FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9019	A. BUILDING: _____ B. WING _____	03/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN LODGE LLC	1110 BIRCH STREET DOUGLAS, WY 82633

(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 3/3/22 to 3/9/22.	S 000		
S5000	Ch 12 Sec 6 (a) Personnel and Staffing Requirements (a) Management. If the assisted living facility has a governing body, it must designate a manager. If there is no governing body, the owner shall appoint a manager. (i) The Manager shall: (A) Be at least twenty-one (21) years of age; (B) Assume the overall responsibility for the day-to-day operation of the facility; (C) Direct the work of others, including the training and development of staff; (D) Be able to read, write, and speak English; (E) Maintain financial and other records; (F) Have a telephone with a listed number in the phone directory under the name of the assisted living facility;	S5000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jane Andrus — TITLE: Administrator — (X6) DATE: 3-29-22

This POC was accepted 4/22/22 @ 2:00PM, and the administrator was notified at that time.

Jason Cooney, RN 42180

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S5000	Continued From page 1 (G) Be familiar with and follow the State's promulgated Assisted Living Facility Licensure and Program Administration Rules; (H) Pass an open book test on the same. The open book test shall be administered by the Program Division. The passing score will be 85% or greater. Those individuals who successfully completed the examination administered by the Licensing Division shall have their test scores honored; (I) The manager shall provide an acceptable plan of correction to the Licensing Division within ten (10) days of the date when a statement of deficiencies is received by the assisted living facility; (J) The manager shall not act as, or become the legal guardian or conservator of, or have power of attorney for any resident of the facility; and (K) The manager shall meet one or more of the following requirements: (I) The manager shall have completed at least forty-eight (48) semester hours or seventy-two (72) quarter hours of post-secondary education in healthcare, elderly care, health case management, facility management, or other related field from an accredited college or institution; or (II) Have completed at least two (2) years' experience working with elderly or disabled individuals. This experience may have been paid, full-time employment, or time equivalent in part-time employment or volunteer work that is	S5000	**S5000** The facility will ensure the designated manager will pass an open book test on the same. This will be accomplished by: A) Owner provided test from the Program Division to designated manager on 3/3/2022. B) Manager has completed test and submitted on 2/25/2022. Awaiting results. C) Manager has completed test and is aware of current rules & regulations provided by Healthcare Licensing and Surveys.	3/28/22

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S5000	Continued From page 2 directly involved with the elderly or disabled. This State Rule and Regulation is not met as evidenced by: Based on employee file review and staff interview the facility failed to ensure the manager completed the Assisted Living Facility Licensure and Program Administration Rules open book test as required. The findings were: 1. Review of the administrator's employee file failed to show evidence of the open book test completion. Interview on 3/3/22 at 4 PM with the administrator confirmed she did not take the test.	S5000		
S5006	Ch 12 Sec 7 (b)(i) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services, The staff/contract Registered Nurse (RN) shall conduct initial and, at the minimum annually, and accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and /or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102: (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition.	S5006		

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S5006	Continued From page 3 (II) The ALF 102 must be completed and signed by an RN. (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure ALF 102 assessments were completed for 2 of 7 (#2, #3) sample residents. The findings were: 1. Review of the resident record showed resident #2 was admitted to the facility on 4/26/18 with diagnoses that included hypertension, hyperlipidemia, and unspecified psychosis not due to a substance or known physiologic condition. The following concerns were identified: a. Review of the resident record showed an ALF 102 assessment was documented; however, the form was not signed or dated. Further review of the resident record failed to show an admission ALF 102 assessment was completed in 2018, and failed to show annual ALF 102 assessments were completed during 2019 or 2021. 2. Review of the resident record showed resident #3 was admitted to the facility on 4/6/18 with diagnoses that included hypokalemia, neuralgia and neuritis, presence of cardiac pacemaker, hypertension, idiopathic gout, and personal history of transient ischemic attack (TIA) and	S5006	S5006 The facility will ensure to follow Assisted Living Facilities Core Services and complete ALF 102s at the time of admission, annually and/or a change of condition. This will be completed and signed by an RN. This will be accomplished by: A) ALF 102 monitoring will be placed in the facilities Quality Improvement plan on 3/28/2022 and will be reviewed at least annually, until resolved. B) Facility conducted a review and audit of all current residents' documents and resident files on 3/25/2022 to ensure ALF 102s are current and up to date. Resident #2 is current up to date with ALF 102s, year of 21 was done on 4/22/2021 and will due for another on 4/26/2022. Resident 3# is current and up to date on ALF 102s. Year of 21 done on 9/19/2021 and next is due on 9/16/2022. C) Facility has designated and educated Unit Coordinator to complete ALF 102s during an admission, and coordinate with annual service plan renewals unless it has to be done with a change of condition. D) Unit Coordinator will have a schedule of when each residents annual ALF 102 is due and will have it completed. Schedule will be made in next QAPI PIPS meeting and new admits will be added to schedule on date of admission.	

