Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	R-C 06/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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 post-survey offsite survey to the 3/15/17 complaint survey was conducted by Healthcare Licensing and Surveys on 5/16/17 through 6/27/17. The following abbreviations are used throughout the document: CNA: Certified Nursing Assistant RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	{S 000}	**S5020 Ch 12 Sec 7 (b)(i)(A) Assisted Living Facility (ALF) Core Services** The corrective action(s) that will be accomplished for residents #6 and #7, who have been identified to be affected by the deficient practice, will be to ensure that a new ALF 102 and Nursing Assessment is completed and signed by an RN to accurately reflect the change of condition for these residents.	7/20/17
{S5020}	Ch 12 Sec 7 (b)(i)(A) 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. (i) The completion of the ALF 102. (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	{S5020}	The corrective action that will be taken to identify other residents from being affected by the same deficient practice will be to retrain nursing staff on the tools we have in place, used in conjunction with our Change of Condition policy, which will prompt the completion of a new ALF 102 and Nursing Assessment form by the RN. Additionally, an in-service will be held with nursing staff to educate them on identifying and reporting a change of condition. Measures that will be put into place to ensure that deficient practice does not recur will be for Alert Charting and Incident reports to be reviewed and documented daily during morning Stand-up meetings to identify residents who have had a change of condition, as identified in our policy, and are in need of	7/18/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: M Mercedes Ortega | TITLE: Assistant Administrator | (X6) DATE: 8-15-17

STATE FORM 6899 MOCZ12 If continuation sheet 1 of 7

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AUG 15 2017
Healthcare Licensing and Surveys

I Spoke with Mercedes Ortega on 9/6/17 at 9:45AM and accepted the Plan of Correction
Jean Finn

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{S5020}	Continued From page 1 changes in the form. The following guidelines apply to the ALF 102; (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. (II) The ALF 102 must be completed and signed by an RN. (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This State Rule and Regulation is not met as evidenced by: Based on medical record review, policy and procedure review, and staff interview the facility failed to ensure the Assisted Living Facility (ALF) 102 was completed after a resident change of condition for 2 of 10 (#6, #7) sample residents with a change of condition. The findings were: 1. Review of the medical record for resident #6 showed the ALF 102 was last completed on 8/17/16. The resident was marked as "intermittently confused or agitated." Review of the RN assessment last completed on 8/17/16 showed the resident was marked as "socializes appropriately." The following concerns were identified: a. Review of a "Physical Therapy Discharge Assessment with Oasis Elements" dated 2/12/17 under section M1720 showed the resident had impaired decision-making, exhibited verbal	{S5020}	a new ALF 102 and nursing assessment to be completed. The effectiveness of this practice will be evaluated weekly during the Health Services Review Schedule Audit which is part of our Quality Assurance program.	7/17/17 7/26/2017

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(S5020)	Continued From page 2 disruption and physical aggression, and was "disruptive, infantile, or socially inappropriate" at a frequency of "several times a week." b. Review of CNA charting from 5/10/17 through 5/16/17 showed the resident exhibited physical and/or aggressive behaviors on 5/10/17, 5/15/17, and 5/16/17. c. Interview with CNA #1 on 6/27/17 at 9:09 AM revealed the resident exhibited aggressive behaviors on a daily basis. 2. Review of the medical record for resident #7 showed the ALF 102 was last completed on 8/3/16. The resident was marked as "frequent to total incontinence and unable to manage his/her self." Review of the RN assessment dated 1/19/17 showed the resident was marked as "frequently incontinent for bowel and bladder," required "assistance with most/all transfers" and required "wheelchair escorts to meals, activities, etc." The following concerns were identified: a. Review of CNA charting from 5/10/17 through 5/16/17 showed pericare was provided to the resident on 16 occasions and transfer assistance was provided 5 times. Further review showed the resident had fallen on 5/14/17 and 5/15/17. b. Review of a CNA note dated 5/15/17 during the 6 AM to 2 PM shift revealed "we lifted [him/her] in and out of bed I almost dropped [him/her]." c. Interview with CNA #1 on 6/27/17 at 9:09 AM revealed the resident required total assistance with transfers, needed to be wheeled to the dining room on a daily basis, and required incontinence care on a daily basis. 3. Interview with the acting administrator on 6/27/17 at 1:47 PM confirmed the ALF 102 assessments had not been updated.	(S5020)		

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(S5020)	Continued From page 3 4. Review of the 'Change of Condition Policy & Procedure' showed a significant change of condition was defined as a "major deviation from the most recent evaluation that may affect multiple areas of functioning or health that is not expected to be short-term and imposes a significant risk to the resident." Included as examples were: notable change in behavior, change in mental status, fast decline in activities of daily living, increased incontinence, and frequent falls. 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: (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, policy and	(S5020) (S5023)	**S5023 Ch 12 Sec 7 (b)(iv)(A-C) Assisted Living Facility (ALF) Core Services** The corrective action(s) that will be accomplished for residents #6 and #7, who have been identified to be affected by the deficient practice, will be to ensure that a new Nursing Assessment is completed and signed by an RN to accurately reflect the change of condition for these residents. 7/20/2017 The corrective action that will be taken to identify other residents from being affected by the same deficient practice will be to retrain nursing staff on the tools we have in place, used in conjunction with our Change of Condition policy, which will prompt the completion of a new ALF 102 form by the RN. Additionally, an in-service will be held with nursing staff to educate them on identifying and reporting a change of condition. 7/18/2017 The corrective action plan that will be accomplished to identify other residents that have been affected by the deficient practice will be to audit chart notes and identify residents that have had a change in condition. The residents identified to have had a change in condition will have a new ALF 102 and a Nursing Assessment completed by the RN. 7/20/2017	

