Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING: _____ B. WING _____	C 05/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

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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 5/14/18 to 5/15/18. Also reviewed in the course of the survey were complaint intakes LIC-16-042 and LIC-18-027. The following common abbreviations are used throughout the document: RN: Registered Nurse ALF: Assisted Living Facility CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5010	Ch 12 Sec 6(e)(ii)(A-L) Personnel And Staffing Requirements (e) Personnel Policies and Records. (ii) A record for the manager and each employee shall be maintained and contain at a minimum the following information: (A) Name, current address and telephone number; (B) Social Security Number; (C) Education;	S5010		7/2/18

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S5010	Continued From page 1 (D) Work experience, documentation of reference checks; (E) Date of employment (F) Position in the assisted living facility (job description); (G) Documentation of tuberculin testing; (H) Orientation checklist; (I) I-9, (Employment Eligibility Verification); (J) W-4 (Employee's Withholding Allowance Certificate); (K) Licensure, Certification, or Credentials; (e.g., RN, LPN, CNA; and (L) Documentation of all completed background and Central Registry background check with no offenses. This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview the facility failed to ensure employment eligibility verification was completed for 3 of 4 employee files reviewed (CNA #1, CNA #2, dietary aide #1). The findings were: 1. Review of the employment file for CNA #1 showed the employee's new hire documentation was completed on 2/19/18; however, there was no evidence an employment eligibility verification (I-9 form) was completed.	S5010		

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S5010	Continued From page 2 2. Review of the employment file for CNA #2 showed the employee's new hire documentation was completed on 12/3/15; however, there was no evidence an I-9 form was completed. 3. Review of the employment file for dietary aide #1 showed the employee's new hire documentation was completed on 1/28/18; however, there was no evidence an employment eligibility verification (I-9 form) was completed. 4. Interview with the facility manager on 5/15/18 at 5:13 PM confirmed the I-9 form should be completed for all employees and he was unsure why the employees did not have one completed.	S5010		
S5054	Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender; (C) Individual admission form. The form shall, at a minimum, contain the following information: (I) Full name of resident and former	S5054		7/2/18

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S5054	Continued From page 3 address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number of other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing. (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident	S5054		

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S5054	Continued From page 4 records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey, within 30 days, the resident ' s funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident ' s estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights; (G) The resident's assessment and individualized assistance plan; (H) Copies of all applicable resident assistance contracts, signed by both parties;	S5054		

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S5054	Continued From page 5 (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. This State Rule and Regulation is not met as evidenced by: Based on medical record review and resident and staff interview, the facility failed to ensure resident records included documentation for 4 of 10 sample residents (#2, #3, #7, #35) with accidents, incidents, or allegations of abuse. The findings were: 1. Interview with resident #13 on 5/15/18 at 8:25 AM revealed s/he was woken up the previous night when the individual staying with him/her was asked by facility staff to assist a resident in another room (resident #3) off the floor following a fall. The following concerns were identified: a. Review of the medical record showed no evidence an incident report was completed. Further, there was no evidence of documentation related to the fall or resident assessment following the fall. b. Interview with the facility manager and RN #1 on 5/14/18 at 5:13 PM confirmed the resident fell during the previous night. Further, it was revealed an incident report and documentation of an assessment was not completed, and should have been.	S5054		

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S5054	Continued From page 6 2. Interview with CNA #1 on 5/15/18 at 4:10 PM revealed resident #7 had a fall "about 2 weeks ago" and resident #2 had a fall "about 2 1/2 weeks ago." The following concerns were identified: a. Review of the medical records for both residents showed no evidence of documentation related to the falls or resident assessment following the falls. b. Interview with the facility manager and RN #1 on 5/14/18 at 5:13 PM revealed they were not aware that resident #7 and resident #2 had fallen. 3. Interview with CNA #1 on 5/15/18 at 4:30 PM revealed an individual who was staying with resident #13 had an altercation with resident #35 when s/he discharged from the facility. The CNA revealed resident #35 was told "to get out of [his/her] face or [s/he] would kill [him/her]." The following concerns were identified: a. Review of the medical record for resident #35 showed there was no evidence of the altercation or evidence an investigation was completed. b. Review of the incident log showed no evidence of an altercation or evidence an investigation was completed. c. Interview with the facility manager and RN #1 on 5/14/18 at 5:13 PM revealed they were not aware of the altercation and confirmed an incident report and investigation was not completed.	S5054		
S5064	Ch 12 Sec 7 (g)(ii) Assisted Living Facility (ALF) Core Services (g) Grievance Procedure. The written grievance procedure shall establish a system of receiving, reviewing, and alleviating concerns, complaints	S5064		7/2/18

