Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	C 08/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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 from 8/12/20 through 8/13/20. The survey was prompted by complaint intake LIC-20-028. In addition, a COVID-19 focused infection control survey was conducted. It was determined, based upon the findings of the survey team, that no deficiencies were identified related to infection control.	S 000	Please see attached.	
S5023	Ch 12 Sec 7 (b)(iv)(A-C) 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. (iv) Frequency of assessment. An assessment must be conducted: (A) No earlier than one (1) week prior to admission; (B) Immediately upon any significant change in the resident's mental or physical condition; or (C) No less than once every twelve (12)	S5023		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] RN BSN — TITLE: Nurse Manager — (X6) DATE: 9-2-2020

Accepted on 9/9/20 by Lori Ruess. DOC was added Per discussion w/ Jessi Davis on 9/9/20
DOC = 8/31/20 [signature]

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S5023	Continued From page 1 months. This State Rule and Regulation is not met as evidenced by: The REQUIREMENT is not met as evidenced by: Based on staff interview, medical record review, and review of the incident investigation, the facility failed to ensure assessments were done following a resident change for 1 of 1 sample residents (#1) with a report of assault. The findings were: 1. Review of the history and physical performed and dated 6/12/20 showed resident (#1) had diagnoses which included agent orange exposure, prostate cancer, and Alzheimer's dementia without behavioral disturbance. Further review showed on 7/10/20 the resident complained of being physically assaulted. The following concerns were identified: a. Review of the social services progress notes dated 7/10/20 through 7/15/20 showed the original complaint was presented on 7/10/20 and a second complaint of an assault which allegedly occurred on 7/2/20 or 7/3/20 and was reported on 7/13/20. b. Review of nursing notes from 7/9/20 through 7/15/20 showed no evidence the resident was assessed for physical injury. c. Review of the social services note dated 7/13/20 showed a psychiatric consultation was performed on 7/13/20 via telemed (an interview where physician and patient communicate through closed circuit television from different locations) with the resident's Veteran's Administration (VA) physician. There was no evidence the resident was assessed for physical injury during the consultation. d. Interview with RN #1 on 8/14/20 at 9:47 AM	S5023	Please see attached.	

RN-BSN Nurse manager 9-2-2020

Healthcare Licensing and Surveys

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S5023	Continued From page 2 revealed the facility did not obtain a physician examination or perform a nursing assessment following the allegation and the facility should have. e. Interview with social worker #1 on 8/14/20 at 10:31 AM revealed a physical assessment was not considered due to the time since the alleged occurrence. f. Review of the "Veterans' Home of Wyoming Policy Number: A - 4" with revision dated 6/19, showed "...A confidential investigation of alleged abuse or neglect must be initiated IMMEDIATELY... The Nurse Manager and/or Social Worker will immediately evaluate/assess the resident(s) and document findings on the Incident Report form and in the individual resident record..."	S5023	Please see attached	

DN - BSN
Nurse Manager
9-2-2020

Wyoming Department of Health

Aging Division
Veterans' Home of Wyoming
700 Veterans' Lane • Buffalo, WY 82834
(307) 684-5511 • Fax (307) 684-7636
www.health.wyo.gov

Michael A. Ceballos
Director

Mark Gordon
Governor

Survey Date:08/13/2020
Tag i.d: S5023

Plan of Correction for tag I.D. S5023

The facility will ensure proper reporting and assessments for any allegation of abuse and or neglect this will be accomplished by:

1.) For resident #1's safety he is not to be left alone with any staff member behind closed doors. If he needs to speak privately with a staff member a third person will be present in the room.

2.) 08/25/2020: All staff were educated on reporting abuse and neglect. Staff will monitor for changes in residents day to day behaviors. i.e.; skipping meals and or seclusion of self. Monitoring will be done daily by all staff members. Noted by missed meals in dining room by intake form as well as missed medication pass.

If a resident has been noted to be self-isolating or a change in normal behaviors, the resident will be referred to the Social worker for evaluation.

3.) 08/31/2020 Form abuse/neglect was created for reporting allegations of abuse or neglect. This form will ensure all proper steps have been followed by staff members.

To ensure proper care and procedures are adhered to when an allegation of abuse or neglect is reported the staff will use the abuse/neglect form. Located in the administration office or nursing station.

If an allegation is reported, the staff member will immediately notify the charge nurse. The charge nurse will assess the resident in private with a second staff member present.

The Charge nurse will imitate the abuse and neglect form, and send the resident to be evaluated by the local emergency room. If resident refuses to be evaluated by the emergency room the charge nurse will conduct a physical exam at this time and an appointment with the residents Primary care doctor will be scheduled for follow-up assessment.

The charge will notify the Nurse Manager and Superintend of the allegation and the OHLS incident report will be initiated within 24 hours of first reporting.

4.) To ensure allegations of abuse/neglect have been properly handled, the nurse manager will review the abuse/neglect forms daily until resolved. Daily review of allegations will be documented on the form. All documentation will be maintained in resident's medical chart.

A mandatory all staff in-service will be held annually and as needed on facility policies of reporting abuse/neglect.

5.) Allegations of abuse and neglect will be documented on the form titled "abuse/neglect" immediately. The nurse manger will complete a daily assessment of the resident until incident is resolved. Allegations will be followed up quarterly at the facility Quality and Assurance meeting.

6) Per interview with Jessi Dan's on 9/9/20 @ 10:05 AM date completed 9-2-2020 8/31/20

RN-BSN Nurse Manager