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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	C 01/26/2018

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3955 EAST 12TH STREET CASPER, WY 82609

(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 from 1/24/18 to 1/25/18. Also reviewed in the course of the survey were complaint intakes LIC-18-002 and LIC-18-004. The following common abbreviations are used throughout this document: CSD: Clinical Services Director ED: Executive Director 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 (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 changes in the form. The following guidelines	S5020	S5020 Resident #3 ALF 102 was updated on 2/7/18, resident #6 was discharged on 11/07/17, going forward the ALF102 will be completed before or on the day of admission/readmission, and minimum of yearly. Executive Director will review with Clinical Services Director in the weekly managers meeting x 4 weeks. Will review all admissions, readmissions, and change of conditions to ensure ALF102 is completed prior or same day of admission/readmission. Will review all resident admissions, readmissions, and change of condition in monthly QA meeting x 3 months. Will do monthly audit of residents identified from the QA meeting x 3 months and then quarterly to ensure ALF102 is in place.	3/11/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kandus R Brown — TITLE: Executive Director — (X6) DATE: 2/16/18

Accepted with change added to pg. 9
discussed & change made with Kandus, ED on
2/20/18 @ 11:15 am Lauren

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S5020	Continued From page 1 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 Assisted Living Facility (ALF) 102 form was updated and complete after a change in condition for 2 of 3 sample residents (#3, #6) with a change of condition. The findings were: 1. Review of the "Resident Care Plan" for resident #3 showed diagnoses that included seizures, glaucoma, macular degeneration, and hypertension. Review of the face sheet showed the resident was admitted on 11/20/17. Review of the most recent ALF 102, dated 11/20/17, showed the resident was independent with transfers and mobility and was medically stable. The following concerns were identified: a. Review of the nursing notes showed the resident fell 18 times between 11/21/17 and 1/24/18, and required increased assistance with mobility. Further review showed the resident's	S5020		

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EDGEWOOD MEADOW WIND	3960 EAST 12TH STREET CASPER, WY 82609

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S5020	Continued From page 2 general condition continued to decline, and on 1/18/18 there was a "referral sent to hospice d/t [due to] [change] in cond [condition], difficulty eating, lethargic..." b. Interview with the CSD on 1/25/18 at 3:07 PM confirmed the ALF 102 did not reflect the resident's current condition. 2. Review of the "Resident Care Plan" for resident #6 showed diagnoses that included anemia, dementia, and chronic kidney disease. Review of the most recent ALF 102, dated 6/6/17, showed the resident was "independently and appropriately able to transfer and and/or ambulate with or without a device" and was medically stable. The following concerns were identified: a. Review of nursing progress notes and "Fall Notification Forms" showed the resident fell on 8/7/17, 8/16/17, 9/3/17, 9/4/17, 9/8/17, 9/16/17, 9/19/17, 9/22/17, and 9/25/17. Review of the the resident's fall risk evaluations, dated 6/6/17 and 8/8/17, showed the resident was at high risk for falls. b. Review of the "Fall Notification Form" dated 8/7/17 showed "resident has had a [decrease] in ambulation... using wheelchair more..." c. Review of the "Assisted Living Service Package Tool" dated 9/19/17 showed the resident now required assistance with transfers and "transport to and from meals in wheelchair by staff." d. Review of the "Physician Visit Form" dated 9/26/17 showed "present status/reason for visit: [decreased]strength and frequent falls." e. Interview with the ED on 1/25/18 at 5:02 PM confirmed the expectation was for a new ALF 102 assessment to have been completed to address the increased falls.	S5020		

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S5023	Continued From page 3	S5023		
S5023	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, staff interview, and review of policies and procedures, the facility failed to ensure a comprehensive nursing assessment was completed for 3 of 3 sample residents (#1, #3, #6) with a change in condition. The findings were: 1. Review of the "Resident Care Plan" for resident #3 showed diagnoses that included seizures, glaucoma, macular degeneration, and hypertension. Review of the face sheet showed the resident was admitted on 11/20/17. Review of the most recent "Nursing Physical Assessment," dated 11/20/17, showed the resident utilized a	S5023	S5023 Resident #1 nursing comprehensive assessment was put into place on 2/13/18, Resident #3 nursing comprehensive assessment was put in place and updated on 2/12/18, Resident #6 was discharged on 11/07/17, going forward the nursing comprehensive assessment will be completed with every change of condition, before or on the day of admission/readmission and minimum yearly. Head injury protocol was put in place on 1/28/18 following all falls with suspected head involvement. We will have a training with nursing on 2/20/18 to cover the head injury protocol Executive Director will review with Clinical Services Director in the weekly managers meeting x 4 weeks. Will review all change of condition residents to make sure nursing comprehensive assessment has been completed. Will review progress in monthly QA meeting x 3 months. Will do monthly audit of residents identified from the QA meeting x 3 months and then quarterly to ensure nursing comprehensive assessment is in place and head injury protocol in place.	03/11/18

