DOC 8/12/21



Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF021 | A. BUILDING: _____ B. WING _____ | C 07/21/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WYOMING PIONEER HOME | 141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443 |

| (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.<br><br>A licensure survey was conducted by Healthcare Licensing and Surveys from 7/20/21 to 7/21/21. Also reviewed in the course of the survey were complaint intakes LIC-21-013 and LIC-21-019.<br><br>In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 7/20/21 through 7/21/21. | S 000 | | |
| S5005 | Ch 12 Sec 7 (a) Assisted Living Facility (ALF) Core Services<br><br>(a) The assisted living facility core services include the following:<br><br>(i) Meals, housekeeping, personal and other laundry services;<br><br>(A) Provision of mechanically altered diets and dietary supplements, if required.<br><br>(ii) A safe and clean environment;<br><br>(iii) Assistance with local transportation;<br><br>(iv) Assistance with obtaining medical, dental, and optometric care, in addition to social services;<br><br>(v) Assistance in adjusting to group living | S5005 | 8-12-21<br>8-16-21 | |

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE



8/12/21 10AM Accepted POC talked with administrator

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| S5005 | Continued From page 1<br>activities;<br><br>(vi) Maintenance of a personal fund account, if requested by the resident or resident's responsible party, showing any and all deposits, withdrawals, and transactions of the account;<br><br>(vii) Provision of appropriate recreational activities in/out of the assisted living facility;<br><br>(viii) Care of individuals who require any or all of the following services:<br><br>(A) Partial assistance with personal care, e.g. bathing, shampoos;<br><br>(B) Limited assistance with dressing;<br><br>(C) Minor non-sterile dressing changes;<br><br>(D) Stage I skin care - skin integrity intact;<br><br>(E) Infrequent assistance with mobility. The resident may use an assistive device; e.g., wheel chair, walker, cane;<br><br>(F) Cuing guidance with ADLs for the visually impaired resident, or the intermittently confused and/or agitated resident requiring occasional reminders to time, place and person;<br><br>(G) Care of the resident who can independently manage his own catheter or ostomy, e.g., resident who can change his own catheter bags, able to clean and care for his ostomy;<br><br>(H) Care of the resident incontinent of | S5005 | Julie Hefle 8-12-21<br>8-16-21 | |

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| S5005 | Continued From page 2<br>bowel or bladder if the condition can be managed independently;<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 residents' medication is changed;<br><br>(x) Twenty-four (24) hour monitoring of each resident.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation, resident record review, resident interview, and staff interview the facility failed to provide 24-hour monitoring for 1 of 6 sample residents (#4). The census was 36. The findings were:<br><br>Review of the resident record for resident #4 showed admission diagnoses included schizoaffective disorder, bipolar disorder, chronic obstructive pulmonary disease, and diabetes. Review of the nursing note dated 5/2/21 at 8:15 AM showed "Resident no show for breakfast ... Building and grounds searched without find him/her. DON [director of nursing] and Facility manager notified. PD [police department] also notified for agency assist. Son notified. Resident did tell another resident that [s/he] had a 'after hours' date with someone [s/he] met at [a local establishment] yesterday. Police officer was given information and description of resident. Staff working over night was interviewed and CNA [certified nurse aide] reported resident left the building 'around 3 AM to go smoke' as the last | S5005 | 8-12-21<br>8-16-21 | |

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| S5005 | Continued From page 3<br>time resident was seen." Review of the nursing note dated 5/2/21 at 1:15 PM "Resident returned to WPH [the facility] at 11:20 AM, spent the night with a [companion] in a hotel room, also drinking alcohol. Discussed situation with resident, sign out and sign in sheet implemented for resident. Resident agreed to sign out and in when [s/he] leaves the building whether for a few hours or overnight." Review of the facility incident report showed "Conclusion, Resident will be signing in and out per policy with resident. Resident has agreed to sign in and out even if s/he is just going out to smoke. Resident has the right to leave the facility as s/he likes but s/he needs to sign out so that facility knows s/he is safe..." The following concerns were identified:<br><br>1. Observation on 7/20/21 at 4:52 PM showed the resident was not in his/her room. On the door was a sign indicating the resident was not in. Observation on 7/21/21 at 9:30 AM and 10:15 AM showed the resident was not in his/her room, and there was a sign on the door indicating the resident was not in. However, review of the sign out and in sheet for the resident showed there were no entries after 7/3/21.<br><br>2. Interview with CNA #1 on 7/21/21 at 10:32 AM revealed "the residents do not have to check out with us. We don't keep track of them."<br><br>3. Interview with the resident on 7/21/21 at 12:50 PM revealed s/he had been out shopping that morning. The resident stated that s/he frequently left the facility to go out. | S5005 | Julie Hoffman 8-12-21<br>8-16-21 | |
| S5016 | Ch 12 Sec 7 (d)(ii) Assisted Living Facility (ALF) Core Services | S5016 | | |