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S5006	Continued From page 4 cerebral infarction without residual deficits. Further review showed an admission ALF 102 assessment was completed on 4/2/18. The following concerns were identified: a. Review of the resident record failed to show an annual ALF 102 assessment was completed for 2019. Continued review showed an assessment was completed on 7/6/20; however, this assessment was signed by a GN (graduate nurse), and not by an RN (registered nurse). Further review showed an ALF 102 assessment was documented; however, the assessment was not dated or signed. 3. Interview with the administrator on 3/10/22 at 9:35 AM revealed the facility did not have documented ALF 102 assessments for the missing years associated with each resident. She stated she was aware assessments were required upon admission and annually, in addition to upon changes in condition.	S5006	E) Unit Coordinator will monitor and ensure annual ALF 102s have been completed and placed correctly in the resident's file.	3/28/22
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;	S5020		

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S5020	Continued From page 5 (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 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	S5020	S5020 Facility will ensure that electronic resident records will be accessible to survey team. This will be accomplished by: A) Facility has created three user accounts for survey team to access records the next time they are in the building. This information will be readily available located in our facilities state ready book. B) Facility is in the process of setting up trainings with our system in order to better navigate in the future. Will be added to our QAPI and reviewed annually until resolved. 3/28/22	

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S5020	Continued From page 6 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; (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;	S5020		

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S5020	Continued From page 7 (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; (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.	S5020		

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S5020	Continued From page 8 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to ensure the electronic resident records were accessible to the survey team as required. The findings were: 1. Observation on 3/3/22 at 2:30 PM showed the required areas for resident record review were inaccessible in the electronic medical record (EMR) system. Interview with the administrator on 3/3/22 at 4 PM confirmed only limited access was able to be provided, and she was not able to provide the required access to the EMR. She further stated she was not able to contact the EMR company to assist with surveyor access to the records.	S5020		
S5029	Ch 12 Sec 7 (j)(v) Assisted Living Facility (ALF) Core Services (j) (v) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of Food Code published by the U.S. Public Health Service, Food and Drug Administration. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and review of the 2017 Food Code, the facility failed to ensure safe food handling techniques were followed during 1 of 1 meal observation. The findings were:	S5029		

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S5029	Continued From page 9 1. Observation on 3/3/22 at 11:25 AM showed dietary aide #1 was serving lunch from the steam table. Continued observation showed the dietary aide was wearing gloves while she removed a piece of chicken from the bin in the steam table, placed it on a cutting board, and cut it into pieces. She then placed the chicken on a plate along with additional food and handed the plate to a CNA (certified nurse aide). The following concerns were identified: a. Observation on 3/3/22 at 11:30 AM showed dietary aide #1 removed her gloves, and used the hand sanitizer dispenser which was mounted on the wall above the chicken which was on the cutting board. The dietary aide, donned another pair of gloves. She cut the chicken on the cutting board, and placed it on a plate for a resident meal. The dietary aide removed her gloves and used the hand sanitizer prior to donning another pair of gloves. b. Interview on 3/3/22 at 11:35 AM with dietary aide #1 revealed she never thought about the placement of the hand sanitizer dispenser directly above food, and food preparation surfaces. c. Interview on 3/3/22 at 1:30 PM with the dietary manager stated they moved the steam table from another area approximately 4 months ago. She further stated the hand sanitizer dispenser had been in its present location prior to moving the steam table. She stated they had not thought about the hand sanitizer being located above the food and food preparation area, and confirmed it should not be there. d. According to Food Code 2017, U.S. Public Health Service: 3-305.11 Food Storage. (A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other	S5029	S5029 Facility will ensure safe food handling techniques will be followed and food will be protected from contamination. This will be accomplished by: A) Dietary manager has been re-educated 3/25/2022 on current Public Health Service Food codes. B) Dietary manager has been educated on implementing kitchen walk through sheets 3/25/2022 and facility will review them annually in QAPI until resolved. C) Hand sanitizer dispenser was removed from previous location over the steam table and was placed in a location where it would not be able to contaminate any food, dispenser was moved on 3/09/2022. 3/28/22	

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S5029	Continued From page 10 contamination; and (3) At least 15 cm (6 inches) above the floor. e. According to Food Code 2017, U.S. Public Health Service: 3-305.14 Food Preparation. During preparation, unpackaged FOOD shall be protected from environmental sources of contamination.	S5029		