Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	R-C 02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 08/28/2001. A revisit survey was conducted on 2/24/22 for all previous deficiencies cited on 11/4/21.	{S 000}		
{S5020}	Ch 12 Sec 7 (e) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (I) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender; (C) Individual admission form. This form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social	{S5020}		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director (X6) DATE 3/11/22.

STATE FORM 6899 F2PB12

The administrator was informed of the acceptance of this POC on 3/29/22 @ 10:50 AM. Their date of completion is 3/30/22.

Jason Cooney, RN 42180

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{S5020}	Continued From page 1 security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number or other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing; (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare of safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility;	{S5020}		

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{S5020}	Continued From page 2 (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in the excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with personal funds deposited with the facility, the facility must convey, within 30 days, the resident's funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid of Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights; (G) The resident's assessment and individualized assistance plan; (H) Copies of al applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies;	{S5020}		

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{S5020}	Continued From page 3 (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. (ii) The resident shall be assured of confidential treatment of all information in the record, and the resident's written consent (or the consent of the guardian) shall be required for the release of information to persons not otherwise authorized for receive it. (iii) All residents' records shall be retained in a physically secure area for a minimum of six (6) years after the resident has left the facility and may be disposed of, by shredding or burning, after that time. (iv) In the event of dissolution of the facility, the manager shall notify the Licensing Division as to the location of all residents' records. (v) All records shall be protected from damage by fire, water and other hazards. (vi) All entries in each resident's record shall be made in ink, signed and dated. This State Rule and Regulation is not met as evidenced by: Based on review of the facility's COVID-19 outbreak data and the Wyoming State Epidemiology Long Term Care COVID-19 outbreak tracking log sheet, resident record and incident report review, staff interview, review of policy and procedure, and review of the Licensing Division incident reporting log, the facility failed to ensure a system was in place for reporting 5 of 5	{S5020}		

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{S5020}	Continued From page 4 required incidents to the Licensing Division for 2 of 8 residents (#12, #28) reviewed for a change of condition. In addition the facility failed to report 2 of 2 infectious disease outbreaks reviewed. The findings were: 1. Review of nursing notes dated 1/13/22, 1/18/22, and 2/4/22 showed resident #28 had been discovered smoking in his/her room. Review of the Licensing Division incident reporting log showed no evidence the incidents had been reported. 2. Review of an incident report dated 2/9/22 showed resident #28 was outside of the facility when his/her wheelchair tipped over and the resident's head struck the facility van's front tire. The resident was sent to the emergency department for head trauma. Review of the Licensing Division incident reporting log showed no evidence the incident had been reported. 3. Review of an incident report dated 1/17/22 showed resident #12 had fallen in the hallway and was sent to the emergency department for a laceration, possible fracture, and head trauma. The resident was hospitalized. Review of the Licensing Division incident reporting log showed no evidence the incident had been reported. 4. Review of the Wyoming State Epidemiology Long Term Care COVID-19 outbreak tracking log sheet showed the facility had an outbreak of COVID-19 which began on 10/25/21 and was resolved on 12/23/21. Review of the Licensing Division incident reporting log showed no evidence the infectious disease outbreak had been reported. 5. Review of the facility's COVID-19 outbreak	{S5020}		

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{S5020}	Continued From page 5 data showed a COVID-19 positive staff member was identified on 12/31/21 and the last positive test was reported on 2/2/22. Review of the Licensing Division incident reporting log showed no evidence the infectious disease outbreak had been reported. 6. Interview with the executive director on 2/24/22 at 4:45 PM confirmed the incidents and outbreaks had not been reported to the Licensing Division. 7. Review of the Policy, Procedure and Protocol Manual, dated August 2020, showed on page 61 "3. The Executive Director determines additional notifications, which may include regulatory agencies..."	{S5020}		

Edgewood Spring Wind

Survey Date 02/24/2022

Ref: LH-2022-0290

Plan of Correction:

S5020

1. All unreported incidents noted in survey will be reported.

2. We have evaluated our incident reporting process and made necessary adjustments to ensure all incidents are reported accurately and timely.

3. The ED or a designated staff member will audit this process to assure all incidents are reported on time and correctly. A thorough audit will be completed daily for two weeks then weekly for six weeks then monthly for three months. This audit will be kept in the state audit specific binder.

4. QA will review and discuss the process quarterly to assure nothing is being missed.

Completion Date: 3-30-2022