STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: _____ B. WING _____	07/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING FACILITY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 7/18/18 through 7/19/18.	S 000		
S5006	Ch 12 Sec 6 (c) Personnel and Staffing Requirements (c) Background checks. All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact. This State Rule and Regulation is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure DCI background checks were completed for 3 of 3 employees (certified nurse aide (CNA) #1, CNA #2, Aide #1) reviewed. The findings were: 1. Review of personnel files for the following employees revealed no evidence of DCI background checks: a. Aide #1, hired 6/2/18. b. CNA #1, hired 6/26/17. c. CNA #2, hired 6/25/18.	S5006		

8/24/18 Accepted POC, talked with manager

RECEIVED
AUG 27 2018
Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5006	Continued From page 1 2. During an interview on 7/18/18 at 5:40 PM the owner and the manager both confirmed there were no DCI background checks completed. The manager stated she thought the DFS central registry screening was all that was required.	S5006		
S5008	Ch 12 Sec 6 (d)(ii)(A-F) Personnel and Staffing Requirements (d) Infection Control. Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These shall not be limited to: (ii) Tuberculin Testing. (A) Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. (B) Employees having known positive skin tests shall provide a certificate of noninfectiousness, recommendations, if any, for treatment, and evidence they have complied with such recommendations. (C) Individuals provide documentation of negative skin test administered within the last twelve (12) months do not require a follow-up (D) Individuals who have not had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the	S5008		

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S5008	Continued From page 2 results of the second skin test. (I) A negative reaction requires no follow-up. (II) A positive reaction (10mm in duration suing 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow up shall comply with the recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required. (F) No person with an airborne, contagious or infectious disease shall be employed until a work release is obtained. (I) The facility shall prohibit employees with a communicable disease or infected skin lesions from direct contact with residents and their food, if direct contact will transmit a disease. (II) The facility shall require staff to follow universal precautions when performing direct resident care. This State Rule and Regulation is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure tuberculin testing was done for 2 of 3 employees (Aide #1, CNA #2) reviewed. The findings were: 1. Review of personnel files for the following employees showed no evidence of tuberculin	S5008		

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S5008	Continued From page 3 testing: a. Aide #1, hired 6/2/18. b. CNA #2, hired 6/25/18. 2. During an interview on 7/18/18 at 5:40 PM the manager confirmed there was no evidence of tuberculin testing for the two employees.	S5008		
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; (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	S5010		

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S5010	Continued From page 4 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 review of personnel files, facility schedules, and staff interview, the facility failed to maintain a record for 1 of 3 employees (CNA #2) reviewed. The findings were: 1. Review of personnel files showed no file for CNA #2, hired on 6/25/18. Review of the schedule for June 2018 showed CNA #2 started working on 6/25/18. 2. During an interview on 7/18/18 at 4 PM the manager stated she did not have a file with the required items for CNA #2.	S5010		
S5074	Ch 12 Sec 7 (j)(iii)(A) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (iii) Food service supervision: (A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified	S5074		

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S5074	Continued From page 5 Dietary Manager. This State Rule and Regulation is not met as evidenced by: Based on staff interview, the facility failed to ensure the day to day responsibilities of dietary services were assigned to an employee who was a certified dietary manager (CDM) or the equivalent. The findings were: During an interview on 7/18/18 at 5:40 PM the owner and the manager both stated the facility did not have an employee who was a CDM or the equivalent. The owner stated some staff had enrolled in the CDM online course in the past, but had dropped out. Further, did not have any employees enrolled in the course at the time of the survey.	S5074		
S5085	Ch 12 Sec 7 (k)(iv)(A-F) Assisted Living Facility (ALF) Core Servicse (k) Transfer and Discharge. (iv) Residents transferred to another health care facility shall be given written transfer/discharge notice which includes: (A) The name of the resident; (B) The reason for the transfer/discharge; (C) The effective date of the transfer/discharge; (D) The location to which resident is transferred/discharged; (E) The name, address, and telephone	S5085		

