PRINTED: 11/30/2017
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
	ALF007	A. BUILDING: _____ B. WING _____	11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINTE FRONTIER RETIREMENT COMMUNITY	1406 PRAIRIE AVENUE CHEYENNE, WY 82009

(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 A licensure survey was conducted by Healthcare Licensing and Surveys on 11/16/17 through 11/17/17. The following abbreviations are used throughout this document. ALF: Assisted Living Facility ED: Executive Director RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5018	Ch 12 Sec 7 (a)(ix)(A) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (ix) Assessments completed by a Registered Nurse. (A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the resident's medication is changed; This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff	S5018	SEE ATTACHMENT 1: TAG# S5018	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 12/10/2017

The Plan of Correction was accepted on 12/12/17.
The ~~ADM~~ ED James Oliver, was notified at 3:51 pm. JY
The date of correction was corrected For tag S 5076
Jean Jenn

TAG#-S5018 **POINTE FRONTIER RETIREMENT COMMUNITY** **Date of Survey:**
IDENTIFICATION NUMBER: ALF007 **11/17/2017**

Plan of Correction

TAG# S5018

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Date Completed

A. Medication Review Assessments completed by a Registered Nurse:

1. With Respect to the Specific requirement cited: Resident #5, #7, and #30 62-day medication reviews have been completed. ***20 November 2017***

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Resident Care Director (RCD) and Assisted Living Manager (ALM) will review all resident's medication records to ensure full compliance with this core service.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: ALM will coordinate with RCD and track residents' medications reviews by performing Bi-Monthly 62 day audits. Bi-Monthly audits will ensure sustained compliance.

4. With Respect to How the Plan of Corrective Measures will be monitored: Copies of each audit which are part of our current Quality Management Performance Improvement (QMPI). ED will review and verify by signature each 62-day audit and maintain copies in QMPI binder.

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POINTE FRONTIER RETIREMENT COMMUNITY	1406 PRAIRIE AVENUE CHEYENNE, WY 82009

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S5018	Continued From page 1 interview, the facility failed to ensure resident medication regimens were reviewed by a RN every 2 months for 3 of 6 sample residents (#5, #7, #30). The findings were: 1. Medical record review for resident #5 showed no evidence his/her medications had been reviewed by a RN every two months as required. 2. Medical record review for resident #7 showed his/her medications were reviewed by a RN on 2/6/17. However, the review showed the resident's medications were not reviewed again by a RN again until 11/14/17 (9 months and 8 days). 3. Medical record review for resident #30 showed his/her medications were reviewed by a RN on 2/7/17. At the time of the survey there was no evidence the resident's medications had been reviewed by a RN since that date (9 months and 7 days) later. 4. Interview with the Resident Care Director on 11/17/17 at 9:30 AM confirmed the resident's medications were not reviewed by an RN every 2 months as required.	S5018		
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.	S5020	SEE ATTACHMENT 2: TAG# S5020	

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S5020	Continued From page 2 (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; (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 and staff interview, the facility failed to ensure the ALF-102 was completed in a timely manner for 1 of 6 sample residents (#7). The findings were: Medical record review showed resident #7 had diagnoses which included arthritis, athroplasty, hyperlipidemia, urinary incontinence, Meniere's disease, osteoporosis, atrial fibrillation, neuropathy, macular degeneration, and glaucoma. The review showed an ALF-102 dated 10/25/16. Further review showed an undated and unsigned ALF-102. Interview with the Resident Care Director on 11/17/17 at 9:30 AM revealed	S5020		

TAG#-S5020 **POINTE FRONTIER RETIREMENT COMMUNITY** **Date of Survey:**
IDENTIFICATION NUMBER: ALF007 **11/17/2017**

Plan of Correction

TAG# S5020

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Date Completed

A. Completion of the ALF 102 by Registered Nurse:

1. With Respect to the Specific requirement cited: **20 November 2017**
The ALF 102 for resident #7 was updated and completed on 17 November 2017. Additionally, ALF 102 for all current residents have been reviewed and complaint.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Resident Care Director RCD) will review and updated each resident ALF 102 within 48 hours after each doctor visit, and update ALF Form when changing residents Level of Care.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: Assisted Living Manager (ALM) will audit monthly each ALF 102 using our Internal Tracking Form to ensure RCD has signed and dated all ALF 102's. ALM will provide RCD 30 days advance notification of all ALF 102's with due dates.

4. With Respect to How the Plan of Corrective Measures will be monitored: Executive Director (ED) will review and sign monthly audit to verify that all ALF 102 are current. Copies of monthly audits will be maintained by ALM in a monthly binder. Additionally, ED will maintain monthly official copies as part of our Quality Management Improvement Plan (QMPI) for sustained compliance.

