PRINTED: 04/01/2020
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
	ALF008	A. BUILDING: _____ B. WING _____	C 03/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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 3/26/20. The survey was prompted by complaint intake LIC-20-022. Less commonly used abbreviations will be annotated in each deficiency.	S 000	The facility will ensure a safe and sanitary environment for residents and personnel, this will be accomplished by: A.) The facility will post new door signage on front doors, "DO NOT ENTER BUILDING CALL FACILITY FOR ASSISTANCE" to ensure no visitors enter facility that may present Covid 19 symptoms. All residents are at risk for illness. Executive Director and Activities Coordinator, having offices in the front entrance area will monitor effectiveness of signage daily through the Covid 19 outbreak. This daily monitor will be reported at the QA meetings. B.) The facility will ensure all communal dining ceases and all residents will receive room trays to eat in their apartments. All residents are at risk for illness. Dining Service Coordinator and Executive Director will monitor the process of in room dining daily through the Covid 19 outbreak. This daily monitor will be reported at the QA meetings. C.) The Clinical Service Director will provide education to all staff on offering and performing hand hygiene with residents and with an emphasis on utilizing proper hand washing techniques and using sanitizer. Clinical Service Director will also provide educational handout to residents #1 and #2 and all residents on proper hand hygiene. All residents are at risk for illness. The Clinical Service Director will continue to educate all staff and residents monthly through the Covid 19 outbreak. The monthly monitor will be reported at QA meetings. D.) The facility will ensure all group activities cease for all residents and activities staff to offer independent activity items and 1:1 visits in room. All residents are at risk for illness. Activities staff will continue to encourage residents and monitor against congregating in the common areas of the facility daily through the Covid 19 outbreak. The daily monitor will be reported at QA meetings.	04/10/20
S6007	Ch 12 Sec 6 (d)(i) 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: (i) Ensure a safe and sanitary environment for residents and personnel. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, review of COVID-19 guidance for assisted living facilities and review of Wyoming Department of Heath Infectious Disease Epidemiology Unit statistics, the facility failed to ensure infection prevention practices were implemented to ensure a safe environment for residents and personnel. The	S6007		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amy M Brinley — TITLE: Executive Director — (X6) DATE: 4/28/20

4/28/20 approved copy per I Cozad

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S6007	Continued From page 1 census was 75. The findings were: 1. Observation on 3/26/20 at 7:38 AM showed the facility did not have any staff monitoring the facility entrance to screen for symptoms of COVID-19. 2. Observation on 3/26/20 at 7:53 AM showed 19 residents were seated at tables in the dining room. Three tables had more than 1 resident at the table and 1 table near the windows in the back had 2 residents seated next to each other. 3. Observation on 3/26/20 at 8 AM showed 32 residents were seated in the dining room. Ten tables had more than 1 resident at the table. Three tables located in the back by the windows appeared very close and had 6 residents seated at the tables. 4. Observation 3/26/20 at 8:10 AM showed resident #1 and resident #2 were seated at a small table near the kitchen door. Resident #1 coughed into his/her hand and into a tissue. Three unidentified staff members passed the resident while s/he coughed, and no hand hygiene was performed or offered. Continued observation showed the residents were positioned in normal seating positions across from each other. 5. Observation on 3/26/20 at 8:10 AM showed 34 residents were seated at tables in the dining room. Thirteen tables had more than 1 resident at the table. At that time, staff were observed to pass trays to the 3 tables near the windows. The area remained crowded and staff appeared to have minimal room passing between the residents and tables in that area.	S6007	E.) Facility will ensure all outside medical service providers are screened for potential exposure to Covid-19. Symptom monitoring forms will be implemented for outside providers coming into community. Facility nurse will temp all outside providers that come to facility. All outside providers will be notified by Executive Director of screening process implementation. All residents are at risk for illness. Clinical Service Director will collect and monitor symptom monitoring forms weekly through the Covid 19 outbreak. The weekly monitor will be reported at QA meetings.	

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S6007	Continued From page 2 6. Interview with the administrator and clinical services director on 3/26/20 at 8:15 AM revealed the facility had received COVID-19 recommendations for assisted living facilities. Interview confirmed the facility had not discontinued communal dining and activities and did not have any specific individual monitoring the facility entrance to identify and screen all potential visitors. Interview revealed the facility had measured the dining room tables and positioned them in an attempt to ensure 6 feet of distance between residents during meals; however, it was revealed some residents did not follow the seating recommendations. Further interview revealed the smaller tables were 3 feet long and residents should be seated at the corners to ensure 6 feet of separation during meals. 7. Review of "COVID-19 in Wyoming: Additional Guidance for Assisted Living Facilities" dated 3/16/20 showed " ...All visitors and residents should enter through a designated entry to allow for screening. Staff, contract personnel, and residents should be screened for potential exposure to COVID-19, travel history, respiratory infection (fever, cough, shortness of breath, or sore throat). Staff and contract personnel should be checked for a temperature of 100° F or greater at the beginning of each shift. Residents should be monitored for symptoms of potential infection ...Tier II - Active COVID-19 cases have been identified in your facility's town/city or surrounding area - please contact your local Public Health Nursing Office for assistance in determining this geographical area. Communal dining should be avoided and residents should consume meals in their rooms. Group activities should be avoided." 8. Review of the Wyoming Department of Health Infectious Disease Epidemiology Unit COVID-19	S6007		

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S5007	Continued From page 3 map and statistics on 3/26/20 showed Laramie County had 14 laboratory confirmed cases of COVID-19, and 51 sample tests were pending.	S5007		