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S5064	Continued From page 7 and allegations of resident rights violations, and poor service provided to include, but not limited to: (ii) Documentation of the provider's response to verbal and written resident grievances; This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview and policy and procedure review, the facility failed to ensure documentation of the facility's response for 3 of 3 sample residents (#5, #11, #13) who reported verbal grievances. The findings were: 1. Interview with resident #13 on 5/15/18 at 8:25 AM revealed s/he had reported concerns to the facility which included poor food quality, small portions, food stored inappropriately, facility cleanliness, and concerns about staff to the facility staff and management. Further, the resident revealed the facility did not correct any of the concerns and some staff members had gotten angry and treated him/her differently after the reports while other staff members didn't report his/her concerns. 2. Interview with resident #5 on 5/15/18 at 1:45 PM revealed the resident had reported concerns with the facility's kitchen staff not following recipes, poor food quality, small portions, possible food borne illness symptoms the resident experienced, and a lack of alternative meal and fluid options. Further, the resident revealed s/he verbalized concerns once or twice per week, and staff got upset and the manager said he didn't "have time to talk." 3. Interview with resident #11 on 5/15/18 at 1:55 PM revealed s/he had reported concerns with the	S5064		

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S5064	Continued From page 8 food. 4. Interview with CNA #1 on 5/15/18 at 4:30 PM revealed residents had voiced concerns about an individual who was not a resident staying at the facility, food quality, and food portion sizes. Further the CNA interview revealed the concerns were reported to the management. 5. Interview with the facility manager and RN #1 on 5/15/18 at 5:13 PM revealed no grievances had been submitted to the facility. 6. Review of the policy titled "Filing Grievances/Complaints" received from the facility manager on 5/15/18 showed "...1. Any resident, his or her representative (sponsor), family member, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, staff members, theft of property, etc., without fear of threat or reprisal in any form...3. Grievance and/or complaints may be submitted orally or in writing..."	S5064		
S5069	Ch 12 Sec 7 (i)(i) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (i) The facility must assure that all residents are protected from abuse. This includes the resident's right to be free from verbal, physical, mental, or sexual abuse in accordance with the definition of abuse as stated in Section 4(a) of these rules. This State Rule and Regulation is not met as evidenced by:	S5069		7/2/18

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S5069	Continued From page 9 Based on medical record review, staff interview, review of facility incident logs and policy and procedure review, the facility failed to ensure residents were free from abuse for 1 of 1 sample residents (#35) with allegations of abuse. The findings were: 1. Interview with CNA #1 on 5/15/18 at 4:30 PM revealed an individual who was staying with resident #13 had an altercation with resident #35 when s/he discharged from the facility. The CNA revealed this individual told resident #35 "to get out of [his/her] face or [s/he] would kill [him/her]" and the CNA stated the statement had been reported to the facility managers. The following concerns were identified: a. Review of the medical record for resident #35 showed there was no documentation of the altercation or evidence an investigation was completed. b. Review of the incident log showed no evidence of an altercation or evidence an investigation was completed. c. Interview with the facility manager and RN #1 on 5/14/18 at 5:13 PM revealed they were not aware of the altercation and confirmed an incident report and investigation was not completed. 2. Review of the policy titled "Abuse Investigations" received from the facility on 5/15/18 showed "...All reports of resident abuse, neglect and injuries of unknown source shall be promptly and thoroughly investigated by facility management...1. Should an incident or suspected incident of resident abuse, neglect or injury of unknown source be reported, the administrator, or his/her designee, will appoint a member of management to investigate the alleged incident..."	S5069		

