Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF031	A. BUILDING: _____ B. WING _____	07/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY LEGACY HOME ASSISTED L	98 19TH STREET WHEATLAND, WY 82201

(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 from 7/8/21 through 7/9/21. In addition, a COVID-19 focused infection control survey, was conducted by Healthcare Licensing and Surveys from 7/8/21 through 7/9/21. It was determined, based on the findings of the survey team that no deficiencies were identified related to the infection control survey. The following common abbreviations are used throughout this document: CNA: Certified Nurse's Aide DON: Director of Nursing	S 000		
S5004	Ch 12 Sec 6 (e) Personnel and Staffing Requirements (e) Personnel Policies and Records. (i) Management shall provide new employee orientation and education regarding resident rights, evacuation, and emergency procedures, as well as training and supervision designed to improve resident care. (ii) A record for the manager and each employee shall be maintained and contain at a minimum, the following information:	S5004		

Jennifer Lauch 8/2/2021

The corrected POC was accepted on 8/16/21, with a DOC of 8/16/21. A message was left with the administrator on 8/16/21 @ 9:48AM. JS, RN 42180

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S5004	Continued From page 1 (A) Name, current address and telephone number; (B) Social Security Number; (C) Education; (D) Work experience, documentation of reference checks; (E) Date of employment; (F) Position in the assisted living facility (job description); (G) Documentation of tuberculin testing; (H) Orientation checklist; (I) I-9, (Employment Eligibility Verification); (J) W-4, (Employee's Withholding Allowance Certificate); (K) Licensure, Certification, or Credentials; (e.g., RN, LPN, CNA, etc.); (L) Documentation of all completed background and Central Registry background check with no offenses. This State Rule and Regulation is not met as evidenced by: Based on employee personnel file review and staff interview, the facility failed to ensure personnel files contained all required documentation for employment for 1 of 4 (Medication Aide #1) employees reviewed. The	S5004		

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S5004	Continued From page 2 findings were: 1. Review of the employee records for Medication Aide #1 showed the file did not contain the required I-9 Employment Eligibility Verification documentation. 2. Interview with the Business Office Manager on 7/9/21 at 10:09 AM verified the employee file did not contain the required I-9 Employment Eligibility documentation.	S5004		
S5007	Ch 12 Sec 7 (b)(ii) Assisted Living Facility (ALF) Core Services (b) (ii) Admission orders. A resident shall be admitted only if accompanied by a history and physical completed by a physician or physician extender within ninety (90) days prior to admission. The facility shall confirm the resident's medication regimen and special treatment orders at the time of admission. (A) Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, unless contraindicated. The facility must develop and implement policies and procedures to ensure the following: (I) Residents, or their legal representative are educated regarding the risks and benefits of these immunizations. (II) The immunizations are offered unless medically contraindicated or the resident is currently immunized.	S5007		

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S5007	Continued From page 3 (III) If the resident is not vaccinated, the medical record must reflect the reason, such as medical contraindication or refusal. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure admission orders, including tuberculosis (TB) screening, and influenza and pneumococcal vaccinations were received and initiated for 3 of 6 sample residents (#1, #2, #3). The findings were: 1. Review of the medical record showed resident #1 was admitted to the facility on 12/2/19, with physician orders written 11/25/19. Further review of the medical record showed no documentation of the status or refusal of the pneumococcal vaccination. Review of the admission orders did not show orders for the pneumococcal vaccine. 2. Review of the medical record showed resident #2 was admitted to the facility on 11/29/19. Review of the 11/27/19 admission orders failed to show orders for the pneumococcal vaccination and TB screening; also the medical record showed no documentation of the status or refusal of the pneumococcal vaccination or TB screening. Further review of the medical record showed the resident did not receive a TB screening until 6/2/21, 6 months later. 3. Interview with the administrator on 7/9/21 at 10:13 AM confirmed resident #1 and resident #2 had not received the pneumococcal vaccination. She further stated the facility did not	S5007		

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S5007	Continued From page 4 have orders for the vaccination, or record of the status or refusal. She also confirmed resident #2 did not have the required TB screening upon admission, and administered the screening once the mistake had been identified. 4. Review of the medical record for resident #3 showed an admission date of 7/31/20. Review of the admission physician orders dated 7/2/20 showed an order to administer the Mantoux TB skin test. Further review of the medical record failed to show documentation the TB skin was given. Interview on 7/8/21 at 4:07 PM with the DON revealed the resident did not receive TB screening/testing until 7/8/21, a year later. 5. Review of the facility admission policy, last updated 4/26/16, showed "Required prior to admission: ... Physician orders to admit to facility (accompanied by history and physical) which will include order for TB screening, influenza and pneumococcal immunization status and/or immunization order."	S5007		
S5026	Ch 12 Sec 7 (j)(ii) Assisted Living Facility (ALF) Core Services (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.	S5026		

