Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3955 EAST 12TH STREET CASPER, WY 82609

(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 7/12/22 to 7/13/22. The survey was prompted by complaint intake LIC-22-032.	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		

Accepted POC 8/15/22 @ 11:30 AM. Spoke to Kandus. DOC 8/31/22. Tappenberg RN

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3955 EAST 12TH STREET CASPER, WY 82609

(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) COMPLET DATE
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 observation, resident record review, review of facility incident log, staff interview, and policy review, the facility failed to ensure that all residents were protected from physical abuse for 1 of 7 sample residents (#3). The findings were: Resident record review for resident #3 showed he/she moved into the assisted living on 8/21/21 with a diagnosis of Alzheimer's disease and shared a room in the memory care with resident #4. The following concerns were identified: 1. Review of the facility incident log showed resident #3 had been involved in the following altercations: a. On 5/16/22 resident #3 was "tackled" to the ground by his/her roommate (resident #4) and they were rolling on the floor and slapping at each other. b. On 6/17/22 resident had a scratch under	S5024		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3955 EAST 12TH STREET CASPER, WY 82609

(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
S5024	Continued From page 2 left eye, right neck and mid forehead from resident #4. c. On 6/18/22 resident #3 was hit by resident #4. 2. Interview with LPN #1 on 7/12/22 at 2:37 PM revealed resident #4 moved from assisted living to the memory care unit a few months ago and had been aggressive towards resident #3 for the past 2-3 months. In an attempt to mitigate the altercations, resident #4 had been put on a low dose of Seroquel (an antipsychotic) in June and with each incident, the resident is put on "STOP and WATCH" status to alert the staff to monitor the behavior and activities of the resident closely. 3. Interview with CNA #1 on 7/12/22 at 3:51 PM confirmed knowledge of the concerns between the two roommates and verified training to separate, calm, and redirect the residents and then notify the nurse. 4. Interview with the executive director on 7/13/22 at 8:00 AM revealed resident #3 wandered and "has no boundaries", was non-verbal and "gets into others' space and will not move." This triggers other residents' aggression. In addition, resident #3 wandered into other resident's rooms and "rummages" so the facility tried to keep doors closed and locked, if possible, to deter intrusive wandering. The ED verified resident #4 did not recognize the roommate as such and that triggered the aggressive behavior. Photos of resident #3 were posted on the wall of the shared room and staff attempted to keep resident #3 out of the room as much as possible during the day. There were no other rooms available to relocate either resident. 5. Observation on 7/12/22 at 2:05 PM showed	S5024		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3955 EAST 12TH STREET CASPER, WY 82609

(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
S5024	Continued From page 3 resident #3 wandering about the memory care unit, walking near the walls and stopping intermittently to wiggle door handles on closed doors. Resident #3 did not engage in meaningful conversation with other residents or staff. At 2:50 PM resident #3 was not visible in the common area. Staff found the resident in another resident's bathroom at 2:56 PM. 6. Review of policy "Abuse Prevention, Intervention, Reporting and Investigation", dated 11/2018, defined physical abuse as "hitting, slapping, pinching, kicking, etc."	S5024		

Plan of Correction for Meadow Wind Assisted Living, July 13th, 2022, survey date.

Tag #S5024

Resident #3 will be relocated to alternate memory care in the facility by August 22nd, 2022. Resident #4 will be in a room by herself and will not have a roommate for the duration of her stay at Meadow Wind.

Refresher dementia training will be provided to all staff by August 31st, 2022. This training will include intervention training to deescalate behaviors prior to aggression, as well as recognizing signs of agitation and ways to redirect a resident during these times.

Staff will be instructed to redirect resident with wandering behaviors, or aggressive behaviors prior to an incident occurring.

In the future residents will be screened further for any previous or current aggression prior to admission and at each care plan annually and as needed.

Any resident with physical aggression will be placed on behavior monitoring which will be reviewed by the Clinical Services Director or Assistant Clinical Services Director weekly. Staff will be trained on the proper policy for behavior monitoring and appropriate behavior documentation by August 31st, 2022.

Any changes in policy or instances of resident aggression will be reviewed and addressed in the morning manager meeting and monthly during the quality assurance meeting.

Completion date: August, 31st 2022

Kansas mailing w/ original signature
to HLS. Hoppenberg RN. 8/15/22