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S5085	Continued From page 6 number of the Ombudsman; and (F) A listing of all outside contracted services. This State Rule and Regulation is not met as evidenced by: Based on review of resident records and staff interview, the facility failed to provide a written transfer/discharge notice for 2 of 2 residents (#4, #5) reviewed who were transferred to another healthcare facility. The findings were: 1. Review of the resident record for resident #4 revealed s/he was discharged to another healthcare facility on 5/24/18. There was no evidence a written transfer/discharge notice was provided to the resident. 2. Review of the resident record for resident #5 revealed s/he was discharged to another healthcare facility on 3/24/18. There was evidence a written transfer/discharge notice was provided to the resident. 3. During an interview on 7/18/18 at 3:30 PM the manager confirmed both residents were transferred to other healthcare facilities to receive a higher level of care. She further stated there were no written notices given.	S5085		

Tender Heart Assisted Living Facility
Date of Survey: 07/19/2018

Tag# S5006

The facility will ensure that all staff at the assisted living facility shall successfully complete the DCI fingerprint background check and DFS Central Registry screening, prior to direct resident contact.

All current employees, including Aide #1, CNA #1, CNA#2, at the facility will have completed the DCI background check by 07/27/2018. Once the facility receives the paperwork validating no records found, the information will be filed at the facility in the employee file.

In order to ensure compliance, prior to employment the facility manager will have all staff complete the DCI fingerprint background check. Once the paperwork is received back with satisfactory results the result paperwork from the DDCI background checks and Central Registry will be maintained within the employee file at the facility.

The Manager will monitor and audit the files regularly for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

09/02/2018

Tender Heart Assisted Living Facility
Date of Survey: 07/19/2018

Tag# S5008

The facility will ensure that all staff at the assisted living facility have completed the Tuberculin Testing requirements upon hire and annually thereafter.

All current employees, including Aide #1 and CNA#2, at the facility have completed the tuberculin testing by 07/27/2018. The information will be filed at the facility in the employee file.

In order to ensure compliance, following employment the facility manager will set up staff to complete the tuberculin testing requirements on the date of hire and annually thereafter. The Tuberculin testing documentation will be maintained within the employee file at the facility.

The Manager will monitor and audit the files monthly for compliance to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

08/01/2018

Tender Heart Assisted Living Facility
Date of Survey: 07/19/2018

Tag# S5010

The facility will ensure that all staff at the assisted living facility have a complete and accurate personnel file completed at the time of hire.

All current employees, including CNA#2, at the facility have a completed personnel file incorporating all elements as of 08/01/2018.

In order to ensure compliance, following employment, the facility manager will set up personnel files with the required elements accessible at the facility.

The Administrator will monitor and audit the files monthly for compliance to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

08/01/2018

Tender Heart Assisted Living Facility
Date of Survey: 07/19/2018

Tag#S5074

The facility will ensure that the day to day responsibilities of dietary services are assigned to an employee who has the equivalent of a CDM.

Employee will be hired that meets the equivalent of a CDM for day to day responsibilities of dietary services. The dietary services manager will begin employment on 09/14/18.

In addition, the administrator will enroll in the CDM online course before 09/02/18. This will allow completion within one year to ensure that the facility maintains a CDM regardless of employee turnover.

The manager will monitor and audit the files monthly for compliance to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

09/02/2018

Tender Heart Assisted Living Facility
Date of Survey: 07/19/2018

Tag#S5085

The facility will ensure that all residents that transfer or discharge will receive a copy of the notice provided to the accepting facility that includes all required elements.

Copies of the notice given to the resident and accepting/transferring facility will be maintained within the resident file at the facility.

The manager will monitor and audit the files monthly for compliance to ensure all required paperwork is present for discharged/transferred residents.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

09/02/2018