Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9044	A. BUILDING _____ B. WING _____	C 02/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTONWOOD CREEK OF CHEYENNE	6800 FAITH DRIVE CHEYENNE, WY 82009

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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 2/28/23 The survey was prompted by complaint intake LIC-23-017.	S 000		
S5008	Ch 12 Sec 7 (b)(iii) Assisted Living Facility (ALF) Core Services (b) (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical Status; (III) Sensory and physical impairments; (IV) Nutritional status and requirements;	S5008		

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S5008	Continued From page 1 (V) Special treatments and/or procedures; (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate This State Rule and Regulation is not met as evidenced by: Based on resident record review, staff and resident interviews, and review of professional standards, the registered nurse (RN) failed to assess residents' ability to self-medicate for 2 of 8 sample residents (#4, #6). The findings were: 1. Review of the resident record showed resident #4 was admitted to the facility on 2/14/23 with diagnoses that included unspecified dementia with prominent cognitive impairment. The resident required medication administration by licensed staff and "total assist" with medications as assessed by the registered nurse (RN) on 8/22/23. Further review showed an order on 2/27/23 for cephalexin 500 mg orally twice a day for 7 days and the medication administration record (MAR) indicated the medication was prepared for "self administration." In addition, the MAR showed that with the exception of this medication, nursing staff were administering the	S5008		

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S5008	Continued From page 2 resident's medications. Interview with the resident on 2/28/23 at 10:25 AM, while at the dining room table painting, revealed the resident was oriented to name but was otherwise non-interviewable. 2. Review of the resident record showed resident #6 was admitted to the facility on 8/22/22 with diagnoses that included dementia. The resident had impaired judgment and decision making, required medication administration by licensed staff and "total assist" with medications as assessed by the RN on 8/22/23. Further review showed an order dated 1/18/23 for trazodone 50 mg orally every evening and the MAR showed the medication was prepared for "self administration" while all of the other medications on the MAR were administered by a nurse. 3. Interview with the licensed practical nurse (LPN) 2/28/23 at 10:30 AM verified a nurse was scheduled in the facility between the hours of 7:30 AM and 6:30 PM. In addition, she verified a nurse set up the medications for residents #4 and #6, to be given by unlicensed staff, because there was no nurse on duty at the time they were to be given. 4. Interview with the RN on 2/28/23 at 10:53 AM verified residents #4 and #6 had not been assessed for their cognitive ability to self-medicate but rather their physical ability to put the medication cup "to their lips and swallow". The RN further confirmed the medications were set by a nurse to be given to the residents by non-licensed staff. 5. According to "Assisted Living Nursing Practice: Medication Management," retrieved 3/1/23 from https://pubmed.ncbi.nlm.nih.gov/17430743/, " ...self-administration of medication suggests	S5008		

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S5008	Continued From page 3 that individuals are functionally and cognitively competent to manage their health care ..."17430743).	S5008		
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	S5020		

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S5020	Continued From page 4 number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number or other 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.	S5020		

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S5020	Continued From page 5 (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to 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	S5020		

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S5020	Continued From page 6 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. (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 resident records, staff interviews, review of the facility's incident reports and review of the Licensing Division incident database, the facility failed to report an accident with injury for 1 of 8 sample residents (#1). The findings were: 1. Review of the resident record for resident #1 showed an admission date of 12/12/22 with a diagnosis of dementia, and a readmission to the facility on 2/2/23 with a diagnosis of a left hip fracture. 2. Interview with the licensed practical nurse (LPN) on 2/28/23 at 9:30 AM confirmed the	S5020		

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S5020	Continued From page 7 resident had been absent from the facility secondary to a fall that resulted in a hip fracture earlier in the year and had returned to the facility recently. 3. Review of the facility's incident reports showed resident #1 fell on 1/3/23 and was transported out of the facility with a "left hip protrusion." 4. Review of the Licensing Division (Healthcare Licensing and Surveys) incident database showed no evidence the facility reported the fall with injury (hip fracture), as required.	S5020		

Cottonwood Creek Assisted Living
Plan of Correction for Survey 2/28/2023
Ref: LH-2023-0283

1. **S5008:**
   a. R4 and R6 will be assessed for their ability to self-medicate and their service plans will be updated accordingly.
   b. Residents that want to self-administer medications have the potential to be affected.
   c. Facility Medication Policy has been updated to address assisting with self-administration and compliance with regulations set forth by WDH and WSBN.
   d. Wellness Director will monitor compliance through our required periodic service plan reviews as a Quality Assurance Measure.
   e. Correction will be complete on or before 4/28/2023.
   f. A SAM assessment will be completed on all new admits.
2. **S5020:**
   a. All accidents, injuries, incidents, illnesses, and allegations of abuse will bew reported to the department within one business day and the facilities investigation results will be reported to the required agencies within 5 working days.
   b. All residents have the potential to be affected.
   c. Wellness Director has been educated on reporting requirements per WDH regulation. Wellness Director will review incident reports daily and report according to regulation requirements for initial and final reports.
   d. Executive Director will ensure compliance through weekly review of internal I&A reports and reporting documentation as a Quality Assurance Measure.
   e. Correction will be complete on or before 4/28/2023.

5/25/23 - POC accepted with agreed changes. Julie VanDeGrift
DOC = 4/28/23.