Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	C 10/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1960 SOUTH BEVERLY STREET CASPER, WY 82601

(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 complaint investigation was conducted by Office of Healthcare Licensing and Surveys on 10/9/18. The survey was prompted by complaint intake LIC-19-003.	S 000		
S5100	Ch. 12 Sec 8 (a)(vi) Services Which Cannot Be Provided By Level I Services which cannot be provided by the Level I Assisted Living Facility staff: (a) The following services cannot be provided: (vi) Care of resident whose wandering jeopardizes the health and safety of the resident; This State Rule and Regulation is not met as evidenced by: Based on resident record review, incident investigation notes, and staff interview the facility failed to ensure 1 of 1 residents (#1) with a known elopement was provided effective safety interventions. The findings were:	S5100		
	Review of the resident record face sheet showed resident #1 was admitted on 7/20/18 with diagnoses which included dementia and hearing loss. Review of nursing assessments dated 9/19/18 and 10/5/18 showed the resident			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 11-2-18

Accepted with changes added per phone call with Mercedes ED on 11/5/18 [signature] DOC 11/6/18

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S5100	Continued From page 1 wandered frequently and indiscriminately. Further review showed the resident was exit-seeking and at high risk for elopement, and interventions were required. The following concerns were identified: a. Review of the nurse's notes dated 9/8/18 showed the staff discovered the resident was not in his/her room on 9/7/18 at 7:30 PM. Further review showed the resident was found at a nearby apartment complex, was brought back to the facility, and was monitored every 15 minutes. Review of the incident and investigation report dated 9/7/18 showed the resident wanted to see the mountains better. b. Review of the nurse's notes dated 9/28/18 showed "On 9/26/18 the resident was noted not to be in the facility and was found two blocks from the facility and was waiting for the granddaughter." Review of the incident and investigation report dated 9/26/18 showed the resident was not in the building and was found 2 blocks away. c. Interview with the administrator on 10/9/18 at 10:52 AM confirmed the resident had 2 elopements and required frequent monitoring. She further stated the physician prescribed risperidone, an antipsychotic which seemed to calm the resident down, but staff continued with alert charting. She also stated she talked with the family about placing the resident on a memory care unit, and the resident was on a waiting list for a nursing home in town.	S5100		

GARDEN SQUARE
ASSISTED LIVING OF CASPER
1950 South Beverly Street • Casper, Wyoming 82601
Tele. (307) 472-1153 • Fax (307) 472-1123

CJR Change made per call with Brenda on 11/5/18 @ 10:18 am

This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies. This plan of correction is being submitted as required by the regulation. The Administrator will ensure all corrective action in the following Plan of Correction has been completed.

S5100 – Chapter 12 Sec 8 (a)(vi) Services which cannot be provided by a level I Assisted Living Facility Staff

(i) Who is responsible for the correction?

The Administrator and Health Services Director are responsible for all corrective actions related to S5100.

(ii) What was done to correct the problem? resident #1 has moved 10/28/18 to level II ALF. Q 15 min checks are implemented OR use of 1:1 provided by family OR activity staff.

Resident #1 was given a 30 day written move out notice by facility on October 9th, 2018 to find higher level of care placement in a level II Assisted Living community. An in-service related to policy, protocol and Chapter 12, Section 8 including appropriate retention criteria for level 1 licensing was reviewed by the Administrator and the Health Services Director.

(iii) Who will monitor to ensure that the situation does not reoccur?

The Administrator and the Health Services Director will review all resident change of conditions, including cognitive decline and wandering, during their scheduled clinical meetings. Once a care need has been identified as at risk of being outside the scope for level 1 licensing, the Health Services Director will assess for immediate safety interventions pending transfer to a higher level of care. Results will be reported to the Administrator and discussed during QA meetings.

(iv) An appropriate date, not to exceed sixty (60) days after:

This will be completed by 11.23.18 ✓