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Healthcare Licensing and Surveys

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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
	WY9014	A. BUILDING: ______ B. WING ______	11/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT THE VILLA	14 UINTA DR GREEN RIVER, WY 82935

(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 An initial licensure survey was conducted by Healthcare Licensing and Surveys on 11/6/17 through 11/7/17.	S 000	**S5108 Ch12 Sec9 (b)(i) Contracting Services Provided Outside of ALF Authority** Immediate corrective action: A contractual agreement has been created to include services rendered by ALF and Home Health Agency and outline of emergency procedures, Res #3. Forms will be completed and signed by all agencies no later than:	~~12-1-17~~ Pending JC 12-15-17
S5108	Ch 12 Sec 9 (b)(i) Contracting Svcs Provided Outside ALF Auth Contractual Services Provided Outside Assisted Living Facility Authority. Residents in an assisted living facility may receive services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules. These services must be arranged by the appropriate professional and be incorporated into the resident's assistance plan. The resident's choice of providers must be honored. (b) Life Safety Code Responsibilities for Outside Contractual Services. A contract between the resident, the ALF, and all outside service providers in the ALF must be in place prior to the time of service delivery. This contract must identify the clear delineation of services. (i) The contract must specifically articulate the responsibilities of the resident, the ALF, and all service providers to comply with the Evacuation Capability, Emergency Procedures and Fire Safety requirements in these rules.	S5108	How the facility will identify other residents having the potential to be affected: All who receive Home Health Services have the potential to be affected. Measures put in place or system changes to ensure correction in this area include: The Villa Director will review Contract Service Agreements monthly with Quality Assurance chart reviews on ALL residents receiving Home Health Services. Who will monitor the new system: The Villa Director will report on the effectiveness of the contractual agreement process report monthly	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bobbi Jo Drozd	Executive Director	11/30/17

Changes made per phone call with Bobbi Jo Drozd, Administrator, on 11/4/17 at 10:14am. POC accepted.
Janelle C

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S5108	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on resident record review, staff interview, and review of facility documentation, the facility failed to ensure a contract was in place with all required parties for 1 of 1 sample resident (#3) who received outside services. The findings were: Review of the resident record showed resident #3 received physical therapy services from a home health agency. Further review showed no contract between the facility, the resident, and the home health agency to identify delineation of services and responsibilities during emergency procedures. During an interview on 11/7/17 at 9:40 AM the administrator stated there was no contract in place between the resident, the facility, and the home health agency for this resident, or any other residents receiving home health services. Review of a list provided by the facility showed residents #4 and #5 also received home health services.	S5108	audits to the Administrator and in QUAPI committee meetings for the next 3 months, and then frequency to be determined by the QUAPI Committee depending upon findings.	