Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: _____ B. WING _____	C 06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE JOURNEY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 from 6/14/22 to 6/15/22. The survey was prompted by complaint intakes LIC-22-028 and LIC-22-029.	S 000		
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 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	S5024		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jay Bell | TITLE: Owner | (X6) DATE: 7/5/2022

POC accepted. DOC = 7/1/22. Message left for Jay Bell, Owner on 7/19/22 @ 2:05PM. Janice C

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S5024	Continued From page 1 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 review of incident reports and policies and procedures, and staff interview, the facility failed to ensure a thorough investigation was completed for 1 of 1 allegations of abuse. The findings were: 1. Review of an incident report dated 5/24/22 showed resident #1 was laying on resident #2 and refusing to let the resident up from the bed. Resident #1 told resident #2 that s/he was tired of taking care of him/her. The incident report further noted that resident #2 told staff that resident #1 had hit him/her twice, but that no one had witnessed it. Both residents had dementia. The following concerns were identified: a. Further review of the incident report showed no evidence the allegation of abuse was thoroughly investigated. There was no documentation of any interviews conducted, nor was there a determination on whether the	S5024		

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S5024	Continued From page 2 allegation was substantiated. b. During an interview on 6/15/22 at 10:24 AM the administrator confirmed there lacked documentation to show the allegation was thoroughly investigated. 2. Review of the facility's policy "Abuse/Resident Abuse" (dated 1/1/20) showed "This facility has developed and implemented policies and procedures that address the investigation of allegations of abuse and neglect. Written policies include but are not limited to: ...3. The process for investigating such allegations; 4. How the facility will document the investigation process to evidence the required reported and that a thorough investigation was conducted..."	S5024		

POC accepted 7/19/22 jc

Name of Provider: Compassionate Journey

Date of Survey: June 15, 2022

Prefix tag number: S5024

Tag S5024 – Adult Protection

In order to address the changes needed to come into compliance with regard to the Adult Protection deficiency found in the June 15, 2022, survey, our organization and its employees will do the following:

1. The staff at Compassionate Journey will conduct, fully document, and record all interviews related to incidents of alleged abuse within our organization. An interview form has been developed and implemented as a tool to guide interviews regarding abuse. This document will also clearly state if the abuse was substantiated or not.
2. The interviews will include the victim of abuse, as well as the alleged abuser.
3. The information needed for mandatory reporting of such incidents will be reported to the appropriate law enforcement, social service, and government agencies. The families of the residents involved in each incident will also be notified, as will their respective physicians.
4. The interview form will be attached to the incident report and recorded in the resident's file.
5. This process is appropriate and will be conducted in every situation in which there is alleged and/or reported abuse within the facility. This correction has the ability to affect every resident within the facility.
6. The resident's involved in the survey, Resident 1 and Resident 2, as well as all other residents, will be covered by this reporting and interview process if future allegations of abuse occur.
7. The corrective action will be monitored through the Quality Improvement Process. The Incident Reports and their respective attachments will be reviewed quarterly for completeness and accuracy.
8. The completion date for the corrective action is July 1, 2022.