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(S5023)	Continued From page 4 procedure review, and staff interview, the facility failed to ensure resident assessments were completed to accurately reflect the resident's condition for 2 of 10 sample residents (#6, #7) with a change in condition. The findings were: 1. Review of the medical record for resident #6 showed the ALF 102 was last completed on 8/17/16. The resident was marked as "intermittently confused or agitated." Review of the RN assessment last completed on 8/17/16 showed the resident was marked as "socializes appropriately." The following concerns were identified: a. Review of a "Physical Therapy Discharge Assessment with Oasis Elements" dated 2/12/17 under section M1720 showed the resident had "impaired decision making, exhibited verbal disruption and physical aggression, and was "disruptive, infantile, or socially inappropriate" at a frequency of "several times a week." b. Review of CNA charting from 5/10/17 through 5/16/17 showed the resident exhibited physical and/or aggressive behaviors on 5/10/17, 5/15/17, and 5/16/17. c. Interview with CNA #1 on 6/27/17 at 9:09 AM revealed the resident exhibited aggressive behaviors on a daily basis. 2. Review of the medical record for resident #7 showed the ALF 102 was last completed on 8/3/16. The resident was marked as "frequent to total incontinence and unable to manage his/her self." Review of the RN assessment dated 1/19/17 showed the resident was marked as "frequently incontinent for bowel and bladder, required assistance with most/all transfers" and required "wheelchair escorts to meals, activities, etc." The following concerns were identified: a. Review of CNA charting from 5/10/17	(S5023)	Measures that will be put into place to ensure that deficient practice does not recur will be for Alert Charting and Incident reports to be reviewed and documented daily during morning Stand-up meetings to identify residents who have had a change of condition, as identified in our policy, and are in need of a new ALF 102 to be completed. 7/17/2017 The effectiveness of this practice will be evaluated weekly during the Health Services Review Schedule Audit which is part of our Quality Assurance program. 7/26/2017	

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{S5023}	Continued From page 5 through 5/16/17 showed pericare was provided to the resident on 16 occasions and transfer assistance was provided 5 times. Further review showed the resident had fallen on 5/14/17 and 5/15/17. b. Review of a CNA note dated 5/15/17 during the 6 AM to 2 PM shift revealed "we lifted [him/her] in and out of bed I almost dropped [him/her]." c. Interview with CNA #1 on 6/27/17 at 9:09 AM revealed the resident required total assistance with transfers, needed to be wheeled to the dining room on a daily basis, and required incontinence care on a daily basis. 3. Interview with the acting administrator on 6/27/17 at 1:47 PM confirmed no other RN assessments were available. 4. Review of the "Change of Condition Policy & Procedure" showed a significant change of condition was defined as a "major deviation from the most recent evaluation that may affect multiple areas of functioning or health that is not expected to be short-term and imposes a significant risk to the resident." Included as examples were: notable change in behavior, change in mental status, fast decline in activities of daily living, increased incontinence, and frequent falls.	{S5023}	**S5101 Ch 12 Sec 8 (a)(vii) Services Which Cannot Be Provided By Level 1** The corrective action(s) that will be accomplished for resident #7, who has been identified to be affected by the deficient practice, will be place the resident on a toileting reminder protocol every two to two and one half hours, and document any incontinence that is still occurring. The CNA documentation will be reviewed by the RN, and a new ALF 102 and Nursing Assessment will be completed to determine if the resident is receiving services which cannot be provided by Level 1.	7/20/2017
{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:	{S5101}	The corrective action that will be taken to identify other residents from being affected by the same deficient practice will be to monitor CNA charting to identify residents who are having frequent incontinence, and place them on a toileting reminder protocol every two to two and one half hours, and document any incontinence that is still occurring. The CNA documentation will be reviewed by the RN, and a new ALF 102 and Nursing Assessment will be completed to determine if the resident is receiving services which cannot be provided by Level 1.	7/26/2017

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{S5101}	Continued From page 6 (vii) Incontinence care by facility staff; 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 were appropriate for the core services level of care for 1 of 10 sample residents (#7) who required incontinence care by the facility. The findings were: Review of the ALF 102 assessment completed on 8/3/16 showed resident #7 was determined to be frequently to totally incontinent and unable to manage the incontinence independently. Review of the 24-hour CNA communication log from 5/10/17 through 5/16/17 showed pericare was provided to the resident on 16 occasions. Interview with CNA#1 on 6/27/17 on 9:09 AM revealed the resident required incontinence care on a daily basis. Interview with the acting administrator on 6/27/17 at 1:47 PM revealed the resident has not had any acute illnesses.	{S5101}	Additionally, the CNA staff will receive an in-service on the definition and act of Perineal Care per the Nursing Assistant handbook which is used for CNA training in the State of Wyoming to ensure that proper documentation is occurring. The effectiveness of this practice will be evaluated weekly during the Health Services Review Schedule Audit, identified as a significant change in condition.	7/20/2017 7/26/2017