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FEB 22 2022
Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9044	A. BUILDING: _____ B. WING _____	C 12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTONWOOD CREEK OF CHEYENNE	6800 FAITH 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
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 complaint survey was conducted by Healthcare Licensing and Surveys on 12/15/21 to 12/16/21. The survey was prompted by complaint intake LIC-22-003. In addition, a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 12/15/21 to 12/16/221.	S 000		
S5058	Ch 12 Sec 10 (a)(vii) Secure Dementia Units (a) (vii) Level 2 Discharge Requirements. In addition to Level 1 discharge criteria residents of Level 2 facilities must be discharged when one or more of the following situations exist: (A) When it has been determined that intermittent nursing care has become ongoing; or (B) When the resident requires more than limited assistance to evacuate the building. This State Rule and Regulation is not met as evidenced by: Based on observation, resident record review,	S5058		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/21/22

This POC was accepted on 3/1/22 after communication with DON Sundae at 3:52PM. The date of correction is 3/30/22.

Jason Cooney, RN 42150

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S5058	Continued From page 1 and resident and staff interview the facility failed to ensure services provided were within the scope of services allowed for an assisted living facility for 2 of 6 sample residents (#3, #4). The findings were: 1. Review of Chapter 12, Section 10(a)(vii) showed "Level 2 Discharge Requirements. In addition to Level 1 discharge criteria residents of Level 2 facilities must be discharged when one or more of the following situations exist..." 2. Review of Chapter 2, Section 8(a) "Services Which Cannot Be Provided By Level 1 Assisted Living Facility Staff" showed "...(a) The following services cannot be provided: (i) Continuous assistance with transfer and mobility;..." 3. Review of the resident record for resident #4 showed s/he was admitted to the facility on 10/1/21 and had contracted with a hospice agency on 12/1/21. Diagnoses included dementia, history of polio, and history of deep vein thrombosis. The following concerns were identified: a. Review of the care plan showed transferring - total assist with all transfers using Hoyer lift as of 12/1/21. b. Observation on 12/15/21 at 9 AM showed resident sitting in the back common area, sitting on a brody flex tilt wheelchair with a pillow under his/her knees, and blue unaboots on both feet. c. Observation and interview with resident on 12/15/21 at 1:15 PM showed in the resident bathroom was a Hoyer lift sitting back behind a wall by the shower. Interview at that time with the resident confirmed staff used the Hoyer to transfer him/her to and from bed. 4. Review of the resident record for resident #3	S5058		

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S5058	Continued From page 2 showed s/he admitted to the facility on 5/7/21 and had a contract with a hospice agency. Further review showed the resident passed away on 6/6/21. Diagnoses included Cryptogic cirrhosis, coronary artery disease, hypothermia, and ascites. The following concerns were identified: a. Review of the care plan showed the resident required total assistance with the use of a Hoyer lift for transfers. 5. Interview with the Director of Nursing on 12/16/21 at 11:30 AM confirmed facility staff transferred residents #3 and #4 with a Hoyer lift because the residents were unable to bear weight. Further, she stated she thought the facility was allowed to provide this care because the residents were also hospice patients.	S5058		

Cottonwood Creek Assisted Living
Plan of Correction for Survey 12/16/2021
Ref: LH-2022-00007

1. **S5058:**
    a. All current residents will be assessed to ensure they continue to meet residency requirements.
    b. All residents have the potential to be affected.
    c. Wellness Director and Admissions Director will be provided education on this topic.
    d. Administrator and Wellness Director will monitor compliance through monthly wellness reviews as a Quality Assurance Measure.
    e. Correction will be complete on or before 03/30/2022.