Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF008 | A. BUILDING: _____ B. WING _____ | 03/31/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIERRA HILLS ASSISTED LIVING COMMUNITY | 4606 NORTH COLLEGE DRIVE 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 |
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| S 000 | Opening Comments<br><br>Rules and Regulations utilized for this survey are:<br><br>Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020.<br><br>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 3/30/21 to 3/31/21. In addition, a COVID-19 focused infection control survey was conducted.<br><br>The following common abbreviations are used throughout this document:<br><br>CNA: Certified Nursing Assistant<br>CSD: Clinical Service Director<br>ED: Executive Director<br>LPN: Licensed Practical Nurse<br>RN: Registered Nurse<br><br>Less commonly used abbreviations will be annotated in each deficiency. | S 000 | | |
| S5008 | Ch 12 Sec 6 (d)(ii) Personnel and Staffing Requirements<br><br>(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: | S5008 | | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amy M Brinley

TITLE: Executive Director

(X6) DATE: 4/23/21



4/30/21 - POC approved by Micah Sneed, DOC 5/17/21. Micah Sneed PA

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| S5008 | Continued From page 1<br><br>(ii) Require tuberculin testing, or screening as appropriate;<br><br>This State Rule and Regulation is not met as evidenced by:<br>.<br><br>Based on review of employee records, review of policy and procedure, and staff interview, the facility failed to ensure tuberculin testing or screening was performed on an annual basis for 1 of 4 employees reviewed (CNA #1). The findings were:<br><br>Review of the employee file for CNA #1 showed the employee had a hire date of 9/24/13. Further review showed the last documented tuberculin test or screening was dated 5/8/19. Interview with the business office manager on 3/31/21 at 9:10 AM confirmed this was the information most current tuberculin test.<br><br>Review of the policy titled "TB Screening Wyoming-Employee" dated August 2020 showed "Each new employee will receive Tuberculin testing prior to employment and annually thereafter..."<br><br>. | S5008 | | |
| S5018 | Ch 12 Sec 7 (a)(ix)(A) Assisted Living Facility (ALF) Core Services | S5018 | | |

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| S5018 | Continued From page 2<br>(a) The assisted living facility core services include the following:<br><br>(ix) Assessments completed by a Registered Nurse.<br><br>(A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the resident's medication is changed;<br><br>This State Rule and Regulation is not met as evidenced by:<br>.<br><br>Based on resident record review and staff interview, the facility failed to ensure resident medication regimens were reviewed by a RN every two months or whenever a new medication was prescribed or a medication was changed for 4 of 4 residents reviewed (#1, #2, #3, #4). The findings were:<br><br>Review of the resident record for resident #1, #2, #3, and #4 showed no evidence a RN had reviewed the residents medications. Interview with the CSD on 3/31/21 at 12:35 PM revealed the resident's medications had not been reviewed as required. Interview with the ED on 3/31/21 at 12:40 PM confirmed there was no documentation the evaluations had been done.<br><br>. | S5018 | | |
| S5053 | Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services | S5053 | | |

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| S5053 | Continued From page 3<br><br>(d) Medications.<br><br>(v) Medication Administration<br><br>(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.<br><br>This State Rule and Regulation is not met as evidenced by:<br>.<br><br>Based on observation, staff interview, and policy review, the facility failed to ensure proper administration of medications according to professional standards during 1 of 2 medication administration passes observed which affected residents #1, #2, #3, and #4. The findings were:<br><br>Observation on 3/30/21 at 11:40 AM at the nurse's station on the first floor showed 3 medication cups were labeled with 3 different residents first names (#1, #3, #4) and were sitting on the top of the medication cart. Each of these cups contained medications. LPN #1 was observed filling an additional cup for resident #2 which included gabapentin (anticonvulsant) and tramadol (narcotic pain reliever) The LPN stacked the medication cups, retrieved a cup of water, and a Combivent (an inhalant used to treat lung disease) inhaler and went to the dining room where resident #1 and resident #4 were given their medications. The LPN took the remaining medications to the second floor where resident #3 was stopped in the hallway and given his/her medication and assisted with the inhaler. The final medication cup was delivered to resident | S5053 | | |

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| S5053 | Continued From page 4<br>#2's apartment. Interview at that time with LPN #1 revealed she had just finished treatment for a medical condition and passed the medication in this manner because the medication cart was too heavy to push.<br><br>Interview with the CSD on 3/31/21 at 3:40 PM revealed it was the facility's expectation that medications be prepared one at a time for administration.<br><br>Review of the policy and procedure titled "Medication System Summary" dated August 2020 showed under "General Requirements...Medications to be administered are NEVER pre-dished." | S5053 | | |
| S5107 | Ch 12 Sec 9 (a)(i-v) Contractual Svcs Provided Outside ALF Auth<br><br>Contractual Services Provided Outside Assisted Living Facility Authority. Residents in an assisted living facility may receive services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules. These services must be arranged by the appropriate professional and be incorporated into the resident's assistance plan. The resident's choice of providers must be honored.<br><br>(a) Components of the outside service(s) contract:<br><br>(i) Who will provide service(s); | S5107 | | |