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S5026	Continued From page 5 This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, review of policies and procedures and review of the FDA 2017 food code regulations, the facility failed to ensure food was stored in a manner that was safe for consumption in 1 of 1 kitchenette areas. The census was 11. The findings were: 1. Observation on 7/9/21 at 8:10 AM of the refrigerator showed the multiple items were not labeled with an "opened on" date and included the following items: one bottle of Thousand Island dressing, loose cheese slices wrapped in plastic, 1 gallon milk, and 1 jar of salsa. Continued observation showed a bottle of honey mustard with no opened label and a manufacturer expiration date 6/21/21, a bottle of ketchup with an opened date label of 3/29/21, one bottle of balsamic vinegar with a manufacturer expiration date 2/21, and a container of ranch dressing with a use by date 6/28/21. 2. Observation on 7/9/21 at 8:30 AM of the refrigerator temperature logs revealed the last time the temperature was documented was 8/19/20. 3. Interview on 7/9/21 at 9:20 AM with the DON revealed the staff on the night shift were to check the food items for outdates. She confirmed the food in the refrigerator should be labeled with an open date & use by date. She further stated the temperature in the refrigerator should be checked daily and it has not been checked. 4. Review of the facility policy Date Marking Ready-to-Eat, Potentially Hazardous Food, with no revision date showed, "...4. Label any processed, ready-to-eat, potentially hazardous	S5026		

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S5026	Continued From page 6 foods when opened, if they are to be held more than 24 hours. 5. Refrigerate all ready-to-eat potentially hazardous foods at 41 degrees Fahrenheit or below. 6. Serve or discard refrigerated, ready-to-eat potentially hazardous foods within 7 days...". 5. According to Food Code 2017, U.S. Public Health Service: 3-501.17 "(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (D) and (E) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days."	S5026		
S5038	Ch 12 Sec 7 (k)(iv) Assisted Living Facility (ALF) Core Services (k) (iv) Residents transferred to another health care facility shall be given written transfer/discharge notice which includes: (A) The name of the resident; (B) The reason for the transfer/discharge; (C) The effective date of the transfer/discharge; (D) The location to which the resident is	S5038		

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S5038	Continued From page 7 transferred/discharged; (E) The name, address, and telephone number of the Ombudsman; and (F) A listing of all outside contracted services. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview the facility failed to ensure a notice of transfer/discharge contained the required elements for 1 of 3 residents reviewed (#4) for transfer/discharge. The findings were: 1. Medical record review for resident # 4 showed a discharge notice was signed by the DON on 4/30/21. Further review of the discharge notice showed it failed to provide the name of the resident, the effective date of the transfer/discharge, the location to which the resident was discharged/transferred, and a listing of all outside contracted services. Further review of the notice failed to show a signature of the resident/resident representative acknowledging receipt of the notice. 2. Interview on 7/9/21 at 9:51 AM with the DON confirmed the transfer/discharge notice did not contain the required elements.	S5038		
S5040	Ch 12 Sec 7 (k)(vi) Assisted Living Facility (ALF) Core Services (k) (vi) A copy of the written resident assistance plan shall be provided to the resident prior to transfer/discharge.	S5040		

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S5040	Continued From page 8 This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview the facility failed to provide an assistance plan for 2 of 2 residents (#4, #5) prior to discharge. The findings were: 1. Medical record review for resident # 4 showed the resident was provided a discharge/transfer notice, which was signed by the DON on 4/30/21, for failure to progress in therapy. Further review of the medical record failed to show evidence a copy of the assistance plan was provided to the resident prior to discharge. 2. Medical record review for resident # 5 showed the resident was provided discharge/transfer notice on 6/23/21 due to decrease in cognition. Further review of the medical record failed to show evidence a copy of the assistance plan was provided to the resident prior to discharge. 3. Interview on 7/9/21 at 9:51 AM with the DON confirmed she did not provide an assistance plan prior to transfer/discharge.	S5040		
S5046	Ch 12 Sec 7 (o)(iii) Assisted Living Facility (ALF) Core Services (o) (iii) Fire Safety. (A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers. (I) State of Wyoming certified individuals shall inspect and service the	S5046		

