STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 survey was conducted by Healthcare Licensing and Surveys on 9/11/19. The survey was prompted by complaint intakes LIC-19-030 and LIC-19-031. Common abbreviations: DON: Director of Nursing RN: Registered Nurse	S 000		
S5053	Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services (d) Medications. (v) Medication Administration (A) An RN shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act, and the Wyoming Board of Nursing Rules and Regulations. This State Rule and Regulation is not met as evidenced by: Based on observation, resident record review, staff interview, and review of facility policy and procedure, the facility failed to ensure qualified staff administered medications for 1 of 6 sample	S5053		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Clinical Services Director 10/29/19.

ATE FORM ENVO11 If continuation sheet 1 of 3

Executive Director 10/29/19

Accepted on 10/29/19 faxed w/ Kaitlyn Loader Ross POC 9/13/1

Oct 29 2019 02:39PM HP Fax

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5053	Continued From page 1 residents (# 6). The findings were: Review of the 7/5/19 care plan for resident #6 showed the resident had diagnoses that included diabetes mellitus 2, esophageal reflux, and syncope. Review of the 7/9/19 resident care plan showed the resident received a pureed diet to prevent vomiting, and private care to puree the food for every meal. Review of the physician order dated 5/9/17 showed diagnoses of difficulty swallowing and choking. Review of the ALF-102 dated 7/5/19 showed for medication administration: "Spring Wind staff manage, give to private caregiver for admin [administration]." Review of the outside healthcare agency service acknowledgement form dated 8/2/17 showed "3 [times] a day per meal for 60 [minutes], services provided was assistance [with] meal prep, and assistance eating. Review of the September caregiver notes showed resident medications were mixed into his/her food by the caregiver. The following concerns were identified: a. Observation on 9/11/19 at 12:17 PM in the dining room showed the resident's private caregiver was carrying a medication cup with crushed medications in it. Further observation showed the caregiver gave the medication to the resident with apple sauce. During an interview with RN #1 at that time, the RN stated it was okay for the caregiver to give the medication. b. Review of the September 2019 medication administration record showed the resident received 2 Tylenol 325 milligram tablets at noon. c. Interview with the DON on 9/11/19 at 4:15 PM revealed she understood the concern with the caregiver administrating the medications, and would have the nurses start giving the medications to the resident. d. Review of the policy and procedure "Medication administration Policy" dated	S5053		

Healthcare Licensing and Surveys

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S5053	Continued From page 2 September 2018 showed ..."9. A Registered Nurse must observe, evaluate and document a medication pass conducted by licensed and unlicensed staff members in the Community who have been assigned the delegated task of medication administration..."	S5053		

Spring Wind Assisted Living and Memory Care
Provider Identification Number
Date Survey Completed
Amended Plan of Correction for Prefix Tag S5053

10/24/2019

On 9/11/19 at 1845- MAR was updated for resident #6 to reflect that all medications are to be given to resident by the Spring Wind RN/LPN rather than giving the medications to the private caregiver to administer to resident. Attached Documentation of discontinuation of this instruction are attached. Going forward, all medications will be given by Spring Wind RN/LPN. Family members and POA were informed of this change as well as private caregivers. Care Plan updated to reflect this change. Care plan will be signed with POA when she is in town next. Private caregivers will continue to assist with meals and ADLs for resident #6 as before.

- Per Edgewood policy- a Registered Nurse must observe, evaluate and document a medication pass conducted by licensed and unlicensed staff members in the Community who have been assigned the delegated task of medication administration.

- Education was provided verbally to all nurses regarding this change at shift report on 9/11/19, 9/12/19 and 9/13/19 by Clinical Services Director, Jessica Stalder. (This has been completed).

    - Date of compliance 9/13/2019

- Audits of medication administration for resident #6 will be conducted weekly by Clinical Services Director, Jessica Stalder for 6 weeks.
  After 6 weeks, medication administration audits for resident # 6 will be conducted monthly for 6 months. (5 weeks of audits have been completed and documentation attached)
  Results of these audits will be submitted to Edgewood Regional QA nurse at 3 and 6 months by Jessica Stalder.

Currently, we have no other residents who have private caregivers for meals where this would be applicable. If such a situation arises, medications will be given to the resident by Spring Wind RN/LPN and not the private caregiver.

Ron Schriner
Executive Director

Jessica Stalder, RN
Clinical Services Director

Accepted by Lori Ruess 10/29/19