Healthcare Licensing and Surveys

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| S5016 | Continued From page 4<br>(d) (ii) Prescription drugs shall be dispensed from a licensed pharmacy, labeled with the name, address and telephone number of the pharmacy, name of resident, name and strength of drug, directions for use, date filled, expiration date, prescription number and name of physician. Controlled substances shall have a warning label on the bottle.<br><br>(A) An RN shall destroy all discontinued prescriptions, other than controlled substances, suing accepted standards of practice.<br><br>(B) Discontinued or outdated controlled substances shall be destroyed by the RN in the presence of a licensed pharmacist and documented in the resident's record.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation, staff interview, review of manufacturer's instructions, and policy review the facility failed to ensure insulin was labeled with an open date during 1 of 1 observations. The findings were:<br><br>1. Observation on 7/20/21 at 4:10 PM in the resident treatment room showed 1 Novolog FlexPen 100 units per milliliter sitting on the counter that was not labeled with an open date. Further observation showed 1 vial of Levemir 100 units/milliliter sitting on the counter that was not labeled with an open date. Interview at that time with the director of nursing confirmed the 2 medications were not labeled with an open date.<br><br>2. Review of manufacturer's instructions for Levemir insulin, found at https://www.mynovoinsulin.com/insulin-products/levemir/taking-levemir.html and retrieved on | S5016 | 8-12-21<br>8-16-21 | |



4

Healthcare Licensing and Surveys

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| S5016 | Continued From page 5<br>7/22/21 showed "...Dispose after 42 days, even if there is insulin left in the pen or vial..."<br><br>3. Review of manufacturer's instructions for NovoLog FlexPens, found at https://www.novonordiskmedical.com/our-products/storage-and-stability.html and retrieved on 7/22/21 showed the FlexPen should be discarded 28 days after first use.<br><br>4. Review of policy "Medication Destruction Policy, Nursing Services, Medication Section" Effective date 8/10/3 showed "Policy: Prescribed non-narcotic medications and or over the counter (OTC) medications will be destroyed by an RN [registered nurse] when they have been discontinued or when the resident has expired..." | S5016 | | |
| S5026 | Ch 12 Sec 7 (j)(ii) Assisted Living Facility (ALF) Core Services<br><br>(j) (ii) There must be an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome and sanitary in accordance with the rules. The dietetic service must ensure that food prepared in nutritionally adequate in accordance with the Dietary Reference Intakes (DRI) for adults.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation, staff interview, and review of facility policy, the facility failed to ensure proper food storage during 1 of 1 food service/kitchen observation. The findings were: | S5026 | 8-12-21<br>8-16-21 | |

Healthcare Licensing and Surveys

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| S5026 | Continued From page 6<br><br>1. Observation on 7/21/21 at 9:15 AM showed the following items in the refrigerator near the front production area which were expired:<br>a. Four half gallons of buttermilk with a use by date of 7/5/21.<br>b. Three 32 ounce cartons of heavy cream with a use by date of 7/15/21.<br>Interview at that time with the dietary manager confirmed the containers were past their use by dates.<br><br>2. Review of the policy "Leftover Food Usage", effective date 4/12/19, showed "...Label all containers clearly with the date that the food was first prepared and the date that it shall be discarded. ...When in doubt, throw it out. Smelling food is not a reliable means of determining whether or not it is still usable. Never taste food as a means of judging freshness." | S5026 | Julie Hefle 8-12-21<br>8-16-21 | |

Wyoming Pioneer Home
141 Pioneer Home Drive
Thermopolis, Wyoming 82443
July 21, 2021
Ref: LH-2021-0853