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S5070	Continued From page 10	S5070		
S5070	Ch 12 Sec 7 (i)(ii) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated. Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, review of facility incident logs, and policy and procedure review, the facility failed to follow the policy and procedure for 1 of 1 sample resident (#35) with allegations of abuse. The findings were: 1. Interview with CNA #1 on 5/15/18 at 4:30 PM revealed an individual who was staying with resident #13 had an altercation with resident #35 when s/he discharged from the facility. The CNA revealed the individual told resident #35 "to get out of [his/her] face or [s/he] would kill [him/her]" and the CNA stated the allegation had been reported to the facility managers. The following concerns were identified: a. Review of the medical record for resident #35 showed there was no documentation of the altercation or evidence an investigation was completed. b. Review of the incident log showed no	S5070		7/2/18

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S5070	Continued From page 11 evidence of an altercation or evidence an investigation was completed. c. Interview with the facility manager and RN #1 on 5/14/18 at 5:13 PM revealed they were not aware of the altercation, staff are expected to report all allegations, and confirmed an incident report and investigation was not completed. 2. Review of the policy titled "Abuse Investigations" received from the facility on 5/15/18 showed "...All reports of resident abuse, neglect and injuries of unknown source shall be promptly and thoroughly investigated by facility management...1. Should an incident or suspected incident of resident abuse, neglect or injury of unknown source be reported, the administrator, or his/her designee, will appoint a member of management to investigate the alleged incident...3. The individual conducting the investigation will, as a minimum: a. Review the completed Resident Abuse Report Form; b. Review the resident's medical record to determine events leading up to the incident; c. Interview the person(s) reporting the incident;...g. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; h. Interview the resident's roommate, family members, and visitors;..." 3. Review of the policy titled "Reporting Abuse to Facility Management" received from the facility on 5/15/18 showed "...It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors etc., to promptly report and incident or suspected incident of neglect or resident abuse, including injuries of unknown source, and theft or misappropriation of resident property to facility management...2. Employees, facility consultants and/or attending physicians must report any	S5070		

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S5070	Continued From page 12 suspected abuse or incidents of abuse to the director of nursing services promptly. In the absence of the director of nursing services such reports may be made to the nurse supervisor on duty..."	S5070		
S5073	Ch 12 Sec 7 (j)(ii) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (ii) There must be organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome and sanitary in accordance with the rules. The dietetic service must ensure that food prepared is nutritionally adequate in accordance with the Dietary Reference Intakes (DRI) for adults. This State Rule and Regulation is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to ensure safe techniques were used for food storage and food preparation in 1 of 1 food preparation area (Kitchen). The census was 28. The findings were: 1. Observation of refrigerator #2 on 5/15/17 at 3:57 PM showed: a. A metal container on the bottom shelf contained a package of chicken which had been defrosting. Further observation showed the metal container also held 2 packages of hot dogs, a package of ham, and a plastic bag labeled "Fiesta Blend Cheese." There was pink liquid in the bottom of the container, the items were stored in.	S5073		7/2/18

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S5073	Continued From page 13 b. An opened plastic bag labeled "Fiesta Blend Cheese" which was not dated. c. An open package labeled "turkey breast" which was not dated. d. An open package labeled "ham" which was not dated. e. An open package labeled "Smoked Sausage" which was not dated. f. An open package labeled "Jumbo Franks" which was not dated 2. Observation of freezer #2 on 3:57 PM showed the following concerns: a. A plastic bag labeled "Italian sausage" which was dated "5/2." b. A container labeled "cabbage rolls mix" which was dated "4/16." c. A plastic bag labeler "yellow rice" dated "4/20." d. A plastic bag labeled "baked beans" dated "5/1." e. A plastic bag labeled "chicken parm" dated "3/7." f. A plastic bag labeled "chick dump" dated "4/14." g. A butter container labeled "BF stroganoff" dated "3/3." h. A whipped topping container labeled "sloppy joe" dated "4/27." 3. Observation of a refrigerator labeled "Milk-Eggs-Condiments" on 5/15/18 at 4:14 PM showed the facility utilized un-pasteurized eggs. Interview with cook #1 at that time revealed the facility prepared fried eggs for residents and a temperature was not obtained on the fried eggs. 4. Interview with resident #13 on 5/15/18 at 8:25 AM revealed s/he had reported concerns to the	S5073		