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	ALF007	A. BUILDING: _____ B. WING _____	11/17/2017

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S5020	Continued From page 3 she believed she had completed the latest ALF-102 for the resident on 11/14/17, 1 year and 20 days after the last ALF-102 was complete. She confirmed the requirement was also to sign and date the assessment when completed, and the assessment was neither dated nor signed.	S5020		
S5071	Ch 12 Sec 7 (i)(iii)(A-B) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (iii) The facility is responsible to ensure all allegations of abuse are investigated expediently and that the resident(s) are protected from further, potential abuse while the investigation is in progress. (A) Instances of abuse, neglect, or exploitation of disabled adults shall be reported to the sheriff's department, the local police department, or to the department of family services in accordance with W.S. 35-20-103. (B) The facility must ensure that, if necessary, additional authorities are contacted if there is an allegation of abuse, neglect, or exploitation. These additional authorities may include the Wyoming State Board of Nursing, Office of Healthcare Licensing and Survey, and the State Long Term Care Ombudsman. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, review of the Healthcare Licensing and Survey incident log, and review of facility policies, the facility failed to investigate and report an allegation of abuse for 1 of 1 sample residents	S5071	SEE ATTACHMENT 3: TAG# S5071	

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S5071	Continued From page 4 (#5) with a resident-to-resident altercation. The findings were: Review of the medical record for resident #5 revealed a nurse's note dated 7/27/17 and timed 9:49 PM. The note described an incident in which resident #5 had backed into resident #9's wheelchair outside of the dining hall. Resident #5 proceeded to yell at resident #9 saying "Why don't you be patient [expletive]?" When the nurse asked the resident #5 to stop s/he continued to call resident #9 inappropriate names until s/he was asked to return to his/her room. The following concerns were identified: 1. Interview with the Assisted Living Manager on 11/16/17 at 10:30 AM revealed the facility had not had any allegations of abuse in the past year. 2. Review of the Healthcare Licensing and Survey incident log for July and August 2017 showed no allegations of abuse had been reported. 3. Interview with the ED on 11/17/17 at 8:55 AM revealed he was aware of the incident, however, the description he had received of the incident was different than what the nurse's note had stated. The ED confirmed no investigation had been completed and the appropriate authorities had not been notified. 4. Review of the "Resident Protection and Abuse Prohibition" policy dated 11/10/10 revealed "9...Immediate action will be taken to investigate any alleged resident neglect, mistreatment, misappropriation of funds, and/or physical, verbal, sexual, emotional/psychological abuse...General Manager reports to state within 5 days even if allegations were unsubstantiated."	S5071		

TAG#-S5071 **POINTE FRONTIER RETIREMENT COMMUNITY** **Date of Survey:**
IDENTIFICATION NUMBER: ALF007 **11/17/2017**

Plan of Correction

TAG# S5071

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Date Completed

A. Adult Protection:

1. With Respect to the Specific requirement cited:
A full investigation of this incident will be completed.
Estimated Date of Completion: 12/15/2017

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Resident Care Director (RCD) and Assisted Living Manager (ALM) will investigate and complete a full preliminary report of all incidents pertaining to Adult Protection within 24 hours to the Executive Director.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: RCD and ALM will track all incidents using our weekly Resident Care Report and follow Century Park Associates *Incident Notification Procedures-Assisted Living* (see attachment).

4. With Respect to How the Plan of Corrective Measures will be monitored: Executive Director will immediately investigate any allegation and report those findings immediately as required by state requirements (Chapters 12 and 3), and enforce required company Resident Protection and Abuse Prohibition Policy.

INCIDENT NOTIFICATION PROCEDURES –ASSISTED LIVING

Incident / Event	Notify Nurse/RCD	Notify RP	Notify DR	Notify GM	Notify RDRC	Notify RDO	Notify Risk Servs.	Notify Police	Reportable Occurrence	Other
	Level 1				Level 2		Level 3			
Abuse/Neglect Alleged or Complaints	X	X	X	X	X	X	X	X	X	Ombudsman APS
Resident Rights Violation	X	X	X	X						Ombudsman
Allergic Reaction- No potential for complications	X	X	X	X						
Allergic Reaction – With potential for complications	X	X	X	X	X	X				
Bruise over 3 cm – Cause unknown	X	X	X	X						
Bruise Extensive Cause unknown	X	X	X	X	X	X	X	X	X	Ombudsman APS
Burn 2nd or 3rd Degree Over 20% of body	X	X	X	X	X	X	X	X	X	
Choking/Aspiration Minimal potential for complication	X	X	X	X						
Choking/Aspiration With Potential for complications	X	X	X	X	X	X				
Communicable Disease Outbreak in Community	X	X	X	X	X	X			X	Local Health Dept.
Equipment Malfunction With no or minor Injury	X	X	X	X						
Equipment Malfunction With serious Injury	X	X	X	X	X	X			X	
Fall /observed on floor No Injury	X	X	X	X						
Fall/observed on floor Minor injury/first aid only	X	X	X	X						
Fall/observed on floor Hospital Treatment required	X	X	X	X	X	X				

ATTACHMENT / ADULT [illegible] TAG #[illegible]

