kitchen dishwashers will maintain a temperature of 160 degrees or higher. This will be accomplished by: 1. Dishwasher Temperature A. Manager and Administrator will ensure water temperature in dishwashers reach 160 degrees or greater. This is accomplished by 2 new dishwashers that steam and sanitize on every cycle and a new hot water tank that provides water temperatures of great than 160 degrees. B. All dishwasher temperatures will be read and recorded on temperature log. C. Manager will audit temperatures daily for 2 weeks to ensure compliance. Then 2 times a week to ensure proper temperature is met. C. Dishwasher use and temperatures will be reviewed at quarterly Quality Assurance Management Meeting.	
{S5077}	Ch 12 Sec 7 (j)(vi) 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. The dining area shall provide suitable furniture and adequate space to comfortably seat all residents. This State Rule and Regulation is not met as evidenced by: Based on review of survey deficiency, and staff interview, the facility failed to ensure sanitation of dishes and utensils was effective. The findings were: Review of the 4/6/16 survey deficiency showed	{S5077}		

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{S5077}	Continued From page 4	{S5077}		

"Observation on 4/6/16 at 3:55 PM showed 2 dish machines were tested for sanitizing temperatures using a thermolabel sticker. When the cycles were completed for each machine, the stickers were checked and neither showed the plate surface temperature had reached the required 160 degrees Fahrenheit (F)."

Interview with the dietary manager on 8/10/16 at 5:15 PM revealed the facility had purchased their own thermolabel stickers to test the water temperatures of the dish machines. However, the manager reported they continued to be unable to get the temperature of the machines to reach 160 degrees F at the dish surface. The manager then revealed the owner of the facility instructed them to add a bleach solution to the wash cycle of the machines when used. Continued interview revealed there was no testing or evidence to show this was effective to sanitize the dishes/utensils. At that time there were no other alternatives being tried to resolve this sanitation issue.

According to Food Code 2013, U.S. Public Health Service:4-501.112 "The temperature of hot water delivered from a warewasher sanitizing rinse manifold must be maintained according to the equipment manufacturer's specifications and temperature limits specified in this section to ensure surfaces of multiuse utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning. The surface temperature must reach at least 71°C (160°F) as measured by an irreversible registering temperature measuring device to affect sanitization. When the sanitizing rinse temperature exceeds 90°C (194°F) at the manifold, the water becomes volatile and begins

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{S5077}	Continued From page 5 to vaporize reducing its ability to convey sufficient heat to utensil surfaces. The lower temperature limits of 74°C (165°F) for a stationary rack, single temperature machine, and 82°C (180°F) for other machines are based on the sanitizing rinse contact time required to achieve the 71°C (160°F) utensil surface temperature." S5088 Ch 12 Sec 7 (I)(i)(A-D) Assisted Living Facility (ALF) Core Services (I) Quality Improvement. (i) The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services. (A) A member of the facility's staff shall be designated to coordinate the quality improvement program. (B) The quality improvement program shall encompass a review of all services and programs provided for all residents. The program shall have: (I) A written description; (II) Problem areas identified; (III) Monitor identification; (IV) Frequency of monitoring; (V) A provision requiring the facility to complete annually a self assessment survey of compliance with regulations; and (VI) A satisfaction survey shall be	{S5077} S5088	**S5088** 1. The facility will ensure that the facility quality assurance program is maintained and monitored by Manager. This will be accomplished by: A. The facility will develop a Showboat Maintenance Log to identify maintenance projects needing attention and a record of when items will be/was taken are. B. The maintenance staff and housekeeper will monitor apartments and common space and provide maintenance needs information to Manager. C. Maintenance needs will be identified by Manager in monthly apartment & facility inspections and will be added to Showboat Maintenance Log. D. Staff maintenance requests will be reviewed by Manager daily and weekly for completion. E. The Showboat Maintenance Log will be reviewed by Manager monthly and will be will be reviewed at quarterly Quality Assurance Management Meeting.	

