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 _____	C 04/19/2022

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 06/28/2001. A complaint survey was conducted by Healthcare Licensing and Surveys on 4/19/22. The survey was prompted by complaint intakes LIC-22-015 and LIC-22-016.	S 000		
S5014	Ch 12 Sec 7 (c) Assisted Living Facility (ALF) Core Services (c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following: (i) Be treated with respect and dignity; (ii) Privacy; (iii) Free from physical or chemical restraints not required to threat the resident's medical symptoms. No chemical or physical restraints will be used except by order of a physician; (iv) Not to be isolated or kept apart from other resident's	S5014		

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S5014	Continued From page 1 (v) Not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated, or punished. (vi) Live free from involuntary confinement or financial exploitation; (vii) Full use of the facility's common areas; (viii) Voice grievances and recommend changes in policies and services; (ix) Communicate privately, including, but not limited to, communicating by mail or telephone with anyone; (x) Reasonable use of the telephone, which includes access to operator assistance for placing collect telephone calls; (xi) Have visitors, including the right to privacy during such visits; (xii) Make visits outside the facility. The facility manager and the resident shall share responsibility for communicating with respect to scheduling such visits; (xiii) Make decisions and choices in the management of personal affairs, assistance plans, funds, or property; (A) Including choice of home health agencies, pharmacies, personal care providers and any other private pay provider. (xiv) Except the cooperation of the provider in achieving the maximum degree of benefit from those services which are made	S5014		

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S5014	Continued From page 2 available by the facility; (xv) Exercise choice in attending and participating in religious activities; (xvi) Reimbursed at an appropriate rate for work performed on the premises for the benefit of the operator, staff, or other residents, in accordance with the resident's assistance plan; (xvii) Informed by the facility thirty (30) days in advance of changes in services or charges; (xviii) Have advocates visit, including members of community organizations whose purpose include rendering assistance to the residents; (xix) Wear clothing of choice unless otherwise indicated in the resident's plan, and in accordance with reasonable dress code; (xx) Participate in social activities, in accordance with the assistance plan; and (xxi) Examine survey results. This State Rule and Regulation is not met as evidenced by: Based on review of incident logs, incident investigation documentation, staff interview and policy review, the facility failed to ensure residents were free from physical restraint and verbal abuse for 1 of 6 sample residents (#2). The findings were: 1. Review of the facility incident log showed an allegation on 4/3/22 which involved resident #2. Further review showed 3 witnesses (employees	S5014		

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S5014	Continued From page 3 #2, #3, and #4) observed employee #1 physically restrain and yell at the resident. The following concerns were identified: a. Review of the facility investigation dated 4/11/22 through 4/12/22 showed employee #1 physically restrained resident #2 by the wrists and yelled in the residents face while the resident was assisted to the bathroom by employee #1 and employee #4. During the interaction, employee #2 and #3 entered the room, after hearing the resident yell, and observed the incident. During the investigation the facility identified additional allegations of physical injury and verbal aggression to residents by employee #1, which occurred prior to 4/3/22. b. Interview with the facility director on 4/19/22 at 2 PM revealed employee #1 was sent home the morning of 4/11/22 pending an investigation; however, prior to disciplinary action employee #1 resigned her position and did not return to work. c. Review of facility's policy titled "Residents Bill of Rights" dated September 2013 showed, "The facility shall adopt and follow a written policy of resident rights...and shall include, but are not limited to the following: ... 5. Not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated, or punished."	S5014		
S5024	Ch 12 Sec 7 (i) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (i) The facility must assure that all residents are protected from abuse. This includes the resident's right to be free from verbal, physical, mental, or sexual abuse in accordance with the definition of abuse as stated in Section 4(a) of	S5024		

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S5024	Continued From page 4 these rules. (ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated. Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately. (iii) The facility is responsible to ensure all allegations of abuse are investigated expediently and that the resident(s) are protected from further, potential abuse while the investigation is in progress. (A) Instances of abuse, neglect, or exploitation of disabled adults shall be reported to the sheriff's department, the local police department, or to the department of family services in accordance with W.S. 35-20-103. (B) The facility must ensure that, if necessary, additional authorities are contacted if there is an allegation of abuse, neglect, or exploitation. These additional authorities may include the Wyoming State Board of Nursing, Office of Healthcare Licensing and Survey, and the State Long Term Care Ombudsman. This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview, medical record review, review of facility incident log, and policy and procedure review, the facility failed to ensure reportable incidents were reported timely	S5024		