Century Park ASSOCIATES

INCIDENT NOTIFICATION PROCEDURES –ASSISTED LIVING

Incident / Event	Notify Nurse/RCD	Notify RP	Notify DR	Notify GM	Notify RDRC	Notify RDO	Notify Risk Servs.	Notify Police	Reportable Occurrence	Other
	Level 1				Level 2			Level 3		
Fall/observed on floor Fracture/Serious Injury	X	X	X	X	X	X	X	X	X	
Injury – Minor Cause known or unknown First aid treatment only										
Injury – Moderate Cause known or unknown Beyond first aid/no Fracture	X	X	X	X	X					
Injury – Serious Cause known or unknown Hospitalization or death	X	X	X	X	X	X	X	X	X	APS
Left Community – AMA	X	X	X	X	X	X				
Medication Error With no potential for complication	X	X	X	X	X					
Medication Error With potential for complications	X	X	X	X	X					
Medication – Adverse Drug Reaction	X	X	X	X	X	X	X			
Medication – Drug Diversion	X	X	X	X	X	X	X	X	X	
Missing Resident Found in Immediate search On Property	X	X	X	X						
Missing Resident Found after 60 minutes Off Property	X	X	X	X	X	X				
Missing Resident Not found in 8 hours Injury or health/Safety Risk	X	X	X	X	X	X	X	X	X	
Misappropriation of Resident Funds	X	X	X	X	X	X	X	X	X	Ombudsman S

12-10-17;10:23PM;

13/ 17

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S5076	Continued From page 5	S5076		
S5076	Ch 12 Sec 7 (j)(v) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (v) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of the Food Code published by the U.S. Public Health Service, Food and Drug Administration. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and review of food code requirements, the facility failed to ensure food was prepared under sanitary conditions in 1 of 1 kitchens. The findings were: 1. Observation on 11/16/17 at 8:52 AM showed 12 cutting boards of various sizes and colors were visibly scored, which created a surface that could not be effectively cleaned. 2. Observation on 11/16/17 at 9:05 AM showed cook #1 was preparing meat on the grill and a sauce on the stove. The cook had a hairnet over her pony tail, however, the hair over the sides of her head and forehead was not covered. 3. Observation of food preparation on 11/17/17 from 9:10 AM through 10:16 AM showed cook #2 donned gloves and was handling raw meat. Upon completion of this task the cook removed the soiled gloves and without performing hand hygiene donned new gloves, put his hands into oven mitts and placed the meat into the oven. In addition, cook #2 contaminated his gloves by handling the walk-in refrigerator doors on four	S5076	SEE ATTACHMENT 4: TAG# S5076	

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S5076	Continued From page 6 separate occasions. After the contamination the cook failed to perform hand hygiene and continued to handle food and clean items with the gloves. 4. Interview with the dietary manager on 11/16/17 at 9:05 AM revealed the cutting boards "were not changed often enough" and needed to be replaced. Further, he verified the cook's hair should be completely covered by the hairnet. An additional interview on 11/17/17 at 10:16 AM revealed additional training was required for hand hygiene. 5. According to Food Code 2013, U.S. Public Health Service 4-501.12 "Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and SANITIZED or discarded if they are not capable of being resurfaced." 6. According to Food Code 2013. U.S. Public Health Service, 2-402.11 "...(B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. 7. According to Food Code 2013, U.S. Public Health Service, 2-301.14 When to Wash: FOOD EMPLOYEES shall clean their hands and exposed portions of their arms... "(E) After handling soiled EQUIPMENT or UTENSILS. (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent	S5076		

Healthcare Licensing and Surveys

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S5076	Continued From page 7 cross contamination when changing tasks...(H) Before donning gloves for working with FOOD; and (I) After engaging in other activities that contaminate the hands."	S5076		

TAG#-S5076 **POINTE FRONTIER RETIREMENT COMMUNITY** **Date of Survey:**
IDENTIFICATION NUMBER: ALF007 **11/17/2017**

Plan of Correction

TAG# S5076

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Date Completed

A. Food Service and Nutrition:

1. With Respect to the Specific requirement cited: Old cutting Boards have been discarded and New cutting boards have been ordered. All cooks have been instructed to use hairnets/hat to cover their head and hair. Cooks have been instructed to follow proper handwashing procedures and sanitation requirements as instructed by Food Code 2013, U.S. Public Health Service Manual when moving from one task to the next.
Estimated completion date ~~01/15/2017~~. 1/15/2018 JY okay to change date of correction per ~~AHA~~ ED JY. 12/12/17

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action: Dining Services Director and Executive Director will provide and document In-Service Training addressing proper Handwashing techniques, and hairnet requirements for all cooks.

3. With Respect to What Systemic Measures have been put in place to address the Stated Concern: Dining Services Director and Dining Room Supervisor will provide to Executive Director their Performance Improvement Plan (PIP) with their 30-day plan to ensure proper sanitation procedures are sustained to prevent reoccurrence.

4. With Respect to How the Plan of Corrective Measures will be monitored: Executive Director (ED) will perform weekly random inspections of identified items in addition to conducting weekly food inspections to meet and sustain sanitation requirements. Copies of these weekly inspections are part of our current Quality Management Performance Improvement (QMPI) and files will be maintained by ED.