Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF007	A. BUILDING: _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINTE FRONTIER RETIREMENT COMMUNITY	1406 PRAIRIE AVENUE CHEYENNE, WY 82009

(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 complaint survey was conducted by Healthcare Licensing and Surveys on 4/6/23. The survey was prompted by complaint intake LIC-23-024 The following common abbreviations are used throughout this document: ADLs: Activities of Daily Living CNA: Certified Nursing Assistant ED: Executive Director LPN: Licensed Practical Nurse RCD: Resident Care Director Less commonly used abbreviations will be annotated in each deficiency.	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;	S5014		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Molly Stumes — TITLE: Executive Director — (X6) DATE: 4/27/23

Accepted 5/5/23 @ 2pm
not-tied Molly - NHA

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S5014	Continued From page 1 (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 (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;	S5014		

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S5014	Continued From page 2 (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 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.	S5014		

Healthcare Licensing and Surveys

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S5014	Continued From page 3 This State Rule and Regulation is not met as evidenced by: Based on review of resident records and facility investigation reports, staff interview, and policy and procedure review, the facility failed to ensure residents were not verbally abused, humiliated or intimidated for 1 of 1 (#1) sample resident reviewed for abuse. The findings were: 1. Review of resident #1's care plan evaluation, dated 2/1/23, showed under the topic of "Bathing" the resident required moderate to extensive assistance 1 to 2 times per week. In addition, the resident had a history of being resistive to showers, and physical aggression towards caregivers. The CNA was to notify the nurse 30 minutes prior to the resident's shower so the nurse could administer ordered medication. The topic of "Behavior/Psychosocial Needs" showed "Resident can be resistive to care such as showers...With [his/her] resistance, [s/he] has been known to yell at care givers, push them away, or slap their hands. Resident currently has order for medication prior to showers." Interventions included "If you meet resistance with ADLs: Stop, ensure safety, and resume/re-approach at a later time." Review of the resident's medication administration record showed the resident received 1 milligram of lorazepam (antianxiety medication) as needed for anxiety prior to showering; this was administered at 8:09 AM on 3/21/23. The following concerns were identified: a. Interview with CNA #1 on 4/6/23 at 10:18 AM revealed on 3/21/23 she had attempted to assist the resident with a shower; the resident refused and was "mean". The CNA left the resident's room and enlisted the assistance of LPN #1. LPN #1 was able to reassure the	S5014		

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S5014	Continued From page 4 resident and coax him/her into the bathroom. After LPN #1 left the room the resident left the bathroom and again became resistive to care. CNA #1 stated she went to get assistance and the RCD and LPN #1 came to the door. At this time the RCD entered the room and CNA #1 heard the RCD tell the resident "you have to take a shower" and "I don't care what you do" and took the resident into the bathroom. CNA #1 witnessed the resident "beating" on the RCD and the resident yelling "get out of here you bitch". CNA #1 stated she watched as the RCD "forced" the resident into the shower and "held [him/her] down to wash [his/her] hair." CNA #1 stated she reported the incident to LPN #1 and LPN #2 after the incident, and later in the day informed CNA #2. CNA #1 "thought" that CNA #2 had reported the incident to the ED. b. Interview with LPN #1 on 4/6/23 at 9:17 AM revealed she had assisted CNA #1 because she had a good relationship with the resident. LPN #1 stated she was able to coax the resident into the bathroom for a shower and then left the room. The second time CNA #1 asked for assistance the RCD stated she would take care of it. LPN #1 stated she was in the hallway and heard the resident yelling "let go of me" and "don't touch me". An additional interview held at 10:40 AM with LPN #1 revealed CNA #1 had reported to her "that was ugly"; however, the CNA did not provide details. LPN #1 stated she did not report the incident to the ED because the RCD was her supervising nurse. c. Interview with LPN #2 on 4/6/23 at 10:52 AM revealed she had just come on shift the day of the incident and heard a lot of "screaming" coming from the resident's room with the resident yelling "help" and calling for the "sheriff". LPN #2 stated she had never heard "screaming" like that before and went and stood outside of the	S5014		

