Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF026	A. BUILDING: _____ B. WING _____	C 02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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 licensure survey was conducted by Healthcare Licensing and Surveys from 2/10/21 to 2/11/21. Also reviewed in the course of the survey were complaint intakes LIC-20-01, LIC-20-15, and LIC-20-25. In addition, a COVID-19 focused infection control survey was conducted.	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, and review of policies and procedures and Wyoming Department of Health (WDH) guidance, the	S5007		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: EXECUTIVE DIRECTOR — (X6) DATE: 08MAR2021

STATE FORM 6899 18RH11

POC accepted 3/9/21. Message left for Jeff Smith, E.D., on 3/9/21 @ 3:41 pm.
DOC = 3/8/21
Janeece Cox

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S5007	Continued From page 1 facility failed to ensure social distancing of at least 6 feet between residents in the dining room to prevent transmission of COVID-19 during 2 of 2 meals observed. The findings were: 1. Observation in the dining room on 2/10/21 at 5:06 PM revealed most tables had only two residents seated at a table. However, there were three tables which contained more than two residents, and the residents were closer than 6 feet apart. The tables measured 3 feet by 5 feet. At one table, three residents were seated together (#12, #13, #14). Two other tables each contained four residents (#15, #18, #16, and #17 at one table; #19, #20, #21, and #22 at another table). 2. Observation in the dining room on 2/11/21 at 11:45 PM revealed three residents (#18, #21, #22) were seated at one table. The residents were closer than 6 feet apart. 3. During an interview on 2/11/21 at 1:15 PM the activities director stated she was aware some residents were not 6 feet apart when dining in the dining room. She stated some residents liked to dine together in groups. 4. Review of the facility's "The Encore Partners COVID-19 Policy" (undated) showed "...Social distancing will be encouraged through the arrangement of furniture, smaller activity groups, and smaller dining groups..." In addition, review of the facility's "Resident's Guide to COVID-19" (undated) showed "...Dining- Please maintain designated separation when dining together. Do not move the chairs closer to one another..." 5. Review of the WDH guidance for skilled nursing and assisted living facilities issued	S5007		

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S5007	Continued From page 2 10/1/20 showed "...Communal dining and activities may occur if physical distancing of at least 6 feet between each person, with the exception of spouses or roommates, can be maintained."	S5007		
S5020	Ch 12 Sec 7 (b)(i)(A) 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. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and/or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102; (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (II) The ALF 102 must be completed and signed by an RN. (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN.	S5020		

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S5020	Continued From page 3 (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This State Rule and Regulation is not met as evidenced by: . Based on medical record review and staff interview, the facility failed to ensure the ALF 102 was completed on admission, and then at least annually for 1 of 8 sample residents (#7) who were reviewed for assessments. The findings were: 1. Review of the medical record showed resident #7 had an ALF 102 dated 12/24/19. There lacked evidence an ALF 102 was completed since (more than a year later). During an interview on 2/11/21 at 10:37 AM certified nurse aide (CNA) #1, who identified herself as the assistant to the director of nursing, stated she was unable to locate an ALF 102 dated after 12/24/19.	S5020		
S5091	Ch 12 Sec 7 (n)(ii)(A-AA) Assisted Living Facility (ALF) Core Services (n) Furnishings, Buildings, Physical Plant. (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below: (A) All windows shall have drapes, curtains, shades or blinds to assurance privacy;	S5091		

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S5091	Continued From page 4 (B) Beds (if provided by the facility) shall be at least standard size in width (39"), and shall be equipped with comfortable, clean mattresses and pillows. Mattresses shall be professionally renovated or replaced as needed. Extra long beds shall be used to accommodate tall residents. Rollaway-type beds, cots, and folding beds shall not be used unless the resident brings these items from home for personal use; (I) Two residents may, by consent of both parties; or by approval of the appropriate responsible party, be permitted to use one bed no smaller than double size, and occupy a single-bed sleeping room. (C) Cabinet or bedside table; (D) Non-combustible wastebasket; (E) Chair; and (F) If common closets are utilized by two (2) or more residents, dividers shall be provided for separation of each resident's clothing. All closets shall be equipped with doors. Free-standing closets shall be deducted from the square footage in the sleeping room. (G) The size and arrangement of the residents' beds, furnishings, possessions or equipment shall allow the resident to gain fire emergency access to windows and doors, and access to toilet room. Multiple-bed rooms shall have at least three (3) feet between beds. (H) Residents shall be encouraged to bring personal items and furniture to their rooms,	S5091		

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S5091	Continued From page 5 (e.g., beds, chairs, and pictures); (I) There shall be at least one (1) bedside screen per double room available to provide resident privacy when needed; (J) There shall be an adequate supply of hot and cold water available at each lavatory, bathtub/shower, kitchen sink, dishwasher, and laundry equipment. Hot water for bathing, and resident handwashing, and laundry should be no hotter than one hundred and twenty (120°) degrees Fahrenheit. (K) All plumbing shall be maintained in good repair and according to the requirements of the Uniform Plumbing Code; (I) Private water systems shall be safe, potable, and have an adequate supply. Testing shall be done monthly and records of tests shall be retained at the facility. (II) Private water systems shall be tested and found safe and potable before Licensure is granted. (L) Fireplaces shall be securely screened and glassed in; (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings; (N) At least one primary grade level entrance to the building shall be freely accessible for wheelchairs; (O) Each resident shall have his individual comb, toothbrush, towels, and wash cloths; (P) Clean drinking glasses shall be available for the residents. Common drinking cups are prohibited; (Q) Bathrooms shall have soap and toilet	S5091		