S5005

1. Resident # 4 was identified as being affected. Resident #4 has been re-educated on signing out at the nurse's station if she is going to be out all night. In addition staff will be completing an all facility census at HS and morning. Resident #4's care plan has been updated.
2. No other residents were identified as being affected. All residents have the potential to be affected.
3. In-services were conducted with licensed nursing staff regarding HS census/morning census. Facility created a tool that will document resident presence x2 daily. Procedures have been updated for nights to include documentation of staff setting door alarms, resident census at HS and early morning. Residents will be signing out when they are out of the building overnight and signing back in when they return. Resident #4 has been re-educated on signing out at the nurse's station if she is going to be out all night. In addition staff will be

Julie Hafhan 8-12-21
Julie Hafhan 8-16-21

Wyoming Pioneer Home
141 Pioneer Home Drive
Thermopolis, Wyoming 82443
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S5005 (cont.)

completing an all facility daily census at HS and morning. Resident #4's care plan has been updated. All residents have been updated on the new procedure and signed off on 8/9/21.

4. Resident #4 care plan has been updated to reflect no additional incidents since the one on 5/2/21.

5. DON and/or designee have audited incidents with all residents. There has not been a repeat of the incident since being re-educated about the process. Staff will continue to audit the new procedure on a daily basis for the next 60 days to verify compliance is maintained.

6. DON and/or designee will report results of the audits to the facility manager for the next 60 days to monitor compliance. The QA committee will evaluate results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will revise plan as necessary to ensure compliance.

Julie Hoffa 8-12-21
Julie Hoffa 8-16-21

Wyoming Pioneer Home
141 Pioneer Home Drive
Thermopolis, Wyoming 82443
July 21, 2021
Ref: LH-2021-0853

S5016

1. No residents were identified as being affected.
2. All residents have the potential to be affected. The medications that were identified as not having a label when they were opened were immediately removed and all medications were audited to ensure that no other items remained.
3. An insulin pen/vial labeling policy was created and the Medication Destruction policy was updated. In-services were conducted with licensed nursing staff regarding checking for proper labeling and disposal of insulin pens/vials.
4. DON and/or designee will audit insulin pens and vials for proper labeling twice weekly basis for the next 60 days and then weekly to verify compliance is maintained.
5. DON and/or designee will report results of the audits to the facility manager for the next 60 days to monitor compliance. The QA committee will evaluate results to determine if the current plan of correction is effective or if additional audits and/or education is needed and will

Julie Hafle 8-12-21

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141 Pioneer Home Drive
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July 21, 2021
Ref: LH-2021-0853

S5016 (cont.)

revise plan as necessary to ensure compliance.

8/20/21 8:08 AM
DDL
7/21/21
talked with administrator
CStapleton

Gale Hoffman 8-12-21

Wyoming Pioneer Home
141 Pioneer Home Drive
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July 21, 2021
Ref: LH-2021-0853

S5026

1. All Residents had the potential to be affected.
2. No residents were identified as being affected. All refrigerators, freezers and the warehouse were audited for compliance immediately.
3. A Standard Operating Procedure has been developed for proper food storage.
4. An in-service training was held by the dietary supervisor. All dietary staff members are now educated on proper food storage. All products will be labeled with the date cooked/opened, and the date that it needs to be discarded. If an item is stored in containers/Ziplocs/non-original packaging, a description of the item must be included on the label as well. The dietary staff will check the labels and dates on all food stored in the warehouse, freezers, walk-in cooler, and refrigerators daily to ensure that items are properly labeled and within proper freshness time frame. All out date food will be discarded. Any food that is discarded will be entered on the Food Waste Log. The dietary

8-12-21

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July 21, 2021
Ref: LH-2021-0853

S5026 (continued)

supervisor or a designee will conduct Weekly audits indefinitely of all refrigerators, freezers, and the warehouse to ensure food is dated and properly stored.

5. The dietary supervisor will report results of the audits to the Administrator for the next 90 days. Which will be October 19th, 2021.

6. The dietary supervisor will report results of the audits to the Quality Assurance Committee indefinitely. The Administrator and the Quality Assurance Committee will evaluate the results to determine if the current plan of correction is effective or if additional, training is needed and will revise the plan as necessary to ensure compliance.

date of correction
7/21/21
Talked with administrator
8/20/21 8:08 Am

Julie Hafle 8-12-21