PRINTED: 05/26/2017
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 05/15/2017 |

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

dk 6/8/17

| (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<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><br>A survey was conducted by Healthcare Licensing and Surveys on 5/10/17 through 5/15/17. The survey was prompted by complaint intakes LIC-16-038, LIC-16-043, LIC-17-008, LIC-17-009, LIC-17-010, LIC-17-020, and LIC-17-023. | S 000 | | |
| S5129 | Ch 12 Sec 10 (d)(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>(d) Level 2 additional core services. In addition to the previously listed Core Services increased assistance may be required with activities of daily living depending upon assessed resident functional and cognitive ability:<br><br>(i) Assistance as needed with dressing, grooming, bathing, mobility, toileting;<br><br>This State Rule and Regulation is not met as evidenced by:<br><br>Based on family interview, staff interview, medical record review, and review of bathing schedules, | S5129 | The facility will ensure the staff will Document on the " 24 hour Report sheet " Including all shower activity during the week for Residents.<br><br>Document will include what level of assistance was given to Resident 2 and all Residents. Staff will make sure that The document reflects all cares.<br><br>Resident care plan will reflect all ADLs and bathing needs for Resident 2. | 6/16/2017 |

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

ED 6/7/17

STATE FORM 6899 LJWR11 If continuation sheet 1 of 3

RECEIVED
JUN 07 2017
Healthcare Licensing and Surveys

revised

POC accepted. Spoke with Leslie Mulliken 6/8/17 10 am.
State Surveyor

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| S5129 | Continued From page 1<br>the facility failed to ensure residents in a Level 2 assisted living facility (ALF) received care in accordance with the care plan for 1 of 5 sample residents (#2) residing in a Level 2 ALF. The findings were:<br><br>Review of the 3/31/17 "Resident Care Plan" showed resident #2 had diagnoses that included dementia. Further review showed the resident required "total assist to wash/dry body" while bathing. Review of the shower schedule showed the resident was to receive showers twice weekly. The following concerns were noted:<br>a. Review of the "24 Hour Report Sheet" for January through April 2017 showed the resident received a shower 4 times in January, 4 times in February, 3 times in March, and 2 times in April.<br>b. Interview with certified nurse assistant (CNA) #1 on 5/12/17 at 9:23 AM revealed the resident showered him/herself, and staff only assisted with turning on the water. She added the resident usually did not refuse showers.<br>c. Interview with CNA #2 on 5/12/17 at 10:15 AM revealed the resident "takes showers pretty well." She added the resident had hurt an ankle "a while back," and did not want to stand to take showers.<br>d. Interview with licensed practical nurse #1 on 5/15/17 at 8:45 AM revealed the resident was very independent with showers, and staff just provided stand-by assist. She added her expectation was for staff to approach the resident later, or to give a bed bath or "wipe down [his/her] body" if the resident refused a shower.<br>e. Interview with the director of nursing on 5/12/17 at 1:25 PM revealed the resident did not take several showers in April when s/he hurt an ankle, and the lack of showers in previous months was a "documentation issue." The facility was unable to provide further evidence that the | S5129 | All nursing staff will be in-serviced on the level of assistance each Resident. needs with ADLs including bathing that is located on the units in the Summary Care Plan notebook. The Clinical Service Director and the Assistant Clinical Service Director will train on appropriate Documentation on the 24 hour Report sheet and importance of documentation.<br><br>The Quality Assurance team will audit Weekly for 6 months and then quarterly There after. Any concerns will be addressed and there will be follow-up In-servicing. | |

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| S5129 | Continued From page 2<br>resident was assisted with showering twice weekly.<br>f. Interview with the executive director on 5/15/17 at 9:09 AM confirmed the documentation related to the resident's showers made it appear as though the resident did not receive showers as scheduled.<br>g. Interview with a family member of the resident on 5/16/17 at 11:53 AM revealed s/he came to the facility often to visit. S/he added s/he had noticed times when the resident smelled and it appeared the resident had not had a shower. S/he stated her expectation was for staff to assist the resident with showering, per the resident's care plan. S/he stated showers had been "hit or miss" and s/he started going to the facility on bath days to ensure showering assistance was provided. | S5129 | | |