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S5046	Continued From page 9 extinguishers. All extinguishers shall have a tag or label securely attached that indicate the month and year the maintenance was performed and that identifies the person performing the service. (B) Readily available and clearly readable telephone numbers for emergency contacts shall be located near all telephones. (C) Clearly readable floor diagrams reflecting the actual floor arrangement showing the exit locations and evacuation routes shall be posted in conspicuous places. Each resident shall be instructed with its use on the first day of admission. (D) Residents training for the fire emergency plan shall be in accordance with the Life Safety Code Operating Features sections. (I) On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan, including the location of all the exits. A record of this instruction shall be in each resident file. (E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. (I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following:	S5046		

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S5046	Continued From page 10 (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) The required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual's inability to evacuate successfully and any corrective actions recommended; and (8.) Signature and date of the person completing the form. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to provide written documentation of education on the fire emergency plan for 6 of 6 sample residents (#1, #2, #3, #6, #7, #8) reviewed. The findings were: 1. Review of the medical record for residents (#1, #2, #3, #6, #7, #8) showed no evidence or	S5046		

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S5046	Continued From page 11 documentation residents had been educated on the fire emergency plan upon admission. 2. Interview with the DON on 7/8/21 at 3:26 PM, revealed when the residents are admitted she verbally reviewed the emergency exits, but did not document the education. 3. Review of the facility admission policy, last updated 4/26/16, showed "Resident ... orientation to the facility shall include but is not limited to ... disaster preparedness ... emergency call system, emergency care procedures ... facility floor plan ... safety rules and other services."	S5046		

PLATTE COUNTY LEGACY HOME
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100 19th St. Wheatland WY 82201
Phone 307-322-7400

Survey Date: 7/9/2021

Tag Number: S-5007

Resident #1 and #2 will be seen by Dr. Palmer the week of 8/2/2021 to discuss the pneumococcal vaccine. *Resident # 3 did not have tb test was administer late upon finding it not to have been completed when auditing charts. An audit will be conducted for all other residents to ensure they have proper vaccination status. This will be completed by 8/16/2021.* The admission order form has been updated to ensure TB and pneumococcal vaccine orders are clearly stated. All TB vaccines will be given prior to admission. Charts will be audited 7 days after admission to ensure all items were completed, followed with quarterly to ensure completion for a year to ensure. DON will review the updated order form with Dr. Palmer on 8/2/2021.

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Survey Date: 7/9/2021

Tag Number: S5026

Policy created specifically for assisted living refrigerators, food, and dishwasher. Staff will be educated by 8/16/2021 stating understanding about labeling all items opened and placed in storage (refrigerator or pantry). All items opened in refrigerator or pantry will have an open date and expiration date. All staff are responsible in making sure that all items have an open date and expiration date. Refrigerator and Pantry will be gone through daily to ensure all items are not expired and are labeled correctly. Refrigerators will have temperatures taken twice per day, dishwasher temperature at rinse cycle will be taken twice per day. All food will be temped by server prior to being placed into steam table for each meal. Staff members will be educated of this process and sign off no later than 8/16/2021.This will be audited weekly for one quarter. Then quarterly for one year. All results will be taken to QA&A for further review and analysis.

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Survey Date: 7/9/2021

Tag Numbers: S-5038 and S-5040

Staff will be educated on transfer/discharge notices by 8/16/2021. Resident #4 is deceased. Resident #5 due to cognitive decline, contacted POA, requested the assistance service be mailed to him. Mailed to POA home address on 7/30/2021. *All previous discharges will be audited for transfer/discharge notices. All residents that have not passed will be mailed a transfer/discharge notice by 8/16/2021.* All discharges/transfers will include a copy of the assistance plan, MAR, advance directives and transfer sheet. Transfer/discharge notices were updated on 7/29/2021, to include check list of required items to include with notice. Notice will be given to resident at time being transferred/discharged. Resident or responsible party will sign a copy of notice if feasible. A copy will be made for resident, resident chart, and DON. These will be audited on a quarterly basis. All results will be taken to QA&A for further review and analysis.

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Survey Date: 7/9/2021

Tag Number: S-5046

All current residents will be educated and sign documentation about education on emergency evacuation by 8/16/2021. Upon admission or new hire, education for fire emergency evacuation plan will be provided. New form will be completed at admission to verify resident understanding of the fire emergency plan. Resident or staff member will sign form for understanding of information. This form will be given to all current staff and residents and DON will keep a signed copy in each chart. This will be completed 8/16/2021

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Survey Date: 7/9/2021

Tag Number S-000

This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding the deficiencies cited are correctly applied.