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Healthcare Licensing and Surveys

PRINTED: 03/12/2021
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF006	A. BUILDING: _____ B. WING _____	02/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

(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 2/24/21 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		
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, review of facility policies and audits, review of CDC guidelines, and staff**	S5007	A) Starting today and moving forward, all double furniture removed from public areas in memory care to reduce residents from gathering too close together. Staff will continue to monitor residents and encourage social distancing in assisted living. b B) Clinical Services Director will revise documentation to specify staff re-directing residents each shift.	3/12/2021 3/15/2021

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE ED — (X6) DATE 3/26/2021

STATE FORM 6899 TUO411

2:15PM 3/15/21 Talked w Heather POC accepted

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S5007	Continued From page 1 interview, the facility failed to ensure residents were social distancing in 1 of 3 residential units (Precious Memories). The findings were: Observation on 2/24/21 at 10:45 AM showed 5 residents in the TV room. Continued observation showed 2 male residents were sitting on a loveseat, 1 not wearing a face mask. Right beside the loveseat was a female resident sitting in a reclining chair. There was no open space between the chair and loveseat. In the dining room were 3 female residents sitting beside each other at a small square table. Observation on 2/24/21 at 2:45 PM showed the loveseat and recliner in the TV room remained side by side, and the 3 female residents were sitting at the small square table in the dining room. Interview on 2/24/21 at 12:10 PM with LPN #1 revealed the staff were constantly reminding the residents to social distance, and separating the furniture to allow the 6 feet distance. However, the residents would pull the furniture back together. Interview with the DON on 2/24/21 at 12:30 PM revealed the facility did not have documentation of attempts to keep the residents socially distanced. Review of "COVID PREPARATION AND ACTION PLANNING" dated 10/01/2020 ..."Environmental Services: ... To encourage social distancing, remove sofa/loveseats and replace with single person furniture. Place all seating 6 feet apart ..." Review of the "PPE and Infection Control Audit for 2/24/21 showed "observation for social distancing is happening when residents congregate" was answered yes. Review of CDC guidelines found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/	S5007	C) All staff to have additional education on infection control policies and procedures. D) Staff documentation will be reviewed weekly by Clinical Services Director and/or Assistant Clinical Services Director and brought to QA team monthly to ensure staff documentation compliance.	3/31/2021 3/15/2021

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S5007	Continued From page 2 memory-care.html retrieved on 3/2/21 showed ..."Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel..."	S5007		