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 09/21/2022 |

| 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<br><br>Rules and Regulations utilized for this survey are:<br><br>Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020.<br><br>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 9/21/22. The survey was prompted by complaint intake LIC-22-041. | S 000 | | |
| S5024 | Ch 12 Sec 7 (i) Assisted Living Facility (ALF) Core Services<br><br>(i) Adult Protection.<br><br>(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.<br><br>(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.<br><br>(iii) The facility is responsible to ensure all allegations of abuse are investigated expediently and that the resident(s) are protected from | S5024 | | |



This plan was accepted by Jason Cooney, RN on 11/8/22. the administrator was notified on 11/8/22 at 2:39 PM. their date of completion was 10/31/22.

Jason Cooney, RN
42180

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 09/21/2022 |

| 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 1<br>further, potential abuse while the investigation is in progress.<br><br>(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.<br><br>(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.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on review of facility incident reports, resident record review, resident and staff interview, and policy review, the facility failed to ensure residents were free from abuse for 1 of 7 sample residents (#3) reviewed. The findings were:<br><br>1. Review of the resident record for resident #3 showed s/he was admitted to the facility on 5/13/21 with a diagnosis of type 1 diabetes. Review of the medical record for resident #7 showed s/he was admitted to the facility on 2/19/20 with a diagnosis of schizophrenia. The following concerns were identified:<br>a. Review of a facility incident report dated 9/6/22, showed resident #7 entered the room of resident #3 while the resident was sleeping in bed. Resident #3 was awakened when resident #7 touched his/her genitals..<br>b. Interview with resident #3 on 9/21/22 at 12:40 PM revealed s/he had woken up the night | 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 09/21/2022 |

| 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<br>of 9/5/22 to resident #7 touching his/her genitals and felt penetration by resident #7's fingers. Resident #3 reported the sexual assault to facility staff the next morning and the police came and interviewed the resident. The resident revealed s/he was fearful for approximately a week after the incident that resident #7 would "jump out of somewhere" and had asked staff for an escort to and from meals for reassurance.<br>c. Review of the resident record for resident #7 showed s/he was discharged on 9/6/22.<br><br>2. Interview with the DON on 9/21/22 at 1:30 PM verified the sexual assault of resident #3 by resident #7 occurred on 9/5/22 about 11:45 PM and was reported by resident #3 at 7 AM. In addition, the DON stated resident #7 had admitted to entering resident #3's room and touching him/her under the blanket. The police were notified and resident #7 was removed from the facility on 9/6/22.<br><br>3. Review of policy "Abuse Prevention, Intervention, Reporting and Investigation" dated April 2022, showed "Residents are to be free from verbal, sexual, physical, emotional/mental abuse..." | S5024 | | |

Plan of Correction for Meadow Wind Assisted Living, September 21st, 2022, survey date.

Tag #S5024

Resident #3 has been provided counseling services through victim services due to assault. Resident has been encouraged to lock her door while she is in her room for additional protection per resident right. A sign has been placed outside of residents door to remind staff to lock her door per resident request. Staff escorts are provided as needed if resident requests.

Resident #4 was discharged immediately following investigation on September 6th, 2022 and was supervised during the investigation.

Any new admission to the facility will be screened using the sexual abuse registry and kept on file in the facility. Any possible admission with a psychiatric disorder will have all medical records reviewed by the Clinical Services Director in conjunction with the Regional Nursing Director prior to admission to the facility.

All new admissions will be reviewed by the Clinical Services Director or the Assistant Clinical Services Director weekly for 1 month, monthly for 3 months, and quarterly for 1 year. All residents are assessed and reviewed yearly following admission. This review will include all personal needs, behaviors, and possible concerns.

Refresher abuse training will be provided to all staff by October 31st, 2022. This training titled Recognizing and Responding to Elder Abuse in Residential Care Setting will include additional training to the clinical and non-clinical staff in the facility regarding signs of abuse and how to intervene. Training regarding abuse reporting and what steps are taken following the initial report will be provided on October 18th, 2022, to all staff.

Completion date: October 31st, 2022