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S5091	Continued From page 6 paper. The facility shall provide paper towels or a blow dryer for hands, or rack space adequate for each resident using the bathroom to hang his/her personal towel. Use of a common towel is prohibited. (R) Provisions shall be made for privacy in all bath and toilet rooms; (S) Automatic deodorizers or aerosol fresheners shall not be used except in bathrooms; and (T) Residents shall not use a common bar of soap. The facility shall provide either soap dispensers or individual bars of soap for each resident. (U) Housekeeping. (I) Housekeeping practices and procedures shall be employed to keep the home free from offensive odors, accumulations of dirt, and dust. (II) Floors shall be maintained and clean. (III) Polish of floors shall provide a non-slip finish. (IV) Throw or scatter rugs shall not be used. Non-slip mats may be used. (V) Covered containers with tight lids shall be used for garbage storage. (W) The facility shall be maintained free of insects and rodents. All windows shall be screened. All exit doors opening inward shall have a screen door. (X) Linens and laundry. (I) Laundry service for linen and residents' personal clothing shall be provided. The manager shall take measures to ensure that residents' clothing is not lost or misplaced while laundering. (II) All linen shall be bagged or placed in a hamper before being transported to the	S5091		

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S5091	Continued From page 7 laundry area. (III) Bed linen shall be changed as necessary but at least weekly. Additional blankets or pillows shall be provided. Rubber or water protective sheets shall be used if indicated. (IV) Two (2) complete changes of clean bed linen shall be on hand for each licensed bed. (1.) Torn, worn, or unclean bed linen shall not be used. (V) All bleaches, detergents, disinfectants, and other cleaning agents shall be separated from medicines and foods. (VI) Soiled linen shall not be transported through, sorted, processed, or stored, in kitchens, food preparation areas, or food storage areas. (Y) The heating system shall be inspected yearly, before the heating season, and maintained according to manufacturer's instructions. (Z) Portable space heaters shall not be used (e.g. electric or kerosene) (AA) Equipment Maintenance and Testing. (I) The devices, equipment, systems, conditions, arrangements, levels of protection, or any other features that are required for compliance with the provisions of the Life Safety Code shall be permanently maintained for the building housing the facility. This State Rule and Regulation is not met as evidenced by: Based on observation and medical record review, the facility failed to ensure throw rugs were not used for 2 of 11 sample residents (#9, #11). The	S5091		

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S5091	Continued From page 8 findings were: 1. Review of progress notes showed on 10/2/19 resident #9 lost his/her balance and fell. Further review showed "...Resident unsure if [s/he] tripped over bathroom rug." 2. Observation on 2/11/21 at 8:10 AM revealed there was a throw rug on the floor upon entering the room for resident #11. The rug had wrinkles/ripples in it, and the surveyor caught her toe in it when walking into the room.	S5091		

DEER TRAIL
ASSISTED LIVING & MEMORY CARE

Response to Surveys of February 10 & 11, 2021

ID Prefix Tag S5007

1. Residents #12, #13, #14, #15, #16, #17, #18, #19, #20, #21 and #22 are advised they cannot dine within six feet of each other.
2. Staff has been reminded of the Encore Partners COVID-19 policy which states, "...social distancing will be encouraged through the arrangement of furniture, smaller activity groups, and smaller dining groups..." and to "Please maintain designated separation when dining together. Do not move the chairs closer to one another..."
3. To ensure this policy is followed, the Dietary Manager will monitor compliance during meals. He will be available in the dining room prior to meals, while residents are taking their seats. This will allow him to direct residents to seats which will maintain appropriate social distancing.
4. To ensure ongoing compliance, the Executive Director will monitor compliance of the policy with in-person visits to the dining room during mealtimes.
5. These changes take effect March 8, 2021.

ID Prefix Tag S5020

1. A new ALF 102 is complete for resident #7.
2. It is believed an ALF 102 was completed for resident #7 but filed incorrectly.
3. To ensure correct filing, a chart audit is complete, and all residents have a current ALF 102 in their chart.
4. To ensure compliance, the Executive Director will review incident submissions with the Director of Nursing upon admission and at our quarterly QA meetings.
5. These changes were implemented on March 8, 2021.

ID Prefix Tag S5091

1. Throw rugs in the apartments of residents #9 and #11 are removed. Resident #9 now utilized a non-slip mat.
2. Staff, including housekeeping, has been reminded of the policy which prohibits throw rugs in common areas and resident apartments.
3. All apartments have been inspected for violation of this policy. No other violations have been found.
4. To ensure compliance with the policy, staff, including housekeeping, will inspect apartments weekly during cleaning duties.
5. These changes were implemented on March 8, 2021.

POC accepted. Message left for Jeff Smith, E.D. on 3/9/21 @ 3:41pm.
DOC = 3/8/21 Janice