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S5023	Continued From page 4	S5023		

walker and had seizures and a history of falls. The following concerns were identified:

a. Review of the nursing notes and "Fall Notification Forms" showed the resident fell 18 times between 11/21/17 and 1/16/18. There was no evidence a comprehensive nursing assessment was completed during this time frame to assess for a potential significant change in condition.

b. Review of the nursing notes and "Fall Notification Forms" showed the resident reported or was observed hitting his/her head during a fall on 4 occasions. For the falls which occurred on 11/21/17, 12/12/17, and 1/3/18, an initial neurological assessment was documented as being completed each time, but there was no evidence of ongoing neurological assessments to monitor for a potential significant change in condition.

c. Interview with the CSD on 1/25/18 at 3:07 PM revealed the expectation for a resident who has a suspected head injury was for the nurse to complete neurological assessments for "a couple days" and increase the frequency of charting. She stated the nurses usually documented only when there was an issue, and she acknowledged the nurses should have documented better.

2. Review of the "Resident Care Plan" for resident #6 showed diagnoses that included anemia, dementia, and chronic kidney disease. Review of the most recent ALF 102, dated 6/6/17, showed the resident was "independently and appropriately able to transfer and and/or ambulate with or without a device" and was medically stable. Review of the most recent nursing physical assessment showed it was dated 6/9/17. The following concerns were identified:

a. Review of nursing progress notes and "Fall Notification Forms" showed the resident fell on

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S5023	Continued From page 5 8/7/17, 8/16/17, 9/3/17, 9/4/17, 9/8/17, 9/16/17, 9/19/17, 9/22/17, and 9/25/17. Review of the the resident's fall risk evaluations dated 6/6/17 and 8/8/17 showed the resident was at high risk for falls. However, the facility failed to perform a comprehensive assessment to address the resident's 9 falls 8/7/17 and 9/25/17. b. Review of the "Fall Notification Form" dated 8/7/17 showed "resident has had a [decrease] in ambulation... using wheelchair more..." c. Review of the "Assisted Living Service Package Tool" dated 9/19/17 showed the resident's needs had increased and the resident required incontinence care, assistance with transfers and "transport to and from meals in wheelchair by staff." d. Review of the "Physician Visit Form" dated 9/26/17 showed "present status/recent for visit: [decreased]strength and frequent falls." e. Interview with the ED on 1/25/18 at 5:02 PM confirmed the expectation was for a comprehensive assessment to have been completed to address the increased falls. 3. Review of the "Resident Care Plan" for resident #1 showed diagnoses that included diabetes mellitus, chronic kidney disease, and peripheral neuropathy. Review of the most recent "Nursing Physical Assessment," showed it was dated 7/31/17. Review of a nursing note dated 1/15/18 showed the resident arrived back at the facility following a stay at a long-term care facility. Interview with the CSD on 1/25/18 at 11:27 AM revealed the resident underwent surgery for a chronic shoulder issue, and then spent time at a long-term care facility for rehabilitation. There was no evidence a comprehensive nursing assessment was completed upon return to assess for a possible change in condition.	S5023		