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S5073	Continued From page 14 facility which included poor food quality and food stored inappropriately. Further, the resident felt s/he had become ill on at least 2 occasions as a result of improperly prepared food. 5. Interview with resident #5 on 5/15/18 at 1:45 PM revealed the resident had reported concerns with the facility's kitchen staff not following recipes, poor food quality, and possible food borne illness symptoms the resident experienced. 6. Interview with resident #11 on 5/15/18 at 1:55 PM revealed s/he had reported concerns with the food. 7. Interview with the facility manager on 5/15/18 at 5:13 PM revealed food items in the refrigerators were available for resident consumption, should be labeled, and should indicate the date it was opened and when the item should be used by. Further, the manager revealed frozen items should not be stored longer than 1 week and items should be defrosted in separate containers. 8. According to Food Code 2017, U.S. Public Health Service: 3-501.17 Ready to Eat. Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking (B) Except as specified in (D)-(F) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the	S5073		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING: _____ B. WING _____	C 05/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

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S5073	Continued From page 15 temperature and time combinations specified in (A) of this section and : (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be Day 1. 9. According to Food Code 2017, U.S. Public Health Service: 3-401.11 "(D) A raw animal FOOD such as raw EGG, raw FISH, raw-marinated FISH, raw MOLLUSCAN SHELLFISH, or steak tartare; or a partially cooked FOOD such as lightly cooked FISH, soft cooked EGGS, or rare MEAT other than WHOLE-MUSCLE, INTACT BEEF steaks as specified in (C) of this section, may be served or offered for sale upon CONSUMER request or selection in a READY-TO-EAT form if: (1) As specified under 3-801.11(C)(1) and (2), the FOOD ESTABLISHMENT serves a population that is not a HIGHLY SUSCEPTIBLE POPULATION;" 10. According to Food Code 2017, U.S. Public Health Service definitions: "Highly susceptible population" means PERSONS who are more likely than other people in the general population to experience foodborne disease because they are: (1) Immunocompromised; preschool age children, or older adults; and (2) Obtaining FOOD at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.	S5073		
S5075	Ch 12 Sec 7 (j)(iv)(A) Assisted Living Facility (ALF) Core Services	S5075		7/2/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING: _____ B. WING _____	C 05/15/2018

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S5075	Continued From page 16 (j) Food Service and Nutrition. (iv) A minimum of three meals in a twenty-four (24) hour period shall be provided to each resident during normal dining hours. In addition, meals and between meal snacks shall be palatable, attractive in appearance, consist of a variety of foods, and shall be served at the proper temperature. (A) Menus shall be planned based on recognized national dietary standards recommended by a Registered Dietitian. Menus shall be prepared at least two weeks in advance and posted in the kitchen. Reasonable substitutions of similar nutritive value must be available to residents who refuse or/are unable to eat the food served. The daily menus shall be corrected to show the food actually served, and the corrected copy kept on file and available for inspection for one (1) year. A current dietary manual shall be approved by the Registered Dietitian, and sufficient copies of the approved manual must be available to dietary and nursing staff in the assisted living facility. This State Rule and Regulation is not met as evidenced by: Based on observation and staff and resident interview, the facility failed to ensure menus were planned based on recognized national dietary standards and approved by a registered dietitian in 1 of 1 food preparation area (kitchen). The census was 28. The findings were: 1. Observation on 5/15/18 at 4:14 PM showed the recipes used to prepare some meals were hand-written, did not have nutritional information, and did not identify appropriate portion sizes. Interview with cook #1 at that time confirmed the	S5075		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5075	Continued From page 17 recipes were hand-written and revealed she did not always follow the recipes when preparing food items. Further it was revealed the cook usually served 4 to 6 ounces of meats, used a #8 (4 ounce) serving spoon for casseroles and mashed potatoes, and "a slotted spoon for vegetables." 2. Interview with resident #13 on 5/15/18 at 8:25 AM revealed s/he had reported concerns to the facility which included poor food quality, small portions, and food stored inappropriately. 3. Interview with resident #5 on 5/15/18 at 1:45 PM revealed s/he had reported concerns with the facility's kitchen staff not following recipes, poor food quality, small portions, possible food borne illness symptoms the resident experienced, and a lack of alternative meal and fluid options. 4. Interview with resident #11 on 5/15/18 at 1:55 PM revealed s/he had reported concerns with the food. 5. Interview with CNA #1 on 5/15/18 at 4:30 PM revealed residents have voiced concerns about food taste and food portion sizes. 6. Interview with the facility manager on 5/15/18 at 5:13 PM revealed the kitchen staff used the "grey scoop" to identify correct portion size and the facility would need to work with the dietitian to to identify appropriate serving sizes. Further, he revealed items in the freezer should be labeled with a use by date and they should not be kept longer than a week.	S5075		

