Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF004	A. BUILDING: _____ B. WING _____	C 07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 STREET CASPER, WY 82601

(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 08/28/2001. A complaint survey was conducted by Healthcare Licensing and Surveys on 7/20/22. The survey was prompted by complaint intake LIC-22-035. The following abbreviations are used throughout this document: DON: Director of Nursing Less commonly used abbreviations will be annotate in each deficiency.	S 000		
S5005	Ch 12 Sec 7 (a) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (i) Meals, housekeeping, personal and other laundry services; (A) Provision of mechanically altered diets and dietary supplements, if required. (ii) A safe and clean environment; (iii) Assistance with local transportation; (iv) Assistance with obtaining medical, dental, and optometric care, in addition to social services;	S5005		

8/18/2022- 3:10pm. I spoke with the administrator and the plan of correction has been accepted with agreed upon changes. Changes include a date of compliance of 8/26/22. TimCoen

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S5005	Continued From page 1	S5005		

(v) Assistance in adjusting to group living activities;

(vi) Maintenance of a personal fund account, if requested by the resident or resident's responsible party, showing any and all deposits, withdrawals, and transactions of the account;

(vii) Provision of appropriate recreational activities in/out of the assisted living facility;

(viii) Care of individuals who require any or all of the following services:

(A) Partial assistance with personal care, e.g. bathing, shampoos;

(B) Limited assistance with dressing;

(C) Minor non-sterile dressing changes;

(D) Stage I skin care - skin integrity intact;

(E) Infrequent assistance with mobility. The resident may use an assistive device; e.g., wheel chair, walker, cane;

(F) Cuing guidance with ADLs for the visually impaired resident, or the intermittently confused and/or agitated resident requiring occasional reminders to time, place and person;

(G) Care of the resident who can independently manage his own catheter or ostomy, e.g., resident who can change his own catheter bags, able to clean and care for his ostomy;

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S5005	Continued From page 2 (H) Care of the resident incontinent of bowel or bladder if the condition can be managed independently; (ix) Assessments completed by a Registered Nurse; (A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the residents' medication is changed; (x) Twenty-four (24) hour monitoring of each resident. This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview, medical record review, facility bus driver checklist review, facility fall report review, and policy review, the facility failed to ensure safety during transportation for 1 of 3 sample residents (#1) with motorized scooters. The findings were: 1. Review of a fall nurse charting note dated 7/6/22 and timed 2 PM showed "[Resident #1] was loaded onto the facility bus on [his/her] motorized scooter to go to an appointment. On the way the bus turned a corner and hit the curb causing the residents [sic] scooter to tip over. Resident landed on the floor of the bus and the scooter fell on top of [him/her]. Bus driver stopped the vehicle and assisted resident up. [S/he] was holding her left shoulder and c/o pain so driver immediately drove [him/her] to the ER...Resident was found to have a fractured sternoclavicular joint and fractured rib on [his/her] left side. [S/he] was admitted to [hospital] Surgical	S5005		

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S5005	Continued From page 3 floor. Resident notified [his/her] daughter [name] at the time of the incident. [Daughter] then contacted ALF staff concerning this incident." The following concerns were identified: a. Interview with resident #1 on 7/20/22 at 12:10 PM revealed on 7/6/22 the resident had a stress test which was scheduled early in the morning. Life enrichment coordinator #1 was driving the "big bus" that day, was "running late," and was in hurry, so the resident was instructed to enter the bus with his/her motorized scooter. The bus driver did not ask the resident to transfer to another seat or secure the motorized scooter or resident in any way. The resident revealed the van driver left the facility to take the resident to the appointment and when she turned down one of the streets "real quick," the bus hit the curb, the resident "popped up off the scooter" and the scooter fell on top of him/her. The resident revealed the driver stopped the bus and assisted the resident back onto the scooter. The resident revealed after s/he was helped up, the bus driver asked if s/he would like to continue to the appointment. The resident revealed s/he "had to tell [the driver] to go to the ER [emergency room]" and s/he "thought something was broken." Further interview revealed the resident normally used a regular wheelchair when s/he went to appointments; however, on that day the bus driver had her use the motorized scooter. The resident confirmed she received 2 fractures and revealed the bus driver told her she had "previous issues" while driving the bus. b. Interview with the DON on 7/20/22 at 12:15 PM confirmed residents were normally transported in a manual wheelchair when using the facility van, the wheelchair should be secured down, and a lap belt should be placed across the resident. She revealed all drivers were to perform a skills check off prior to being approved to drive	S5005		

