FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9019	A. BUILDING: _____ B. WING _____	R 10/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN LODGE LLC	1110 BIRCH STREET DOUGLAS, WY 82633

(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 revisit survey was conducted on 10/24/18 by Healthcare Licensing and Surveys.	{S 000}	**S5022: ALF CORE SERVICES** 1. The facility will ensure an initial nursing assessment is completed by an RN on admission. 2. Mountain Lodge will ensure that the staff/contracted RN will conduct initial and at a minimum annually, an accurate standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. 3. An initial nursing assessment will be completed by an RN for residents #2, #5, #7, and #8. 4. All residents will have an initial nursing assessment conducted by an RN at admission. 5. The Administrator or designee will educate nursing staff on the importance of an initial nursing assessment conducted by an RN at admission.	11/17/18
{S5022}	Ch 12 Sec 7 (b)(iii)(A-B) 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. (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical status;	{S5022}		

agreed upon change with Brooke Burchfield

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE 11/15/18

STATE FORM 6899 7JUW13 If continuation sheet, 1 of 2

This plan of correction was accepted with the agreed upon changes on 11/16/18. Brooke Burchfield was contacted and the agreed upon changes were made at 8:22 AM.

Jam Yenni MT(ASCP)

Healthcare Licensing and Surveys

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{S5022}	Continued From page 1 (III) Sensory and physical impairments; (IV) Nutritional status and requirements; (V) Special treatments and/or procedures; (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate. 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 ability to self-medicate was assessed for 4 of 4 sample residents (#2, #5, #7, #8) who self-medicated. The findings were: Review of the nursing assessments completed on residents #2, #5, #7, #8 showed no evidence the resident's ability to self-medicate had been assessed. Interview with the administrator on 10/24/18 at 2:17 PM confirmed a self-medication safety assessment had not been completed.	{S5022}	6. An audit of new admissions will be done to ensure that the initial nursing assessment is done and conducted by an RN at admission. The results of the audit will be brought to QAPI until resolved. 7. The facility will ensure a Self-Administration of Medications Evaluation Form will be completed by an RN on admission on all new residents. 8. Mountain Lodge will ensure that the staff/contracted RN will conduct initial and at a minimum annually an evaluation of each resident's ability to self-administer medications. all residents. 9. An audit of ~~new admissions~~ will be done to ensure that the self-administration of medications evaluation of resident's ability is done and conducted by an RN ~~at admission~~. The results of the audit will be brought to QAPI until resolved. 10. The administrator or designee will educate nursing staff on the importance of a self-administration of medications evaluation of resident's ability to self-administer medications by an RN on admission. 11. An initial self-administration evaluation form will be completed by an RN for residents #2, #5, #7, and #8.	

Agreed upon change with Brooke Burchfield. JY

JY