PRINTED: 12/28/2022
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF017	A. BUILDING: _____ B. WING _____	C 12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	960 HOMESTEAD AVENUE RIVERTON, WY 82501

(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 licensure survey was conducted by Healthcare Licensing and Surveys on 12/12/22 through 12/13/22. Also reviewed in the course of the survey was complaint intake LIC-23-001.	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		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carling Clausen	Administrator	12/28/22 Follow up 1-19-23

STATE FORM 6899 UWGO11 If continuation sheet 1 of 4

POC approved 04/07/23

James Thomas, RN
41190

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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		

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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 and staff interview the facility failed to ensure residents could exercise their right to examine survey results. The findings were: 1. Observations made on 12/12/22 at 4:16 PM showed the results of the last state survey were not accessible. 2. Interview with the facility administrator on 12/13/22 at 10 AM revealed that the past survey	S5014	**S5014** **Most recent State Survey results were posted in the dining room (common area) near Ombudsman information before current survey was completed. All Residents in the facility were affected by this deficiency and were notified by the Administrator that the paperwork identified above was posted in the dining room and available for them to review at any time. All staff were informed of the deficiency and educated on where to find the previous survey information. This deficiency was reviewed at our quality care meeting and audited by the Administrator daily for one month with satisfactory results.**	12/13/22

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S5014	Continued From page 3 had been pinned to the wall with a thumbtack but kept falling down. It had since been placed in a drawer in the administrator's office. Further interview revealed the survey was not accessible to elders or their families.	S5014		
S5029	Ch 12 Sec 7 (j)(v) Assisted Living Facility (ALF) Core Services (j) (v) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of Food Code published by the U.S. Public Health Service, Food and Drug Administration. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to provide the needed protection from possible hair contamination during food handling. The census was 30 elders. The findings were: 1. Observations of meal preparation on 12/12/22 and 12/13/22 showed staff member #3 was actively engaged in the preparation, cooking, and serving of the meals for 30 elders. During those time periods the staff member did not wear a hair protection device. 2. Interview with the facility administrator on 12/13/22 at 10 AM revealed the staff were unaware of the need for hair covering during those procedures.	S5029	**S5029** **Hair coverings (hair nets) were ordered from a local distributer as soon as current survey was completed. All Residents in the facility were potentially affected by this deficiency. All five kitchen staff members were educated by the Administrator on this deficiency and agreed to wear a "hair protection device" during food handling in the kitchen. This deficiency was reviewed at our quality care meeting and audited by the Administrator daily for one month with satisfactory results.**	12/13/22