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 _____ | 04/26/2023 |

| 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<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 licensure survey was conducted by Healthcare Licensing and Surveys from 4/25/23 to 4/26/23. | S 000 | | |
| S5007 | Ch 12 Sec 7 (b)(ii) Assisted Living Facility (ALF) Core Services<br><br>(b) (ii) Admission orders. A resident shall be admitted only if accompanied by a history and physical completed by a physician or physician extender within ninety (90) days prior to admission. The facility shall confirm the resident's medication regimen and special treatment orders at the time of admission.<br><br>(A) Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, unless contraindicated. The facility must develop and implement policies and procedures to ensure the following:<br><br>(I) Residents, or their legal representative are educated regarding the risks and benefits of these immunizations.<br><br>(II) The immunizations are offered unless medically contraindicated or the resident is currently immunized.<br><br>(III) If the resident is not vaccinated, | S5007 | | |



Accepted POC 5/11/23 at 9:45 AM Heather notified.
POC 6/20/23
Hoppenberg RN

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| S5007 | Continued From page 1<br>the medical record must reflect the reason, such as medical contraindication or refusal.<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on medical record review and staff interview, the facility failed to ensure admission orders included pneumococcal immunization status, and orders for immunization if required, for 3 of 10 sample residents (#1, #5, #6). The findings were:<br><br>1. Medical record review for patient #1 showed the resident was admitted to the facility on 3/10/22. Further review showed the agency had not recorded pneumoccocal immunization status for this resident on admission.<br>2. Medical record review for patient #5 showed the resident was admitted to the facility on 4/16/22. Further review showed the agency had not recorded pneumoccocal immunization status for this resident on admission.<br>3. Medical record review for patient #6 showed the resident was admitted to the facility on 4/18/22. Further review showed the agency had not recorded pneumoccocal immunization status for this resident on admission.<br>4. Interview with the director of nursing on 4/26/23 at 2:38 PM verified the pneumococcal immunization status of new residents was not something they had adequately verified in the past. | S5007 | | |

PLAN OF CORRECTION

**FACILITY NAME:** PARK PLACE ASSISTED LIVING COMMUNITY

**SURVEY DATE:** April 26, 2023

**TAG:** S5007



## 1. CORRECTIVE ACTON

The physicians have been contacted for all residents that do not have a documented vaccination status. If we are unable to obtain the vaccine information, the vaccine will be offered to the resident and receipt or refusal will be documented in the resident record.

## 2. IDENTIFICATION OF OTHERS AT RISK

23 of 55 residents were found to not have Pneumococcal vaccination status listed in their record.

## 3. SYSTEM MEASURES

Pneumococcal vaccination status will be documented on all residents by June 20, 2023.

## 4. MONITORING

Upon receiving new admission orders, the Clinical Services Director will verify and document Pneumococcal vaccination status in the resident record. If the MD omits this information on the admission orders, she will contact them to obtain it for the resident record.

## 5. QA

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