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S5024	Continued From page 5 for 1 of 5 sample residents (#2) with reportable incidents. The findings were: 1. Review of the facility incident log for 11/3/21 through 4/4/22 showed resident #2 had an allegation of abuse which occurred on 4/3/22. Further review showed the allegation was not reported until 4/10/22, 7 days after the incident occurred. 2. Review of the resident record showed resident #2 moved into the facility on 11/12/19, had a primary diagnosis of chronic obstructive pulmonary disease, and resided in the memory care unit. Interview of resident #2 on 4/19/22 at 10:30 AM confirmed s/he was pleasantly confused and was not interviewable. 3. Interview with the facility director on 4/19/22 at 11:15 AM verified the incident for resident #2 occurred on the morning of 4/3/22 but it was not reported until 4/10/22. She confirmed that it was the facility's expectation incidents of this nature were reported in a timely manner. 4. Review of the facility's policy, procedure and protocol manual titled "Event and Resident Management" dated April 2022 showed "An employee witnessing an incident involving a resident...must report such occurrence to his or her immediate supervisor as soon as practical..." 5. Review of the facility's policy, procedure and protocol manual titled "Abuse Prevention, Intervention, Reporting and Investigation" dated April 2022 showed "...all instances of actual or suspected abuse must be reported by employees immediately. Immediately is defined as, as soon as possible and not more than 24 hours from the time of the initial report."	S5024		

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Edgewood – Spring Wind
1072 N. 22nd St.
Laramie, WY 82072

Survey Date: 04/19/2021
Ref: LH-2022-0497

Plan of Correction

Tag: S5014 – Ch 12, Sec 7 (c) Assisted Living Facility (ALF) Core Services

A. Executive Director made aware of 4/3/2022 incident of 4/11/2022. Employee #1 immediately questioned about incident and sent home pending investigation. Investigation involved gathering written statements from staff and completing abuse interview with resident #2 and other residents named in employee statement, including resident #3. All residents named prior or during investigation, including resident #2 and #3, families contacted. Employee #1 resigned position, notice provided 4/12/2022 prior to completion of investigation. All appropriate agencies notified of abuse allegations including Wyoming license and survey, Wyoming Medicaid, Ombudsman and Wyoming State Board of Nursing.

B. Clinical Services Director and Resident Safety Advocate provided education on Abuse prevention/intervention and reporting policy, Resident Rights and Resident Safety Advocate form to all employees. Additional abuse related Education Topics will be scheduled at a minimum of once per quarter of the next 4 quarters.

C. To identify abuse and ensure each resident is safe from abuse, Clinical Service Director and Resident Safety Advocate will complete an abuse investigation for each resident residing in memory care unit. An Abuse investigation form will be completed once biweekly for 12 weeks, then monthly for 9 months.

D. Abuse identification and prevention will be added to our QA process and discussed at a minimum of once per quarter to ensure education and abuse investigation are being completed as stated in section(s) C and D. We will also be reviewing dementia education to be sure we are providing employees all necessary tools and understanding to care for residents with dementia.

Date of completion: 6/2/2022

Executive Director: _____ Date: 6/1/22

Accepted POC on 6/6/22 @ 11:05 AM
Dec 6/2/22 Ron notified @ 11:08 AM

Edgewood – Spring Wind
1072 N. 22nd St.
Laramie, WY 82072

Survey Date: 04/19/2021
Ref: LH-2022-0497

Plan of Correction

Tag: S5024 – Ch 12, Sec 7 (i) Assisted Living Facility (ALF) Core Services

A. Clinical Services Director and Resident Safety Advocate provided education on Abuse prevention/intervention and reporting policy, Resident Rights and Resident Safety Advocate form to all employees. This education covers the topic of mandatory reporting responsibly.

B. The topic of mandatory reporting responsibly will be included in our all staff meetings at a minimum of once per quarter for 4 quarters. This will help ensure all employees, including new employees understand their responsibility to report all instances of abuse or suspected abuse.

C. Mandatory and timely reporting will be added to QA and reevaluated at a minimum of once per quarter for 4 quarters to ensure education reminders on mandatory reporting responsibly is completed as stated in section B.

Date of completion: 4/27/2022

Executive Director: _____ Date: 6/1/22

Accepted & Ron notified. 6/6/22 11:05