Showboat Retirement Center ALF 013
May 15, 2018 Survey - - Plan of Correction **update 7.5.18**

Tag #	Plan of Correction	Completion Date
S5010 Personnel and Staffing Requirements	The facility will ensure it has complete personnel files for all Showboat employees. This will be accomplished by: • The Administrator and manager will review all personnel files to ensure they are complete and include all necessary documents. • The following areas will be corrected: I9 form will be completed for: CNA #1 CNA #2 Dietary Aid #1 • The Manager will create an Employee Check List to be placed at the front of every personnel file to ensure all necessary documents are in each file. • The Administrator will conduct a quarterly review of files including the new Employee Check List to ensure files are in compliance. This will be monitored in our Quarterly Quality Assurance Management Meeting.	6.25.18
S5054 ALF Core Services Records and Reports	The facility will ensure accidents, injuries, abuse and incidents are documented in the Incident Report Notebook and resident progress notes and will be reported to the Licensing Division and to the Ombudsman, referring to residents #2, #3, #7, #35. This will be accomplished by: • The facility will use the Incident Report form to report all incidents, injuries, falls, trips to ER that affect the health, welfare and safety of our residents. These will be filed in our Incident Report Notebook and in the resident progress notes. • The RN and Manager will conduct an In-service to all staff to include accidents injuries and incidents and the reporting process and procedures. • The Administrator will conduct a quarterly review of Incident Report Notebook and progress notes to ensure all incidents are reported and followed up on. • The RN will work with Licensing Division for training on how to use the online Incident Report system and will begin online reporting of incidents. • Abuse/altercation allegation of resident #35 and visitor staying with resident #13. Investigation conducted. • All resident files will be audited and reviewed to identify if any residents have had any accidents, injuries, abuse or incidents in the last 30 days. If any resident is identified, appropriate policy will be documented and followed up on.	6.25.18

7-9-18 Spoke with Stephen Owen & accepted the POC
10:30 AM
Colleen Hogan RN

	Showboat Retirement Center ALF 013 **May 15, 2018 Survey - - Plan of Correction Page 2**	
S5064 Procedure ALF Core Services Grievance	The facility will ensure resident grievances/complaints are reported immediately to management and documented in the Resident Grievance Notebook, referring to residents #5, 1, #13. This will be accomplished by: • The facility will use the resident grievance form to document all resident grievances/complaints reported to staff. These will be filed in our Grievance/Complaint Notebook. • The Manager will conduct an In-service with staff to review the Showboat resident grievance/complaint reporting process and procedures. All grievances must be reported to management. • When appropriate, the Manager will contact the Ombudsman to be involved in a grievance or complaint if needed or requested by resident. • The Quality Assurance Team will conduct a quarterly review of resident grievances/complaints are reported and charted in resident grievance notebook. • All resident files will be audited and reviewed to identify if any residents have had any accidents, injuries, abuse or incidents in the last 30 days. If any resident is identified, appropriate policy will be documented and followed up on.	6.25.18
S5069 ALF Core Services Adult Protection	The facility will ensure resident complaints/allegations of verbal, physical, mental or sexual abuse are reported immediately to management and documented in the Resident Grievance/Complaint Notebook. Management will then report the complaints/allegations to the complaint/grievance to the OHLS Incident System. This will be accomplished by: • The facility will use the resident abuse form to document all resident complaints/allegations of verbal, physical, mental or sexual abuse reported to staff. These will be filed in our Abuse Notebook. • The Manager will conduct an In-service with staff to review the Showboat complaint/allegation of verbal, physical, mental or sexual abuse reporting process and procedures. All complaints/allegations must be reported to management immediately. • When appropriate, the Manager will contact the Ombudsman or local law enforcement to be involved in a complaint/allegation of verbal, physical, mental or sexual abuse if needed or requested by resident. • The Quality Assurance Team will conduct a quarterly review of resident grievances/complaints are reported and charted to ensure proper follow up. • All resident files will be audited and reviewed to identify if any residents have had any accidents, injuries, abuse or incidents in the last 30 days. If any resident is identified, appropriate policy will be documented and followed up on. Abuse/altercation allegation of resident #35 and visitor staying with resident #13. Investigation conducted.	6.25.18