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S5023	Continued From page 6 4. Review of the policy and procedure titled "Assessments," dated March 2017, showed a "significant change in condition is defined as- any deviation from the residents' typical clinical baseline..."	S5023		
S5026	Ch 12 Sec 7 (b)(vii) 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. (vii) The assistance plan shall be reviewed and updated by the RN at least annually or when a significant change occurs, with input from direct care-givers, the resident, and others as designated by the resident. 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 resident assistance plan was updated for 2 of 3 sample residents (#1, #6) with a change in condition. The findings were: 1. Medical record review for resident #6 showed diagnoses that included anemia, dementia, and chronic kidney disease. Review of the most recent "Resident Care Plan," dated 6/6/17, showed the resident was completely independent with transfers, toileting, was marked "N/A" for "wheeling: resident condition/requirements," and	S5026	S5026 Resident #6 was discharged on 11/07/17, resident #1 care plan, nursing assessment, ALF102, service level tool updated 2/13/18, going forward care plan will be completed with change of condition, prior or same day of admission/readmission, or minimum of yearly. Will be training nursing staff on 2/20/18 that any change or increase in services or addition of interventions need to be added to care plan. Executive Director will review with Clinical Services Director in the weekly managers meeting x 4 weeks. Will review all change of conditions to ensure care plan has been updated. Will review progress in monthly QA meeting x 3 months. Will do monthly audit of residents identified from the QA meeting x 3 months and then quarterly to ensure nursing comprehensive assessment, ALF102, care plan and service level tool is updated.	03/11/18

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EDGEWOOD MEADOW WIND	3965 EAST 12TH STREET CASPER, WY 82609

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S5026	Continued From page 7 used a walker for walking. The following concerns were identified: a. Review of nursing progress notes and "Fall Notification Forms" showed the resident fell on 8/7/17, 8/16/17, 9/3/17, 9/4/17, 9/8/17, 9/16/17, 9/19/17, 9/22/17, and 9/25/17. Review of the the resident's fall risk evaluations dated 6/6/17 and 8/8/17 showed the resident was at high risk for falls. b. Review of the "Fall Notification Form" dated 8/7/17 showed "resident has had a [decrease] in ambulation... using wheelchair more..." c. Review of the "Assisted Living Service Package Tool" dated 9/19/17 showed the resident's needs had increased and the resident required incontinence care, assistance with transfers and "transport to and from meals in wheelchair by staff." However, the facility failed to update the resident care plan to include the assistance with incontinence care, transfer assistance, and the use of the wheelchair for transport to and from the dining room. d. Review of the "Physician Visit Form," dated 9/26/17 showed "present status/recent for visit: [decreased]strength and frequent falls. e. Interview with the ED on 1/25/18 at 5:02 PM revealed she thought the care plan was updated and a care plan meeting was held 2-3 weeks prior to the resident leaving the facility, but she was unable to provide the new care plan. 2. Review of the most recent "Resident Care Plan" for resident #1 showed diagnoses that included diabetes mellitus, chronic kidney disease, and peripheral neuropathy. Further review showed it was dated 7/26/17. Review of a nursing note dated 1/15/18 showed the resident arrived back at the facility following a stay at a long-term care facility. Interview with the CSD on	S5026		

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S5026	Continued From page 8 1/25/18 at 11:27 AM revealed the resident underwent surgery for a chronic shoulder issue, and then spent time at a long-term care facility for rehabilitation. She further confirmed the care plan should have been updated when the resident returned from the long-term care facility.	S5026		
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 and staff interview, the facility failed to ensure food was prepared under sanitary conditions in 1 of 1 kitchens. The findings were: Observation on 1/25/18 at 11:51 AM showed cooks #1 and #2 were preparing plates of food for the noon meal service. Cook #2 donned gloves, then opened the refrigerator door and oven door to retrieve food items. The cook then used the same gloved hands to handle bread rolls and to scoop food onto plates to serve to residents. Continued observation showed the cook answered the telephone while wearing the same gloves, then returned to dishing up food without changing gloves or performing hand hygiene. Interview with the dietary manager on 1/25/18 at	S5076	S5076 All kitchen staff will complete the Safe Food Handling Rellas course #REL-SRC-O-SFH, by 3/10/2018 going forward this course is part of the new hire orientation courses for any new kitchen staff. Food Services Supervisor will conduct an audit 1 monthly x 3 months then quarterly going forward on hand hygiene.	03/11/18

All kitchen staff have been retrained to proper hand hygiene procedures done by dietary manager

added per Conversation w/Kendra SP on 2/20/18

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S5076	Continued From page 9 12:15 PM confirmed the cook should have changed gloves and performed hand hygiene after touching contaminated surfaces. According to Food Code 2013, U.S. Public Health Service: 2-301.14 "FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and ... (E) After handling soiled EQUIPMENT or UTENSILS."	S5076		