Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9014	A. BUILDING: _____ B. WING _____	05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT THE VILLA	1445 UINTA DR GREEN RIVER, WY 82935

(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 08/24/2020. 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 on 5/27/21. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 5/27/21. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the infection control survey.	S 000	**S. Tag 5009- the facility failed to Ensure the RN assessment was completed annually for 2 of 2 residents who required an annual assessment.** 05/31/2021 **Immediate corrective action:** Assessments were completed immediately upon notification of discrepancy for the two residents in question by Registered Nurse. Registered nurse educated on ALF Rules and Regulations on completing annual nursing assessments on each resident. Audit of annual RN assessment has been completed on each resident chart. **How the facility will identify other residents having the potential to be affected:** All residents have the potential to be affected **Measures put in place or system correction in this area include:** Monthly nursing assessment audits will take place.	
S5009	Ch 12 Sec 7 (b)(iv) Assisted Living Facility (ALF) Core Services (b) (iv) Frequency of assessment. An assessment must be conducted: (A) No earlier than one (1) week prior to admission; (B) Immediately upon any significant change in the resident's mental or physical condition; or (C) No less than once every twelve (12) months. 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 registered nurse (RN) assessment was	S5009		

Accepted, the date of completion is 5/31/21
the director Susan was notified. 6/17/21

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S5009	Continued From page 1 completed annually for 2 of 2 residents (#2, #3) who required an annual assessment. The findings were: 1. Review of the medical record for resident #2 showed an RN assessment ("Senior Living Assessment") dated 7/15/19. There were no other RN assessments in the medical record. 2. Review of the medical record showed resident #3 had an RN assessment ("Senior Living Assessment") dated 4/26/18. There were no other RN assessments in the medical record. 3. During an interview on 5/27/21 at 2:56 PM the administrator and Villa director confirmed there was no documentation of annual assessments for residents #2 and #3.	S5009	**Who will monitor the new system:** Villa Director or a designee **How frequently will we monitor:** Monthly **How will we incorporate the new system into our QAPI system:** Any findings will be taken to the monthly QA meeting until lesser frequency is deemed necessary.	