PRINTED: 05/07/2019
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
	ALF021	A. BUILDING: _____ B. WING _____	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING PIONEER HOME	141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443

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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 4/8/19 through 4/9/19.	S 000		
S5076	Ch 12 Sec 7 (j)(v) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (v) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of the Food Code published by the U.S. Public Health Service, Food and Drug Administration. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure proper hand hygiene and food storage during 1 of 1 food service/kitchen observations. The findings were: 1. Observation on 4/8/19 at 5 10 PM showed dietary aide #1 and cook #1 were preparing to serve the evening meal. At 5:30 PM the two took food out into the dining room for the service. The cook washed her hands and put on disposable gloves. The dietary aide was already wearing gloves. During the process the dietary aide touched tables, chairs, and walls and did not	S5076	ID PREFIX TAG S5076 Ch 12 Sec 7 (j) (V) Assisted Living Facility (ALF) Core Services The Wyoming Pioneer Home will ensure that individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of Food Code published by the U. S. Public Health Service, Food and Drug Administration. The Standard Operating Procedure addressing, Proper Hand Hygiene (Glove use policy for dietary) has been revised on April 12, 2019. On April 27, 2019 all dietary staff was educated and in-serviced on the new policy. A monitoring tool has been developed	4/27/19 - A

Over

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S5076	Continued From page 1 perform any hand hygiene. The aide continued in his tasks of providing food and drinks to various residents. 2. Observation on 4/8/19 at 5:30 PM showed items in the refrigerator near the front production area which were expired. These included: a. A container labeled "Tartar Sauce 2/25" b. A container labeled "Spiced Apple rings 3-9" c. A container labeled "Black Olives 3/9" d. A container labeled "3/26 Ranch Dressing" 3. Interview with the dietary manager on 4/9/19 at 8:36 AM verified the tartar sauce and the ranch dressing were made at the facility and the dates on the labels were the dates the products were made or opened. The olives and apples had been opened from cans and placed into the containers. The manager stated there was no written policy related to expiration of food items once opened or made. However, the expectation was to keep left-over foods for no more than 3 days. The manager also confirmed the expectation was to remove gloves and wash hands if they became contaminated. She stated the staff had a training most recently on this topic on 11/21/18. 4. According to Food Code 2017, U.S. Public Health Service 2-301.14 "FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms ...(H) Before donning gloves to initiate a task that involves working with	S5076	that will be used to monitor the staff's compliance to proper hand Hygiene (Glove use policy for dietary). Monitoring will be performed daily, five days a week for three meals a day by a Supervisor for two weeks or until compliance is attained. Ongoing monitoring will be performed two times a week for two meals a day for two months. Random audits will be performed for six months to assure compliance is maintained. The Dietary Manager will ensure that the monitoring is done and that all staff follow the policy. The Dietary Manager will report to the QA Team and Administrator. The Standard Operating Procedure addressing, Food Storage (Leftover Food Usage) has been revised on April 12, 2019. On April 27, 2019 all dietary staff were educated and in-serviced on the new policy. A monitoring tool has been developed that will be used to monitor the staff's compliance to proper food storage (Leftover Food Usage). Monitoring will be performed daily, five days a week for 2 weeks by the Dietary manager or	

6/25/19- This POC accepted by/review Sharon Skiva, Manager and Tony Madden, State Health Surveyor.

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S5076	Continued From page 2 FOOD; and (l) After engaging in other activities that contaminate the hands." 5. According to Food Code 2017, U.S. Public Health Service: 3-501.17 "(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (D) and (E) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days."	S5076	until compliance is attained. Ongoing monitoring will be performed two times a week for two months. Random audits will be performed for six months to assure compliance is ongoing. The Dietary Manager will ensure that the monitoring is done and that all staff follow the policy. The Dietary Manager will report to the QA Team and Administrator.	
S5089	Ch 12 Sec 7 (m)(i)(A-R) Assisted Living Facility (ALF) Core Services (m) Facility Policies and Procedures. (i) Management shall develop policies and procedures that are available to residents and staff, including but not limited to: (A) Resident rights; (B) Disciplinary procedures surrounding substantiated cases of resident abuse; (C) Admission, transfer, bed hold days, and discharge of residents; (D) Medication management; (E) Emergency are of residents (including	S5089	ID PREFIX TAG S5089 Ch 12 Sec 7 (m) (i) (A-R) Assisted Living Facility (ALF) Core Services. CONTROLLED MEDICATIONS The Wyoming Pioneer Home RN/LPN Licensed Nursing Staff will insure all refused, contaminated or held (unused) doses of controlled medications that were removed by licensed (RN, LPN) nursing staff from the corresponding resident's prescription bottle for administration, shall not under any circumstances be returned to the residents original prescription bottle.	