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S5014	Continued From page 5 resident's door. At this time she was told by LPN #1 the RCD and CNA #1 were in the resident's room. After CNA #1 exited the resident's room she told LPN #2 "that didn't go well"; however, the CNA did not provide any details. LPN #2 stated she did not report the incident to the ED because the RCD was her supervising nurse. d. Telephone interview with CNA #2 on 4/6/23 at 11:36 AM revealed she had been informed of the incident by CNA #1 on 3/21/23. CNA #2 stated she had stopped the ED in the hallway the "next day", told her about the situation with resident #1, and told the ED she thought it should be investigated. e. Review of the facility's investigative report showed the RCD was suspended via telephone at 6 PM on 3/23/23 (approximately 2 and half days after the incident occurred). An assessment of the resident dated 3/24/23 and timed 10 AM showed "ED observed bruising on [the resident's] right forearm and hand." A document, dated 3/24/23 and timed 9:58 AM, showed the RCD refused to provide a statement and "I am not saying a word to anyone, you can contact my lawyer." f. Review of an unsigned and undated statement from the RCD, provided to the facility from a lawyer, described a situation where the resident was resistive to care when a shower was being attempted. There were instances where the resident stated "get the hell out"; screaming that s/he was being burned; "let me go, get off of me"; and "get out of here, I can dress myself." The statement also described the resident as being combative and the RCD responded by "I then put [him/her] wrists together and loosely held them to prevent [him/her] from getting hurt while trying to hit me."; and while dressing the resident "The resident was trying to hit and kick both of us at this point, so I held [his/her] wrists to protect	S5014		

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S5014	Continued From page 6 [him/her] from getting hurt while "s/he was swinging [his/her] arms around trying to hit us." g. Interview with the ED on 4/6/23 at 11:40 AM revealed she had not been informed of the incident until 3/23/23 when CNA #2 had approached her. The ED stated the RCD was terminated; however, staff education had not been provided, nor the board of nursing contacted. 2. Review of the "Resident Abuse Policy", last revised 1/4/22, showed "Any form of mistreatment of residents including but not limited to abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property is strictly prohibited...Associates will ensure residents are removed from area of alleged or suspected abuse and maintained in an environment that ensures the resident is free from immediate harm...Each associate is a mandated reporter and has a duty as an individual to report any actual/known, alleged, suspected incident of physical abuse, neglect, exploitation, financial abuse, abandonment or isolation to the office of the Mandatory State Regulatory Reporting, Ombudsman and local law enforcement with 24 hours of suspicion or allegation...Each associate is required to report any actual/known, alleged, suspected incident of physical abuse, neglect, exploitation, financial abuse, abandonment, or isolation to his/her supervisor immediately or as soon as practicable. (This includes incidents/actions the associate observes, suspects, or is informed of by a resident, family member, visitor or vendor). The Executive Director will ensure documentation of the resident status, physician and family notification is completed in the resident record."	S5014		

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S5020	Continued From page 7	S5020		
S5020	Ch 12 Sec 7 (e) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender; (C) Individual admission form. This form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number or other	S5020		

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S5020	Continued From page 8 medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing; (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare of safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (i) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in the excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to	S5020		

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S5020	Continued From page 9 generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with personal funds deposited with the facility, the facility must convey, within 30 days, the resident's funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid of Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights; (G) The resident's assessment and individualized assistance plan; (H) Copies of al applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. (ii) The resident shall be assured of confidential treatment of all information in the record, and the resident's written consent (or the consent of the guardian) shall be required for the release of information to persons not otherwise authorized for receive it.	S5020		

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S5020	Continued From page 10 (iii) All residents' records shall be retained in a physically secure area for a minimum of six (6) years after the resident has left the facility and may be disposed of, by shredding or burning, after that time. (iv) In the event of dissolution of the facility, the manager shall notify the Licensing Division as to the location of all residents' records. (v) All records shall be protected from damage by fire, water and other hazards. (vi) All entries in each resident's record shall be made in ink, signed and dated. This State Rule and Regulation is not met as evidenced by: Based on review of the facility's investigation report, staff interview, review of policy and procedure, and review of the Licensing Division incident reporting log, the facility failed to ensure 1 of 1 allegation of abuse was reported to the Licensing Division within one business day. This failure affected resident #1. The census was 47. The findings were: 1. Review of the facility's investigation report showed an allegation that abuse of resident #1 by the RCD occurred on 3/21/23 at approximately 10 AM. The following concerns were identified: a. Interview with CNA #1 on 4/6/23 at 10:18 AM stated she had reported an alleged abusive event to LPN #1 and LPN #2 after the incident had occurred. In addition, she had reported the incident to CNA #2 later in the day. b. Interview with LPN #1 on 4/6/23 at 10:40	S5020		