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S5088	Continued From page 6 provided to the resident, resident's family, or resident's responsible party at least annually. (C) Problems identified during the annual survey or the quality improvement process shall be addressed with appropriate written corrective actions. (D) The quality improvement program shall be re-evaluated at least annually. This State Rule and Regulation is not met as evidenced by: Based on review of survey documentation and staff interview, the facility failed to implement an effective quality improvement program to monitor and resolve 3 of 8 identified problem areas (5012, 5072, 5077) from the last survey. The findings were: 1. Review of the 4/6/16 statement of deficiencies showed the facility was cited for tag 5012 related to maintenance and housekeeping needs in the environment. The facility's plan of correction showed they would do monthly inspections and monitoring. Interview with the manager and RN #1 on 8/10/16 at 5:30 PM verified there was nothing documented to show inspections were being completed or monitoring was done to identify environmental problems. The facility is being re-cited related to a variety of ongoing environmental concerns during this revisit survey. 2. Review of the 4/6/16 statement of deficiencies showed the facility was cited for tag 5072 related to the need for a registered dietitian (RD). The facility's plan of correction showed they would contract with an RD to provide services to	S5088	2. The facility will ensure that Dietary Manager works closely with the Registered Dietician to ensure compliance with diet and nutritional needs of residents, as noted in S5072 previously. Compliance with diets working with RD will be reviewed by Manager monthly and will be will be reviewed at quarterly Quality Assurance Management Meeting. 3. The facility will ensure dishwasher water temperatures will be greater than 160 degrees. This will be accomplished by a new hot water tank that provides water temperatures greater than 160 degrees and 2 new dishwashers that have steam and sanitizing functions. The Dietary Manager will monitor and document water temperatures daily for 2 weeks. The staff will also monitor water temperature with each use of the dishwaters. Dietary Manager will work with staff to ensure water temperatures are being checked at each use and are recorded properly. Monitoring documentation & reports will be reviewed at monthly QA staffing and at quarterly Quality Assurance Management Meeting.	

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S5088	Continued From page 7 residents with therapeutic diets, and complete monthly monitoring. Interview with the manager and RN #1 on 8/10/16 at 5:30 PM verified a contract with an RD was not yet in place, and there had been no changes made related to the residents' diets. The facility is being re-cited related to the ongoing problem. 3. Review of the 4/6/16 statement of deficiencies showed the facility was cited for tag 5077 related to the lack of sanitation of the 2 dish machines. The facility's plan of correction showed they would ensure the temperature of the hot water was sufficient to sanitize the dishware. The plan also showed there would be monitoring of the temperatures to ensure compliance with this sanitation requirement. Interview with the dietary manager on 8/10/16 at 5:15 PM revealed the facility had purchased their own thermolabel stickers to test the water temperatures of the dish machines. However, the manager reported they continued to be unable to get the temperature of the machines to reach 160 degrees F at the plate surface. The manager then revealed the owner of the facility instructed them to add a bleach solution to the wash cycle of the machines when used. Continued interview revealed there was no testing or evidence to show this was effective to sanitize the dishes/utensils. At that time there were no other alternatives being tried to resolve this sanitation issue. The facility is being re-cited related to the ongoing problem.	S5088	Please note: Sec # 3 plan on page # 7:	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
ALF013 Y1	A. Building B. Wing Y2	8/12/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S5041	Correction	ID Prefix S5050	Correction	ID Prefix S5053	Correction
Reg. # Ch 12 Sec 7 (c)(xiv)	Completed	Reg. # Ch 12 Sec 7 (d)(ii)(A-B)	Completed	Reg. # Ch 12 Sec 7 (d)(v)(A)	Completed
LSC	06/01/2016	LSC	06/01/2016	LSC	06/01/2016
ID Prefix S5073	Correction	ID Prefix S5091	Correction	ID Prefix	Correction
Reg. # Ch 12 Sec 7 (j)(ii)	Completed	Reg. # Ch 12 Sec 7 (n)(ii)(A-AA)	Completed	Reg. #	Completed
LSC	06/01/2016	LSC	06/01/2016	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) TS 9/26/16	DATE	SIGNATURE OF SURVEYOR Rachel Rivers	DATE 8/17/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
4/6/2016	