Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

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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 7/13/22 to 7/14/22. The survey was prompted by complaint intake LIC-22-034.	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 treat 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	The resident found to be affected by the deficient practice voluntarily moved out of the community as of 7/31/22. To prevent this deficient practice from recurring, training will be provided to community employees on resident rights. Emphasis placed on privacy, abuse, time considerations for meeting/discussion, privacy and right of resident to choose. Training provided on appropriate documentation using DAR (Data Action Response) format. Employees will be trained on respecting privacy of the residents: when and where to discuss resident concerns and who is involved in the discussion.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mercedes Ortega

TITLE: Executive Director

(X6) DATE: 8/16/2022

POC accepted, message left w/ Alice for Mercedes 8/16/22 @ 3:00 PM DOC 8/24/22
Hoffenberg RN

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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	This training will be completed by August 26th, 2022. This training will be continue to be completed upon new hire, and annually via our Online education platform. The DON and ED will be responsible for ensuring this is completed, by running the Online education training report. This is monitored daily on our daily "Stand-Up"Form.	

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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 observation, resident record review, resident interviews, staff interviews, review of personnel files, and review of facility's policies, occupancy agreement, and resident bill of rights, the facility failed to ensure residents were not verbally abused, humiliated or intimidated for 1 of 10 sample residents (#6). The findings were: Review of the resident record for resident #6	S5014		

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S6014	Continued From page 3 showed a move-in date of 2/10/22 with diagnoses that included type II diabetes, prosthetic left leg with a below the knee amputation, depression and anxiety. The last nurse assessment completed on 6/16/22 showed the resident was oriented, socialized to others, was safe to leave the building unsupervised, required assistance with medication management and blood sugar testing, and smoked without supervision. Further review showed a note written by the director of nursing (DON) on 6/23/22 at 8:34 AM indicating they spoke with the resident's son and "notified him (the resident's) move out notice was given earlier this month and (the resident) needed to be moved out by July 1." Further review of daily progress notes showed nonspecific references to "behaviors" in the daily progress notes mixed with documentation that noted the resident was "compliant" and doing okay. Review of the June 2022 summary report showed "...resident continues to be hateful towards staff and refusing meals and medications this month. [S/he] has had no changes to [his/her] condition or changes to [his/her] medications this month." Review of the medication administration record (MAR) for 2/10/22-7/14/22 showed the resident refused medications intermittently. There was no explanation as to why the resident refused medications. The physician was not notified regarding the missed medications with the exception of notifications made on 7/1/22 and 7/9/22, via fax, that insulin was not given because the resident refused the blood sugar check. Review of facility's occupancy agreement showed the facility may terminate the occupancy agreement with a 30 day notice, if the resident is a "danger to self or others."	S6014		

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S5014	Continued From page 4 The following concerns were identified: 1. Interview with resident #6 on 7/13/22 at 10:30 AM revealed the resident felt like the executive director (ED) spoke to residents "like children." The resident stated when s/he tried to reply to the ED, the ED "got in my face and put a finger to her lips and said SHHHHH!" In addition, the resident stated the ED had called him/her a "liar"..."a drunk and a druggie" and the resident expressed his/her belief "they are trying to force me out" of here. The resident stated this treatment had caused him/her to isolate in his/her room to avoid further humiliation. 2. Observation on 7/13/22 at 11 AM showed the executive director was in a common area engaged in a conversation with the DON, assistant director of nursing (ADON), a medicaid waiver case manager and 2 hospice nurses. At least one other resident was in the area. The ED was overheard saying the following about resident #6: "...the resident isn't eating, does not participate in activities, will not have laundry done or allow housekeeping in the room, will not take medications, is drinking alcohol, and getting other residents stoned, drove off the premises with another resident that is not 'his own person', is self-neglecting, and hates us"..."we are going to end up getting in trouble." At 11:20 AM, resident #6 entered the facility through the front door after being outside and was invited to join the group. The ED was then overheard repeating the concerns to the resident she had already shared with the group. The resident was overheard defending him/herself against accusations of refusing to eat, not attending activities, refusing housekeeping, drinking alcohol, leaving the premises with another resident, and more.	S5014		

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S5014	Continued From page 5 3. An additional interview with resident #6 on 7/14/22 at 10:50 AM, verified the resident was not aware there was to be any group meeting on 7/13/22, and was caught off guard by it. 4. Interview with resident #2 on 7/13/22 at 12:45 PM confirmed s/he overheard the ED talking about and to resident #6 in the common area. The resident verified the ED "yelled" at resident #6 on that day, and stated it had happened before. 5. Interview with the ED 7/14/22 at 12:20 PM confirmed the conversation regarding resident #6 had been overheard by people who did not have a need to know about these discussions. The ED revealed the resident was not a danger to him/herself or others. The ED further verified she had been "worried about the resident's drinking" however, she was unable to provide evidence the resident routinely bought or drank alcohol. 6. Review of the facility's Resident Bill of Rights, revised 12/2/2015, showed, "1. The right to be treated with respect and dignity ..."	S5014		
S5043	Ch 12 Sec 7 (n) Assisted Living Facility (ALF) Core Sevices (n) Furnishings, Buildings, Physical Plant (i) One half of the licensed beds shall be private rooms; (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below;	S5043	Residents found to be affected by the deficient practice, #1, 2, 5, 6, 7, 8, 9, 10 has been cleaned including sweeping, vacuuming, dusting permanent fixtures, sanitizing bathroom and fixtures as of 7/29/2022 by our full-time housekeeper. To prevent the deficient practice from recurring, ED will develop a plan to provide housekeeping services in the absence of an employed housekeeper: weekly or as indicated in the service plan. This plan will be completed by August 26th, 2022.	

