STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF008	A. BUILDING: _____ B. WING _____	R-C 02/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE 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 An offsite follow-up survey to the 11/16/17 licensure survey was conducted by the Office of Healthcare Licensing and Surveys on 2/1/18 through 2/9/18.	{S 000}	S5091 The facility will ensure the resident areas remain clean and in good repair. This will be accomplished by the following: A). Approval has been given to replace downstairs corridor, fireplace room, and entry room with new carpet. The carpet has been ordered and an outside contractor has been obtained and will schedule installation once carpet has arrived. The Facility Maintenance Director has completed repairs of facilities carpet on North 1st floor, South 1st floor and South 2nd floor in the identified areas. He has glued each area down with carpet glue until replacement is completed. B). Community Maintenance Director will ensure that carpet is placed on the TELS system for monthly maintenance checks to ensure areas are maintained and in good condition. Results of the monthly audit will be submitted to the Quality Assurance Team quarterly for review to ensure continued compliance.	03/10/18
{S5091}	Ch 12 Sec 7 (n)(ii)(A-AA) Assisted Living Facility (ALF) Core Services (n) Furnishings, Buildings, Physical Plant. (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below: (A) All windows shall have drapes, curtains, shades or blinds to assurance privacy; (B) Beds (if provided by the facility) shall be at least standard size in width (39"), and shall be equipped with comfortable, clean mattresses and pillows. Mattresses shall be professionally renovated or replaced as needed. Extra long beds shall be used to accommodate tall residents. Rollaway-type beds, cots, and folding beds shall not be used unless the resident brings these items from home for personal use; (I) Two residents may, by consent of both parties; or by approval of the appropriate responsible party, be permitted to use one bed no smaller than double size, and occupy a	{S5091}		

Executive Director 3/2/18

POC accepted 3/20/18 Spoke with J. Shalon, Executive Director, no changes Colleen Hogan RN

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{S5091}	Continued From page 1 single-bed sleeping room. (C) Cabinet or bedside table; (D) Non-combustible wastebasket; (E) Chair; and (F) If common closets are utilized by two (2) or more residents, dividers shall be provided for separation of each resident's clothing. All closets shall be equipped with doors. Free-standing closets shall be deducted from the square footage in the sleeping room. (G) The size and arrangement of the residents' beds, furnishings, possessions or equipment shall allow the resident to gain fire emergency access to windows and doors, and access to toilet room. Multiple-bed rooms shall have at least three (3) feet between beds. (H) Residents shall be encouraged to bring personal items and furniture to their rooms, (e.g., beds, chairs, and pictures); (I) There shall be at least one (1) bedside screen per double room available to provide resident privacy when needed; (J) There shall be an adequate supply of hot and cold water available at each lavatory, bathtub/shower, kitchen sink, dishwasher, and laundry equipment. Hot water for bathing, and resident handwashing, and laundry should be no hotter than one hundred and twenty (120°) degrees Fahrenheit. (K) All plumbing shall be maintained in good repair and according to the requirements of	{S5091}		

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{S5091}	Continued From page 2 the Uniform Plumbing Code; (I) Private water systems shall be safe, potable, and have an adequate supply. Testing shall be done monthly and records of tests shall be retained at the facility. (II) Private water systems shall be tested and found safe and potable before Licensure is granted. (L) Fireplaces shall be securely screened and glassed in; (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings; (N) At least one primary grade level entrance to the building shall be freely accessible for wheelchairs; (O) Each resident shall have his individual comb, toothbrush, towels, and wash cloths; (P) Clean drinking glasses shall be available for the residents. Common drinking cups are prohibited; (Q) Bathrooms shall have soap and toilet paper. The facility shall provide paper towels or a blow dryer for hands, or rack space adequate for each resident using the bathroom to hang his/her personal towel. Use of a common towel is prohibited. (R) Provisions shall be made for privacy in all bath and toilet rooms; (S) Automatic deodorizers or aerosol fresheners shall not be used except in bathrooms; and (T) Residents shall not use a common bar of soap. The facility shall provide either soap dispensers or individual bars of soap for each resident. (U) Housekeeping.	{S5091}		

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{S5091}	Continued From page 3 (I) Housekeeping practices and procedures shall be employed to keep the home free from offensive odors, accumulations of dirt, and dust. (II) Floors shall be maintained and clean. (III) Polish of floors shall provide a non-slip finish. (IV) Throw or scatter rugs shall not be used. Non-slip mats may be used. (V) Covered containers with tight lids shall be used for garbage storage. (W) The facility shall be maintained free of insects and rodents. All windows shall be screened. All exit doors opening inward shall have a screen door. (X) Linens and laundry. (I) Laundry service for linen and residents' personal clothing shall be provided. The manager shall take measures to ensure that residents' clothing is not lost or misplaced while laundering. (II) All linen shall be bagged or placed in a hamper before being transported to the laundry area. (III) Bed linen shall be changed as necessary but at least weekly. Additional blankets or pillows shall be provided. Rubber or water protective sheets shall be used if indicated. (IV) Two (2) complete changes of clean bed linen shall be on hand for each licensed bed. (1.) Torn, worn, or unclean bed linen shall not be used. (V) All bleaches, detergents, disinfectants, and other cleaning agents shall be separated from medicines and foods. (VI) Soiled linen shall not be transported through, sorted, processed, or stored, in kitchens, food preparation areas, or food	{S5091}		

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{S5091}	Continued From page 4 storage areas. (Y) The heating system shall be inspected yearly, before the heating season, and maintained according to manufacturer's instructions. (Z) Portable space heaters shall not be used (e.g. electric or kerosene) (AA) Equipment Maintenance and Testing. (I) The devices, equipment, systems, conditions, arrangements, levels of protection, or any other features that are required for compliance with the provisions of the Life Safety Code shall be permanently maintained for the building housing the facility. This State Rule and Regulation is not met as evidenced by: Based on review of the 11/16/17 licensure survey 2567 form, written executive director statement and staff interview the facility failed to ensure carpet in 3 of 6 resident areas was replaced or repaired. The findings were: 1. Review of the 2567 dated 11/16/2017 showed the facility was cited for carpet damage on the North 1st floor, South 1st floor, and South 2nd floor. Further review revealed the carpet was to be repaired or replaced by January 3, 2018. 2. Staff interview with the executive director on 2/2/18 at 9:56 AM revealed the carpet was not replaced. He stated he was waiting for the corporate office to approve the money to have carpet replaced or repaired. 3. Review of the written statement submitted by the executive director on 2/5/18 revealed he was	{S5091}		

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{S5091}	Continued From page 5 in the process of receiving approval from the corporate office regarding replacement or repair of the carpet.	{S5091}		