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| S5107 | Continued From page 5<br><br>(ii) What service(s) will be provided;<br><br>(iii) When the service(s) will be provided;<br><br>(iv) Where the service(s) will be provided;<br><br>(v) How the service(s) will be provided, and<br><br>This State Rule and Regulation is not met as evidenced by:<br>.<br><br>Based on observation, resident record review, and staff and resident interview, the facility failed to ensure outside service contracts were in place with all required components for 3 of 3 residents (#2, #3, #5) with outside services. The findings were:<br><br>1. Review of a primary healthcare provider's progress note dated 3/9/21 showed resident #2 had diagnoses which included hypertension, congestive heart failure, and pulmonary hypertension. Further review showed the resident had been prescribed 2 liters/minute of oxygen, continuously, which was supplied by [an outside oxygen supply company. Observation on 3/30/21 at 3:20 PM showed the resident was using oxygen provided by an oxygen concentrator in his/her apartment. Interview with the resident at that time revealed s/he used the oxygen concentrator when s/he was in his/her apartment and portable oxygen when s/he was away. There was no evidence of a service contract from an outside source for supplemental oxygen.<br><br>2. Review of the master care plan last updated 2/18/21 for resident #3 showed the resident | S5107 | | |

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| S5107 | Continued From page 6<br>required assistance with oxygen equipment and needed to be reminded to wear 2 liters/minute of oxygen at night. Further review showed the resident had diagnoses which included schizophrenia, Alzheimer's disease, and memory loss. There was no evidence of a service contract from an outside source for supplemental oxygen.<br><br>3. Interview with resident #5 on 3/30/21 at 12:45 PM revealed s/he used an oxygen concentrator for supplemental oxygen which was supplied by an outside oxygen supply company. There was no evidence of a service contract from an outside source for supplemental oxygen.<br><br>4. Interview with the ED on 3/31/21 at 12:15 PM confirmed the facility did not have contractual agreements with the supplemental oxygen providers. In addition she stated it was "a work in progress". | S5107 | | |

Edgewood Sierra Hills
Survey Date: 3/31/2021
Tag # S5008
Ch 12 Sec 6 – Personnel and Staffing Requirements

The facility will ensure newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. All residents are at risk for illness. No other staff were identified as not having an annual TB test.

A.) The facility will require tuberculin testing upon hire and annually thereafter.
On 3/31/21 facility administered Mantoux (TB) test to CNA #1. Results were negative on 4/2/21 as read by a licensed practical nurse.
Business Office Manager/HR Manager was educated on 4/12/21 on tuberculin testing upon hire and annually thereafter. BOM/HR Manager will monitor this process of staff tuberculin testing monthly. This monthly monitor will be reported at QA meetings.

Date of Correction: April 12, 2021

Amy Brinley 4/28/21

Edgewood Sierra Hills
Survey Date: 3/31/2021
Tag # 5018
Ch 12 Sec 7 Assisted Living Facility Core Services

The facility will ensure resident medication regimens are reviewed by an RN every two months or whenever a new medication is prescribed/changed. All residents are at risk.

A.) Regional Nurse Director of Edgewood will implement nurse review/cycle check-in medication "check box" into the electronic medication administration system by 4/9/21. Clinical Service Director and Assistant Clinical Service Director will be trained on this process by 4/15/2021. All other RN's at community will receive this same training by 5/7/21 at the next monthly nurses meeting.
Clinical Service Director (Krystle Williamson), Assistant Clinical Service Director (Amber Arditi) or RN will review residents #1, 2, 3 & 4 by 4/23/2021. All remaining residents in facility will be reviewed by 5/17/2021. An RN will then ensure all medications are reviewed every two months or whenever a medication is prescribed/changed utilizing the check box process in RTasks (electronic medication administration system). Executive Director will perform a monthly audit and bring findings to the QA meeting.

Date of Correction: May 17, 2021

AmyMBrinley 4-28-21

Edgewood Sierra Hills
Survey Date: 3/31/2021
Tag # 5053
Ch 12 Sec 7 Assisted Living Core Services

The facility will ensure proper administration of medications is adhered to and that 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. All residents are at risk.

A.)Executive Director, Clinical Service Director and HR Manager coached LPN on proper medication administration policy. LPN states that she, "no longer passes pills like that."

Education on medication administration policy provided to all nurses via the electronic RTask messaging system on 4/28/2021. Education on medication administration policy in person to be completed by 5/17/2020 during monthly nurse meeting.

The Clinical Service Director and Assistant Clinical Service Director will implement monthly random medication administration competencies. If improper medication administration is identified, immediate corrective action/coaching will be taken with the nurse. These monthly random medication administration competencies will be reported at QA meetings.

Date of Correction: April 28, 2021 and May 17, 2021

Amy M Brinley 4-28-21

Edgewood Sierra Hills
Survey Date: 3/31/2021
Tag # 5107
Ch 12 Sec 9 Contractual Svcs Provided Outside ALF Auth

Facility will ensure all residents who have a supplemental oxygen provider also have a contractual agreement with the oxygen supplier. This pertains to all residents.

A.)Executive Director will attain agency representative contact information for each oxygen company by 4/19/21. Executive Directive will have "Outside Healthcare Agency Service Acknowledgement" forms for residents #2, #3, and #5 and all residents completed and signed by facility and agency representative by 4/23/21.

Clinical Service Director and Assistant Clinical Service Director will make sure that each "Outside Healthcare Agency Service Acknowledgement" is filled out and signed by appropriate agency representative and scanned into the resident electronic chart when complete. CSD/ACSD will also make sure that these forms are filled out/signed by appropriate agency representative and scanned into resident electronic chart upon move in or when services are implemented. These forms will then remain in the Outside Service Provider/Agency Binder until signed and scanned into resident chart. The binder will only hold unsigned acknowledgements and will be audited monthly by the Executive Director, to see what forms are still waiting on an agency representative to sign. This will be reported at the QA Meetings.

Date of Correction: April 23, 2021

Amy M Brinley 4/28/21