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S5089	Continued From page 3 missing resident, blizzard, water outage, etc.) (F) Fire/disaster plan; (G) Departure and return; (H) Smoking; (I) Visiting hours; (J) Activities; (K) Management of resident trust accounts; (L) Personnel policies (M) Grievance procedures; (N) Per Diem rate/charges/fees, to include a listing of what is included in the established charges; (O) Incident reports; (P) Notification of change in established per diem rates/charges/fees; (Q) Outside contractual responsibilities; and (R) Identification and notification of change in resident's condition. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and review of facility policies, the facility failed to develop a policy for medication management that adhered	S5089	1. The Standard Operating Procedure addressing, "Medication Administration- Nursing Services Medication Section" was updated on 4-9-19 adding to the Controlled drug section; "If the controlled drug was not needed, the medication must be destroyed via Sharps container with two licensed staff witnesses and documented as "wasted" on corresponding controlled drug count sheet". 2. All RN/LPN Licensed Nursing Staff have been educated and in-serviced regarding proper disposal of unused doses of controlled medication (after removal from prescription bottle) by Nurse Manager. 3. To monitor ongoing compliance the Nurse Manager will perform audits of the controlled drug count sheet monthly and as needed to insure controlled medications that are wasted are being properly disposed of and documented. The Nurse Manager will report to the QA team and Administrator.	4/9/19

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S5089	Continued From page 4 to professional standards of practice to prevent medication contamination, and prevent the diversion of controlled medications. The findings were: Interview with medication RN #1 on 4/8/19 at 5:30 PM revealed resident medications for the next day were placed into individual pill caddies, labeled, and locked in the medication cart. The caddies would then be provided to facility residents in the morning. The nurse stated medications that were refused by a resident or not administered for some other reason were returned to the stock bottles to be used later. Interview and observation with medication RN #2 on 4/9/19 at 8:23 AM confirmed resident medications were placed into pill caddies in preparation for the next day. It was also confirmed medications that were not used were returned to stock bottles for reuse. Review of the facility policy "Medication Administration Nursing Services Medication Section" with a reviewed/revised date of 4/26/12 showed " ...Controlled Drugs ...Upon authorization of the Nurse Manager, a resident may keep a controlled drug (i.e. schedule IV drugs) one extra pill for during the night, if the resident is alert and responsible. If the controlled drug was not needed, the medication can be returned to the bottle and recycled." Review of A. G. Perry, P. A. Potter, and W. Ostendorf, Nursing interventions & clinical skills. St. Louis, MO: Elsevier, 2016, showed the following: a. Under "Preparation for Safe Medication Administration" (page 549): "	S5089	ID PREFIX TAG S5089 Ch 12 Sec 7 (m) (i) (A-R) Assisted Living Facility (ALF) Core Services. ROUTINE MEDICATIONS The Wyoming Pioneer Home RN/LPN Licensed Nursing Staff will insure all refused, contaminated or held (unused) doses of medications that were removed by licensed (RN, LPN) nursing staff from the corresponding resident's prescription bottle for administration, shall not under any circumstances, be returned to the residents original prescription bottle. 1. The Standard Operating Procedure addressing, "Medication Administration- Nursing Services Medication Section" was updated on 4-9-19 stating if a medication is refused, contaminated or held (unused) under no circumstances will the dose of medication be returned to the resident's prescription bottle and that dose will be destroyed by the licensed nurse via Sharps container. 2. All RN/LPN Licensed Nursing Staff have been educated and in-servived	

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S5089	Continued From page 5 ...Respect the resident ' s right to refuse medication. If the medication wrapper is intact, the medication may be returned to the patient ' s storage bin ..." b. Under "Storage and Accountability for Controlled Substances" (page 551): "...If any part of a dose of a controlled substance is discarded, a second nurse witnesses disposal of the unused portion, and the record is signed by both nurses ..."	S5089	regarding proper disposal of unused doses of medications (after removal from prescription bottle) by Nurse Manager. 3. To monitor ongoing compliance the Nurse Manager will perform audits of the Medication Administration Record monthly and as needed to insure unused medications are wasted. The Nurse Manager will report to the QA team and Administrator.	

6/29/19