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S5005	Continued From page 4	S5005		

the facility van. Further interview revealed life enrichment coordinator #1 texted her to notify her the resident had fallen in the van; however, it was not communicated the fall occurred while the van was in motion. She revealed life enrichment coordinator #1 was terminated when she returned to the facility.

c. Review of a bus driver training checklist for bus driver #1 dated 6/13/22 showed "...Corners & Turns. Make sure you have a good feel for how the bus takes corners and turns to avoid hitting curbs and objects...Inspect and prepare all your belts and retractors. Ensure webbing is not cut, frayed, or damaged. Ensure metal parts are not worn, broken, or cracked. Check floor for anchorages to ensure cleanliness and securement. Check shoulder belt anchorages for proper securement and operation. Check lap and shoulder belt webbing to ensure they are not cut, frayed or damaged. Check buckles for damage and ensure proper operation. Check male buckle pin connector bushing to ensure it is not cracked, broken or missing...Securing Wheelchairs...3. Once wheelchair is in place: Lock the wheelchair brakes. Secure the four hooks from the floor strap to the wheelchair. There should be two locks in front with wheelchair centered between them and two hooks behind wheelchair. Secure the seatbelt strap across the resident and to the back floor strip. The strap should secure to the floor lock on the hook provided in the floor lock. Ensure wheelchair is solidly locked in place by pulling on the wheelchair..." Further review showed the checklist for bus driver #1 was signed by the trainer who was life enrichment coordinator #1.

d. Review of the facility fall report dated 7/6/22 and timed 7:15 AM showed resident #1 was not placed in a seat and his/her scooter was not strapped down. Further review showed the

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S5005	Continued From page 5 sections 14 through 27 were not completed which included "24) Did the resident require hospitalization related to the fall? If yes, Why?," "25) Clinical Summary/Root Cause Analysis," and "26) Interventions and Supervisor Actions." e. Interview with the DON, business office manager, and administrator on 7/20/22 at 1:37 PM revealed the facility was unable to find a bus driver training checklist for life enrichment coordinator #1, the facility did not interview other residents to determine if similar incidents had occurred, and did not perform audits to ensure residents were properly secured by facility bus drivers. Further interview revealed the only intervention implemented following the incident was training all current bus drivers on the facility policy. f. Review of the facility policy titled "Authorized Company Drivers Policy" last revised March 2019 showed "...All drivers and passengers operating or riding in Company vehicles must wear seat belts..."	S5005		

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: July 20, 2022

TAG: S5005

1. CORRECTIVE ACTON

All current drivers have been educated that Park Place staff will not load residents onto a company vehicle in an electric wheelchair or scooter. They may use manual wheelchairs only and residents will be transferred to a seat and buckled securely for increased safety whenever possible. In the Park Place van, drivers may secure a resident in a wheelchair as long at it is locked and secured with the 4 point floor hooks and lap and shoulder belt.

2. IDENTIFICATION OF OTHERS AT RISK

All residents using electric wheelchairs or scooters were put at risk.

3. SYSTEM MEASURES

All current drivers have been educated in person by a previously trained driver on both Edgewood vehicles. They have received all Edgewood policies, and a completed driving checklist and signed policy are on file for each driver. Signed acknowledgement of our no electric wheelchair or scooter form is also on file for each driver.

4. MONITORING

Administrator will ride with all current drivers during the transport of a resident by August 26, 2022. Administer will have an initial ride with any new driver the first time they transport a resident. After this, the administrator will ride along during resident transport a minimum of once weekly for a month to ensure compliance. Thereafter Administrator will ride along once a month for two months and then quarterly.

5. QA

This will be reviewed quarterly during QA/Safety meetings to ensure ongoing compliance.

Doc: 8/24/2022 K

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: July 20, 2022

TAG: S5005

1. **CORRECTIVE ACTON**

All current drivers took a course educating on the importance of never speeding or being in a hurry as this can increase the likelihood of an accident.

2. **IDENTIFICATION OF OTHERS AT RISK**

All residents were put at risk.