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S5020	Continued From page 11 AM revealed CNA #1 had reported to her the event between the RCD and the resident was "ugly"; however, the CNA had not provided any details. LPN #1 stated she did not report the incident to the ED because the RCD was her supervising nurse. c. Interview with LPN #2 on 4/6/23 at 10:52 PM revealed CNA #1 had reported to her the event between the RCD and the resident by saying "that did not go well"; however, the CNA did not provide any details. LPN #2 stated she did not report the incident to the ED because the RCD was her supervising nurse. d. Telephone interview with CNA #2 on 4/6/23 at 11:36 AM revealed CNA #1 had informed her of the incident on the afternoon the incident occurred and had stopped the ED in the hallway the "next day" to report the event. e. Review of the Licensing Division incident reporting log showed an allegation of abuse involving resident #1 and the RCD was reported on 3/24/23 at 3:27 PM. f. Interview with the ED on 4/6/23 at 11:40 AM confirmed she had not been made aware of the allegation of abuse until 3/23/23. The ED stated staff education had not been provided related to the necessity for timely reporting. 2. Review of the "Resident Abuse Policy", last revised 1/4/22, showed "Any form of mistreatment of residents including but not limited to abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property is strictly prohibited...Associates will ensure residents are removed from area of alleged or suspected abuse and maintained in an environment that ensures the resident is free from immediate harm...Each associate is a mandated reporter and has a duty as an individual to report any actual/known, alleged,	S5020		

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S5020	Continued From page 12 suspected incident of physical abuse, neglect, exploitation, financial abuse, abandonment or isolation to the office of the Mandatory State Regulatory Reporting, Ombudsman and local law enforcement with 24 hours of suspicion or allegation...Each associate is required to report any actual/known, alleged, suspected incident of physical abuse, neglect, exploitation, financial abuse, abandonment, or isolation to his/her supervisor immediately or as soon as practicable. (This includes incidents/actions the associate observes, suspects, or is informed of by a resident, family member, visitor or vendor). The Executive Director will ensure documentation of the resident status, physician and family notification is completed in the resident record."	S5020		

CONFIDENTIAL

FOR FACILITY USE ONLY

***** DO NOT POST *****

Resident/Patient/Client List

Facility Name: Pointe Frontier Assisted Living
Standard and/or Abbreviated Survey
Beginning: 4/6/23 Ending: 4/6/23

HIPAA Information Disclosure
During this regulatory event, the following Protected Health Information for these listed individual(s) was or may have been used or reviewed by Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys staff: the individual(s') medical or personal records; and/or interviews with family members, covered entity staff or other outside parties such as clergy, volunteers, Ombudsmen, physicians, clinicians, et al., about the individual(s') care, medical and mental condition, and daily living conditions and activities.

#	Name
1	Helen Franck

Plan of Correction

TAG# S5014

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

A. Assisted Living Facility (ALF) Core Services

1. With Respect to the Specific requirement cited:
All associates will be retrained on resident rights.
Identification of others. Executive director will talk to all residents and staff to identify if there are any other reportable items.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:
Executive Director will provide and document in-service training addressing Resident Rights. Additionally, resident rights will be reviewed during every associate's annual training.

Estimated Date of Completion – April 27, 2023

3. With Respect to What Systemic Measures have been put in place to address Stated concern:
All associates will receive the resident rights in-service training and will sign Acknowledgement of training for resident rights.

Estimated Date of Completion – April 25, 2023

4. With Respect to How the Plan of Corrective Measures will be monitored:
Executive Director will have continued education annually on resident rights with associates.

- Executive Director will address Resident Rights monthly at our Resident Council meetings. Executive Director will conduct a written survey with residents, concerning resident rights during our May Resident Council meeting.

Estimated Date of Completion: May 20, 2023

Plan of Correction

TAG# S5020

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

A. Timely reporting of incident within one business day to Licensing Division.

1. With Respect to the Specific requirement cited:
All associates will be retrained on timely reporting of allegations of abuse to executive director.
Reported abuse to police department. Case # 23-18436
Reported LPN to state board of nursing.

2. With Respect to How the Facility will identify Potential Concerns and Take Corrective Action:
Executive Director will provide and document in-service training addressing reporting allegations of abuse within 24 hours/immediately to executive director.

Estimated Date of Completion: April 27, 2023

3. With Respect to What Systemic Measures have been put in place to address Stated concern:
All associates will receive the abuse policy in-service training and will sign Acknowledgement of the policy.

Estimated Date of Completion: April 27, 2023

4. With Respect to How the Plan of Corrective Measures will be monitored:
Executive Director will provide education annually on timely reporting of allegations of abuse.
Executive Director will address Resident Rights monthly at our Resident Council meetings.
Executive Director will conduct a written survey with residents, concerning resident rights during our May Resident Council meeting.

Estimated Date of Completion: May 20, 2023