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Healthcare Licensing and Surveys
PRINTED: 12/22/2020
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
	ALF028	A. BUILDING: _____ B. WING _____	R-C 12/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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 from 12/2/20 through 12/10/20 for all previously cited deficiencies on 11/6/20. The following common abbreviations are used throughout this document: RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	{S 000}		
{S5007}	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, policy and procedure review, review of the Centers for Disease Control and Prevention	{S5007}		

revised 1/2/21 Kenyne Humphrey
This plan of correction was accepted on 1/4/21 with Kenyne Humphrey.
Jean Yennie NP (ASCP)

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{S5007}	Continued From page 1 recommendations, and review of the Wyoming Department of Health Guidance, the facility failed to ensure infection control practices were followed to prevent transmission of COVID-19 in 1 of 2 dining rooms (main dining room). The findings were: 1. Observation of the main dining room on 12/2/20 at 11:32 AM showed 9 residents were in the dining room. Four residents were seated at a rectangular table and were within arm's reach of each other. The residents were not wearing face masks. 2. During an observation of the main dining room on 12/2/20 at 11:35 AM, a nurse told residents the facility did not have any restrictions and the residents could sit anywhere. 3. Observation of the main dining room on 12/2/20 at 11:37 AM showed the dining room had 11 tables. Two tables had 3 residents, 2 tables had 4 residents, and 2 tables had 2 residents positioned within arm's reach of each other and who were not wearing face masks. 4. Observation of the main dining room on 12/2/20 at 12:07 PM showed 5 tables had 4 residents, 1 table with 3 residents, and 2 tables with 2 residents within arm's reach of each other and who were not wearing face masks. 5. Interview with the facility administrator on 12/10/20 at 12:23 PM revealed the facility was not having residents maintain 6 feet of social distancing because residents refused to social distance. 6. Review of the policy titled "COVID Policy" last revised on 11/25/20 showed "...Social distancing	{S5007}		

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{S5007}	Continued From page 2 will be encouraged through arrangement of furniture, smaller activity groups, and smaller dining groups..." 7. Review of the Centers for Disease Control and Prevention "Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities" last updated 5/29/20 showed "...Instead of communal dining, consider delivering meals to rooms, creating a "grab n' go" option for residents, or staggering mealtimes to accommodate social distancing while dining (e.g., a single person per table)...Remind residents to remain at least 6 feet apart from others when they are outside their room..." 8. Review of the Wyoming Department of Health (WDH) "Skilled Nursing and Assisted Living Guidance" dated 8/11/20 showed "...Continue to limit communal dining and requiring distancing of at least six (6) feet between residents in dining situations..."	{S5007}		

PLAN OF CORRECTION

Mountain Plaza Assisted Living
4154 Talon Drive
Casper, WY 82604

S5007 Chapter 12, Section 6

Deficiency 1: Failed to ensure infection control practices were followed – Six-foot social distancing at the dinner table was not followed.

Responsibility: Administrator, Dining Director, and Director of Nursing

Corrective Action: Dining room chairs were removed from the dining room to ensure appropriate distance between residents during communal dining.

Education: Employees reviewed and initialed a memo dated October 1, 2020 from the Wyoming Department of Health titled "Skilled Nursing and Assisted Living Facility Guidance." This memo covered the updated expectations pertaining to mitigating the spread of COVID-19 and keeping residents and staff members as safe as possible. The paragraph pertaining to communal dining was highlighted to ensure it wasn't missed.

Residents were educated individually, and emails sent to the POA/Guardians of those residents that were highly resistant.

Monitoring: The Administrator, Dining Director, and Director of Nursing will walk through dining rooms daily during meals to ensure distancing is occurring. The Verkada Security Camera System will also be utilized to observe distancing in the dining rooms when a manager is not in the building. Monitoring will continue until the State of Wyoming releases restrictions or allows communal dining two weeks after all residents and staff have been fully vaccinated.

Completion Date: 12/23/20

This plan of correction was accepted with ~~Kegy~~ JH Kenyna Humphrey on 1/4/2021.

Jean Yinnie MT(ASCP)