Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDYSTRING RD 117 THAYNE, WY 83127

(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 on 3/29/22.	S 000	S5041 Legacy Homes ALF will create a Quality improvement plan to maintain a quality improvement program to ensure effective utilization and delivery of resident care services. Plan will include a written description of plan, problem areas identified, who will monitor and frequency of monitoring. The quality improvement plan will include a satisfaction survey given to all residents (or appropriate family member) initially and then annually. Results of surveys will be compiled to identify areas of improvement utilized in facility's self-assessment survey and compliance with regulations. This will be monitored by the facility manager and reviewed annually for compliance and to identify areas of improvement. Residents will be provided with an annual satisfaction survey to	~~5/27/22~~ 5/20/22 jc
S5041	Ch 12 Sec 7 (l) Assisted Living Facility (ALF) Core Services (l) Quality Improvement. (i) The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services. (A) A member of the facility's staff shall be designated to coordinate the quality improvement program. (B) The quality improvement program shall encompass a review of all services and programs provided for all residents. the program shall have: (I) A written description; (II) Problem areas identified; (III) Monitor identification; (IV) Frequency of monitoring; (V) A provision requiring the facility to complete annually a self-assessment survey of	S5041		

E. L. Merritt 4-21-22

Changes made per phone call with Eileen Merritt (DHA) on 4/27/22 @ 2pm. POC accepted. DOC 5/20/22. Jc

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S5041	Continued From page 1 compliance with the regulations; and (VI) A satisfaction survey shall be provided to the resident, resident's family, or resident's responsible party at least annually. (C) Problems identified during the annual survey or the quality improvement process shall be addressed with appropriate written corrective actions. (D) The quality improvement program shall be re-evaluated at least annually. This State Rule and Regulation is not met as evidenced by: Based on review of quality improvement documentation and staff interview, the facility failed to ensure an annual self-assessment survey of compliance with the regulations was completed. The findings were: 1. Review of quality improvement documentation showed no evidence the facility completed an annual self-assessment survey of compliance with the regulations. 2. During an interview on 3/29/22 at 12:50 PM the manager stated the facility had not completed a self-assessment survey of compliance with the regulations.	S5041	S5041 Cont'd identify areas of improvement needed. This will be completed by the resident or family member when appropriate. Areas addressed in satisfaction survey will include but not limited to: A) Meals and nutrition B) Personal and environmental cleanliness C) Communication regarding status changes or concerns with resident D) Activities E) Services appropriate for the resident and meets needs F) Comments to identify any additional needs they'd like to see improved. Annual surveys will include yes/no answers. Results will be reviewed by the facility manager yearly and any answers that indicate item not met will be addressed.	~~5/27/22~~ 5/20/22

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