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S5043	Continued From page 6 (A) All windows shall have drapes, curtains, shades or blinds to assure privacy; (B) Beds (if provided by the facility) shall be at least standard size in width (39"), and shall be equipped with comfortable, clean mattresses and pillows. Mattresses shall be professionally renovated or replaced as needed. Extra long beds shall be used to accommodate tall residents. Rollaway-type beds, cots and folding beds shall not be used unless the resident brings these items from home for personal use; (I) Two residents may, by consent of both parties, or by approval of the appropriate responsible party, be permitted to use one bed no smaller than double size, and occupy a single-bed sleeping room. (C) Cabinet or bedside table; (D) Non-combustible wastebasket; (E) Chair; and (F) If common closets are utilized by two (2) or more residents, dividers shall be provided for separation of each resident's clothing. All closets shall be equipped with doors. Free-standing closets shall be deducted from the square footage in the sleeping room. (G) The size and arrangement of the residents' beds, furnishings, possession or equipment shall allow the resident to gain fire emergency access to windows and doors, and access the toilet room. Multiple-bed rooms shall have at least three (3) feet between beds.	S5043	Assignments made to leadership group to inspect apartments weekly for cleanliness and provide cleaning if needed. This will be monitored by the ED. House keepers will provide a report to the ED at the end of each day of rooms completed. ED will verify cleaning is completed at the end of each day by signing off on the form after inspection.	

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S5043	Continued From page 7 (H) Residents shall be encouraged to bring personal items and furniture for their rooms, (e.g., beds, chairs, and pictures); (I) There shall be at least one (1) bedside screen per double room available to provide resident privacy when needed; (J) There shall be an adequate supply of hot and cold water available at each lavatory, bathtub/shower, kitchen sink, dishwasher, and laundry equipment. Hot water for bathing, and resident handwashing, and laundry should be no hotter than one hundred and twenty (120°) degrees Fahrenheit. (K) All plumbing shall be maintained in good repair and according to the requirements of the Uniform Plumbing Code; (L) Private water systems shall be safe, potable, and have an adequate supply. Testing shall be done monthly an records of tests shall be retained at the facility. (II) Private water systems shall be tested and found safe and potable before Licensure is granted. (L) Fireplaces shall be securely screened and glassed in; (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings; (N) At least one primary grade level	S5043		

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S5043	Continued From page 8 entrance tot he building shall be freely accessible for wheelchairs; (O) Each resident shall have his individual comb, toothbrush, towels, and wash cloths; (P) Clean drinking glasses shall be available for the residents. Common drinking cups are prohibited; (Q) Bathrooms shall have soap and toilet paper. The facility shall provide paper towels or a blow dryer for hands, or rack space adequate for each resident using the bathroom to hang his/her personal towel. Use of a common towel is prohibited; (R) Provisions shall be made for privacy in all bath an toilet rooms; (S) Automatic deodorizers or aerosol fresheners shall not be used except in bathrooms; and (T) Residents shall not use a common bar of soap. The facility shall provide either soap dispensers or individual bars of soap for each resident. (U) Housekeeping. (I) Housekeeping practices and procedures shall be employed to keep the home free from offensive odors, accumulations of dirt, and dust. (II) Floors shall be maintained and clean.	S5043		

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S5043	Continued From page 9 (III) Polish of floors shall provide a non-slip finish. (IV) Throw or scatter rugs shall not be used. Non-slip mats may be used. (V) Covered containers with tight lids shall be used for garbage storage. (W) The facility shall be maintained free of insects and rodents. All windows shall be screened. All exit doors opening inward shall have a screen door. (X) Linens and Laundry. (I) Laundry service for linen and residents' personal clothing shall be provided. The manager shall take measures to ensure that residents' clothing is not lost or misplaced while laundering. (II) All linen shall be bagged or placed in a hamper before being transported to the laundry area. (III) Bed linen shall be changed as necessary but at least weekly. Additional blankets or pillows shall be provided. Rubber or water protective sheets shall be used if indicated. (IV) Two (2) complete changes of clean bed linen shall be on hand for each licensed bed. (1.) Torn, worn, or unclean bed linen shall not be used.	S5043		