Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	C 03/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3955 EAST 12TH STREET CASPER, WY 82609

(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 and COVID-19 focused infection control survey were conducted by Healthcare Licensing and Surveys from 3/18/21 through 3/19/21. Additionally, complaint intakes LIC-19-012, LIC-19-023, and LIC-20-009 were reviewed in the course of the survey. CNA: Certified Nursing Assistant DON: Director of Nursing RN: Registered Nurse LPN: Licensed Practical Nurse Less common abrevations will be identified are used through out this document.	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 policy	S5007		

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S5007	Continued From page 1 review the facility failed to provide a safe environment for residents and personnel. The census was 89. The findings were: Observation on 3/18/21 beginning at 11:15 AM showed 6 facility personnel standing on the far side of the dining area where residents were gathering for the mid-day meal. The following concerns were identified: 1. LPN #1 was wearing his face mask below the chin. 2. RN #1 was wearing a cloth face mask. 3. Dietary aide #1, who was dishing up food onto plates, was wearing a face mask below the chin. 4. Dietary aide #2 was wearing a black cloth face mask. Interview on 3/19/21 at 11:10 AM with the DON revealed it was the facility's expectation staff wear face masks over their noses at all times. Review of the "COVID PREPARATION AND ACTION PLANNING dated 10/01/20 showed "General best practices: All staff should wear a mask at all times when in the facility and practice strict hand hygiene. Medical-grade surgical masks should be prioritized for direct care personnel..." Review of the policy "USE OF MASKS" (undated) showed "General Information The mask will be worn throughout the shift except when eating/drinking in a designated community break area or when leaving the building for a break. The mask is to be worn everywhere in the community including nurse's stations, common areas and all resident care areas. Wear a mask properly at all times. Do not slide it under your chin or push it onto your forehead. The mask needs to be kept	S5007		

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S5007	Continued From page 2 in place, covering your nose, mouth and chin."	S5007		
S5053	Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services (d) Medications. (v) Medication Administration (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 record review, staff interview, and policy review the facility failed to provide services ordered by the physician for 1 of 9 residents (#3). The findings were: Review of the resident record for resident #3 showed physician orders dated 2/4/21 for Zinc 500 mg, by mouth, 2 times per day, Vitamin D3 2000 IU, by mouth, 1 times per day, Albuterol inhaler 2 puffs, every 6 hours PRN, Dexamethasone - only if [s/he] becomes hypoxic, Licensed Nurse may adjust oxygen flow rate - call if [s/he] becomes hypoxic, and Melatonin 3 mg by mouth, one time per day at bed time. The following concerns were identified: 1. Review of the February "Med Admin Summary-month" showed the resident received Dexamethasone and Zinc beginning on 2/5/21, however, there was no indication the resident had orders for or received the Albuterol inhaler, or the Melatonin.	S5053		

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S5053	Continued From page 3 2. Interview on 3/19/21 at 11:10 AM with the DON confirmed there was a delay in getting the medications, because initially the orders were sent to the wrong physician for signature. In addition, the DON confirmed the orders for Albuterol and Melatonin had not been transcribed onto the MAR (medication administration record). 3. Review of the "Medication Administration Policy" dated November 2018 showed "... II. POLICY All medications will be handled, stored, and administered based on the state and Community requirements... III Practice ...6. All medications the resident is administered by the Community will have a physician order ..."	S5053		

Plan of Correction for Meadow Wind Assisted Living, March 19th, 2021 survey date.

Tag #S5007

All staff to be educated on proper mask usage. Proper mask usage education handout to be provided to all staff by April 16th, 2021. This handout is to contain Edgewood policy on "Use of masks" as well as CDC guidelines on mask usage. Proper mask usage signs are placed throughout the building for reference. Going forward Clinical Services Director or Assistant Clinical Services Director, or designee to perform mask audits starting immediately. This will continue daily for 1 month, weekly for 1 month and twice a month for 1 month. This audit will check for proper mask type, proper mask usage and placement on all staff in the building. The mask audits, including results will be discussed at the monthly quality assurance meeting as well.

Completion date: 04/21/2021

Tag # S5053

Resident number #3 medication order dated 2/4/2021 updated in MAR system to follow current order on 04/12/2021. Education provided to nursing staff of the Edgewood Medication Administration policy on 04/12/2021. This education included instructions for processing of new medication orders and changes of medication dosage or administration. The uploaded medication orders will be placed under medication attachment type in the resident electronic chart. Going forward to ensure compliance with the medication administration policy all new medications or medication changes to be reviewed by CSD or ACSD with review documented starting immediately. All current resident MARS to be reviewed for accuracy. CSD/ACSD to ensure that proper order and instruction placed in MAR matches current order received. CSD/ACSD to review medication orders daily for 1 month on all residents receiving new medication orders or changes, and then weekly thereafter within 24 hours of document upload during business hours. The results of these audits will be reviewed in monthly quality assurance meeting.

Completion date: 04/26/2021

Plan of Correction for Meadow Wind Assisted Living, March 19th, 2021 survey date.

Tag #S5007

All staff to be educated on proper mask usage. Proper mask usage education handout to be provided to all staff by April 16th, 2021. This handout is to contain Edgewood policy on "Use of masks" as well as CDC guidelines on mask usage. Proper mask usage signs are placed throughout the building for reference. Going forward Clinical Services Director or Assistant Clinical Services Director, or designee to perform mask audits starting immediately. This will continue daily for 1 month, weekly for 1 month and twice a month for 1 month. This audit will check for proper mask type, proper mask usage and placement on all staff in the building. The mask audits, including results will be discussed at the monthly quality assurance meeting as well.

Completion date: 04/21/2021

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Completion date: 04/26/2021