Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF007	A. BUILDING: _____ B. WING _____	02/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINTE FRONTIER RETIREMENT COMMUNITY	1406 PRAIRIE AVENUE 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 licensure recertification and infection control survey was conducted by Healthcare Licensing and Surveys on 2/25/21 through 2/26/21. The following common abbreviations are used throughout this document; CDC: Centers for Disease Control CNA: Certified Nursing Assistant DON: Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5006	Ch 12 Sec 6 (c) Personnel and Staffing Requirements (c) Background checks. All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact. This State Rule and Regulation is not met as evidenced by: Based on employee file review, staff interview, and review of the staff schedule the facility failed to ensure the required central registry screening	S5006		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Molly Stutzman — TITLE: Interim Executive Director — (X6) DATE: 4/15/2021

STATE FORM 6899 M8YM11

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S5006	Continued From page 1 was completed for 1 of 5 files reviewed (CNA #3). The findings were: Review of the personnel file for CNA #3 showed a hire date of 1/27/21. The file failed to contain evidence of a completed central registry screening. Review of the February 2021 staff schedule showed the CNA had worked 5 days every week. Interview with the administrator on 2/25/21 at 2:30 PM revealed it was the facility's expectation that all staff would have their finger printing, background check and central registry screening checked prior to working with the residents.	S5006		
S5028	Ch 12 Sec 7 (c)(i) Assisted Living Facility (ALF) Core Services (c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following: (i) Be treated with respect and dignity; This State Rule and Regulation is not met as evidenced by: Based on observation, resident and staff interview, and policy review the facility failed to ensure residents were treated with respect and dignity for 1 of 7 sample residents (#3). The census was 48. The findings were:	S5028		

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S5028	Continued From page 2 1. Observation on 2/25/21 at 10:50 AM showed a conversation between housekeeper (HK) #1 and CNA #1 at the West nurses desk. Two other residents were sitting by the desk during this time. The housekeeper stated "[residents name] in room [gave the number] needs help with his/her diaper." The housekeeper left the area. The CNA went to the room and assisted the resident with dressing and his/her brief. Interview with resident #3 at that time revealed there were times s/he needed a little help at times to get dressed. 2. Interview with CNA #1 on 2/25/21 at 11:20 AM confirmed the housekeeper told her the resident needed help with his/her diaper. In addition the CNA stated all staff were trained on abuse and residents rights. Interview with the administrator on 2/25/21 at 11:55 AM revealed staff were trained on resident rights and it was the facility's expectation residents rights would be respected. 3. Review of policy "Resident Protection and Abuse Prohibition" dated 11/10/10 showed "POLICY, Century Park is committed to protecting the physical well-being, emotional well-being and personal possessions of every resident. Each community has systems procedures and a program of associate training and supervision in place to foster dignified treatment, respect and compassion for residents."	S5028		
S5053	Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services (d) Medications. (v) Medication Administration	S5053		

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S5053	Continued From page 3 (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, staff interview, and policy review, the facility failed to ensure proper storage and administration of medication according to professional standards. The findings were: Observation on 2/25/21 at 10:15 AM showed the East wing medication cart was unlocked and unattended. Upon further observation, there were 2 prefilled medication cups in the top left drawer. One cup had 6 medications in it with "#41" written in sharpie. The second medication cup had 5 medications in it with "#34" written in sharpie. Interview with LPN #1 on 2/25/21 at 10:15 AM confirmed she was assigned to the medication cart. The LPN immediately locked the cart and acknowledged she had prefilled the medication cups in the top drawer. Interview with the DON on 2/25/21 at 11 AM revealed it was the facility's expectation the nurse would not prefill medications, and not leave the medication cart unattended. Review of the facility policy "Medication Assistance and MARS/MORs" "#AL208" last revised 10/6/16 showed ...10. One at a time. Assist with medications and complete the process with only one resident at a time." Further review showed ..."16. Storage. Follow these storage guidelines:...Resident medications are	S5053		

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S5053	Continued From page 4 stored in original prescription containers. If carts are utilized, clean and lock cart after each use (per regulatory requirements)."	S5053		

Plan of Correction

TAG# S5006

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

A. All staff of the assisted living facility will successfully complete, at a minimum, DCI fingerprint background check and Department of Family Services Central Registry Screening before direct resident contact.

Date Completed: April 16, 2021

1. With Respect to the Specific requirement cited:
CNA #3 has completed a central registry screening form. Received by DFS on 1 March 2021. Completed by DFS on 7 March 2021.

- BOD will audit all current staff to be sure Central Registry is completed. BOD will audit all future new hires to be sure Central Registry is completed before employment begins.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:
Business Office Director will create a tracking form and complete during the new hire process.

- Business Office Director will educate all directors on hiring process and how the new hire process will be tracked.

3. With Respect to What Systemic Measures have been put in place to address Stated concern:
Tracking form has been created. This will track all state requirements have been received before starting an employee on the floor with direct resident contact.

- Executive Director will audit weekly or upon new employee hire for 90 days.

4. With Respect to How the Plan of Corrective Measures will be monitored:
Business Office Director will update tracker daily as items are received and inspect weekly. Business Office Director will send to Executive Director weekly for review or before any employee begins employment with direct resident contact.

- Executive Director will discuss findings of audit during our monthly QA meetings. This will be discussed at every monthly QA meeting going forward.