	Showboat Retirement Center ALF 013 **May 15, 2018 Survey - - Plan of Correction Page 3**	
S5070 ALF Core Services Adult Protection	The facility will ensure resident complaints/allegations of verbal, physical, mental or sexual abuse are reported immediately to management and documented in the Resident Grievance/Complaint Notebook. Management will then report allegations to OHLS Incident System. This will be accomplished by: • The facility will use the resident abuse form to document all resident complaints/allegations of verbal, physical, mental or sexual abuse reported to staff. These will be filed in our Abuse Notebook. • The Manager will conduct an In-service with staff to review the Showboat complaint/allegation of verbal, physical, mental or sexual abuse reporting process and procedures. All complaints/allegations must be reported to management immediately. • When appropriate, the Manager will contact the Ombudsman or local law enforcement to be involved in a complaint/allegation of verbal, physical, mental or sexual abuse if needed or requested by resident. • The Quality Assurance Team will conduct a quarterly review of grievances/ complaints reported and follow up on and document. • All resident files will be audited and reviewed to identify if any residents have had any accidents, injuries, abuse or incidents in the last 30 days. If any resident is identified, appropriate policy will be documented and followed up on. Abuse/altercation allegation of resident #35 and visitor staying with resident #13. Investigation conducted.	6.25.18
S5073 ALF Core Services Food Service and Nutrition	The facility will ensure that there is an "organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared and served in a manner that is safe, wholesome and sanitary." A. The Manager will conduct an In-service with staff to review dietary policies and procedures for storage of food in refrigerators and freezers. B. The Dietary Manager will ensure that procedures are followed for defrosting food with separate containers used for poultry, beef, etc. This will be monitored and recorded weekly. C. The Dietary Manager will ensure that all foods in a freezer or refrigerator are stored properly and are dated with the "use by" date rather than the date put in the freezer/refrigerator. This will be monitored and recorded weekly. D. The Dietary Manager will ensure that the facility does not offer fried eggs to residents, as we are not able to obtain a temperature. Only hard fried eggs, baked and scrambled eggs will be served. E. The Dietary manager will ensure that staff report to management issues or concerns related to food and dietary services to the Dietary Manager. This will be agenda item for all June In-Service Meetings for staff. This relates to concerns from Residents #13, #5#11. F. Dietary issues such as menus, food storage and portion control will be reviewed at the Quarterly Quality Assurance Management Meeting.	7.2.18

	Showboat Retirement Center ALF 013 **May 15, 2018 Survey - - Plan of Correction Page 4**	
S5075 ALF Core Services Food Service and Nutrition	The facility will ensure that there is an "organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared and served in a manner that is safe, wholesome and sanitary." • The Manager will conduct an In-service with staff to review use of and compliance with menus, portion sizes and general dietary procedures. • The Dietary Manager will ensure use of a 5 Week Menu System from SYCO is used and followed for all meals. This menu cycle includes menus and nutritional values for each meal. • The Dietary Manager will ensure that food prepared is nutritionally adequate in accordance with the Dietary Reference Intakes (DRI) for adults. • The Dietary Manager will conduct routine kitchen/dining room observances (weekly) to ensure we are in compliance. • The Dietary Manager will work with our Registered Dietician on meals specifically requested by the Resident Council that are not included in the 5 week cycle. Menu's will include nutritional values and portion sizes and will be produced in a typed, professional format. • The Dietary manager will ensure that staff report to management issues or concerns related to food and dietary services to the Dietary Manager. This will be agenda item for all June In-Service Meetings for staff. This relates to concerns from Residents #13, #5#11. and CNA #1. • Dietary issues such as menus. food storage and portion control will be reviewed at the Quarterly Quality Assurance Management Meeting.	7.2.18