3. **SYSTEM MEASURES**

All current drivers have been educated in person by a previously trained driver on both Edgewood vehicles. They have received all Edgewood policies, and a completed driving checklist and signed policy are on file for each driver. Relias education course on safe driving has also been completed. Any new drivers will complete all education and sign all policies prior to transporting residents. These documents will be signed by the appropriate trainer and the administrator to ensure compliance.

4. **MONITORING**

Relias education course will be assigned to all drivers on a quarterly basis for continuing education and compliance.

5. **QA**

This will be reviewed quarterly during QA/Safety meetings to ensure ongoing compliance.

DOC: 8/26/2022 TC

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: July 20, 2022

TAG: S5005

1. **CORRECTIVE ACTON**

Per Edgewood policy all incidents involving a resident must be reported to the DON or ED immediately to determine a further course of action. Per Edgewood vehicle accident policy, the ED and emergency services must be notified.

2. **IDENTIFICATION OF OTHERS AT RISK**

All residents were put at risk.

3. **SYSTEM MEASURES**

All current drivers have been educated in person by a previously trained driver on both Edgewood vehicles. They have received all Edgewood policies, and a completed driving checklist and signed policy are on file for each driver. Any new driver will be trained in person and will have all required checklists and signed policies on file prior to transporting any residents.

4. **MONITORING**

In-services will be held on a quarterly basis for continuing education.

5. **QA**

This will be reviewed quarterly during QA/Safety meetings to ensure ongoing compliance.

DOC: 8/26/2022

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: July 20, 2022

TAG: S5005

1. **CORRECTIVE ACTON**

Any new driver that is onboarded will complete the driver safety checklist, be walked through the company vehicle by a previously trained driver and have signed policies on file prior to transporting residents.

2. **IDENTIFICATION OF OTHERS AT RISK**

All residents were put at risk.

3. **SYSTEM MEASURES**

All current drivers have been educated in person by a previously trained driver on both Edgewood vehicles. They have received all Edgewood policies, and a completed driving checklist and signed policy are on file for each driver. Relias education course on safe driving has also been completed.

4. **MONITORING**

Administrator participated in this training and will sign off on any driver training to ensure compliance, and ensure it is complete and on file prior to transporting any residents.

5. **QA**

This will be reviewed quarterly during QA/Safety meetings to ensure ongoing compliance.

DOC: 8/26/2022 TC

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: July 20, 2022

TAG: 55005

1. **CORRECTIVE ACTON**

Incident reporting process is in place. Printed forms do show completion of the entire incident report.

2. **IDENTIFICATION OF OTHERS AT RISK**

No risk identified. This incident was reported completely in our system, to WDH and the Ombudsman.

3. **SYSTEM MEASURES**

DON educated to print incident reports in both systems when requested to properly display the entire incident. ED will also print the final incident report after signing off and keep a copy on file.

4. **MONITORING**

ED will print and file all incident reports.

5. **QA**

This will be reviewed quarterly during QA/Safety meetings to ensure ongoing compliance.

Doc: 8/26/2022 TC

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: July 20, 2022

TAG: S5005

1. **CORRECTIVE ACTON**

A sample of four additional residents were interviewed by the administrator to assess for any concerns while they have been transported in a company vehicle. No current concerns were noted with any of the residents interviewed.

2. **IDENTIFICATION OF OTHERS AT RISK**

All residents potentially put at risk. No further risk was identified.

3. **SYSTEM MEASURES**

Signage has been placed in the Park Place van stating that seatbelts must be fastened at all times.

4. **MONITORING**

Relias education course will be assigned to all drivers on a quarterly basis for continuing education and compliance.

5. **QA**

This will be reviewed quarterly during QA/Safety meetings to ensure ongoing compliance.

Doc: 8/26/2022

PLAN OF CORRECTION

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: July 20, 2022

TAG: S5005

1. CORRECTIVE ACTON

Daily Pre-trip vehicle inspection forms have been placed in the van. The driver will complete this daily prior to transporting residents.

2. IDENTIFICATION OF OTHERS AT RISK

All residents were put at risk.

3. SYSTEM MEASURES

All current drivers have been educated in person by a previously trained driver on both Edgewood vehicles. They have received all Edgewood policies and a completed driving checklist and signed policy are on file for each driver.

4. MONITORING

Driver will turn pre-trip form into the Administrator daily to ensure compliance. Administrator will keep a file of these forms.

5. QA

This will be reviewed quarterly during QA/Safety meetings to ensure ongoing compliance.

POC: 8/26/2022 TC