Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF026 | A. BUILDING: _____ B. WING _____ | C 04/28/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DEER TRAIL ASSISTED LIVING | 2360 REAGAN AVENUE ROCK SPRINGS, WY 82901 |

| (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 from 4/26/23 to 4/28/23. The survey was prompted by complaint intake LIC-23-031. | 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 | S5024 | | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: ED | (X6) DATE: 5/12/2023



5/12/23 8:45AM Left VM to Jeff. Accepted POC w/DC 6/5/23 C Brockton

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| S5024 | Continued From page 1<br>and that the resident(s) are protected from 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 grievance intakes, review of resident records, policy and procedure review, and staff interview, the facility failed to ensure a thorough investigation was completed and allegations were reported as required for 1 of 1 allegations of abuse. The findings were:<br><br>Review of a 4/17/23 grievance intake showed resident #4 told the activity director a staff member had entered his/her room and exposed themselves by dropping their pants and underwear. The following concerns were identified:<br><br>1. Review of the Wyoming Department of Health incident reports showed no evidence the alleged incident was reported.<br><br>2. Review of the resident's records failed to show any documentation of the incident. | S5024 | | |

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| S5024 | Continued From page 2<br><br>3. Interview with the CEO on 4/27/23 at 10:06 AM revealed the facility did not report the incident to the police department, the Long Term Care Ombudsman, the Wyoming Department of Health, or the residents family. He stated he had talked with Department of Family Services and found there were no grounds for an investigation. Further, he stated the facility did not interview other residents to ensure they were not abused, and stated the employee was not put on leave at any amount of time after the resident reported the incident to them, The employee was fired 2 days later for other reasons.<br><br>4. Review of policy and procedure "Abuse and Neglect Policy" last reviewed 3/13/23 showed, "...Prerequisites ...Deer Trail Assisted Living has a *zero-tolerance policy for elder abuse and neglect.* Once a complaint is identified, the employee is immediately suspended until a thorough investigation is completed, and those findings are unsubstantiated for abuse... Policy ...It's the primary responsibility of each employee to *maintain* the safety for each resident at all times... Investigation...The Administrator or designee is responsible for conducting a timely and thorough investigation... Reporting ...Deer Trail Assisted Living will report all accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and documented in the resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolutions Reports of all incidents affecting the health, welfare, or safety of a resident shall be provided to the Licensing Division immediately (within 1 business day). ...Deer Trail Assisted Living's investigation of the incident shall be reported to the Licensing | S5024 | | |

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| S5024 | Continued From page 3<br>Division and the Long-Term Care Ombudsman within five (5) working days." | S5024 | | |

DEER TRAIL
ASSISTED LIVING
& MEMORY CARE

Response to Survey of April 28, 2023, v.2

ID Prefix Tag 5024

1. Regarding the resident allegations of March 7, 2023, the following Plan of Correction is submitted for Concern 1:
   - 1.1. Resident #4 is currently in the community. After the dismissal of the alleged offender Resident #4 has been asked if she feels safe in the community. She consistently answers yes.
   - 1.2. Interviews with residents who may have also been affected will be completed by the Administrator, Assistant Administrator, or staff nurse. Further, residents throughout the community will be asked if they feel safe in the community monthly.
   - 1.3. Current policy states, "Deer Trail Assisted Living will report all accidents, injuries, incidents, illnesses, and allegations of abuse, neglect, or exploitation." Adherence to our current policies and procedures will be followed. The Quality Improvement Program Committee will ensure compliance with that policy and procedure.
   - 1.4. Any incidents or allegations of abuse, neglect, or exploitation will be reviewed by the Quality Improvement Program Committee members for accuracy and potential improvement.
   - 1.5. This corrective action will be complete by June 5, 2023
2. Regarding the resident allegations of March 7, 2023, the following Plan of Correction is submitted for Concern 2:
   - 2.1. The allegation regarding Resident #4 will be documented and become a part of that resident's record.
   - 2.2. An audit to verify allegations or instances of abuse over the last year are documented and a part of the resident's record. An audit will also be performed quarterly and presented to the Quality Improvement Program Committee to ensure continuity in care.
   - 2.3. Deer Trail will review the Abuse and Neglect Policy with each employee at the time of hire and on an annual basis. This training will be completed by the Administrator, Assistant Administrator, or designee. Copies of the Abuse and Neglect Policy will be available for staff to review at any time.
   - 2.4. A review of documentation regarding allegations or instances of abuse will be reviewed by the Quality Improvement Program Committee members for accuracy and potential improvement.
   - 2.5. This corrective action will be complete by June 5, 2023.
3. Regarding the resident allegations of March 7, 2023, the following Plan of Correction is submitted for Concern 3:
   - 3.1. The family of Resident #4, the Department of Family Services, and the Wyoming Department of Health are aware of the March 7, 2023, allegations made by Resident #4.
   - 3.2. Interviews with residents who may have also been affected will be completed by the Administrator, Assistant Administrator, or staff nurse. Further, residents throughout the community will be asked if they feel safe in the community monthly.
   - 3.3. Current policy states, "Deer Trail Assisted Living will report all accidents, injuries, incidents, illnesses, and allegations of abuse, neglect, or exploitation." Further, once a credible complaint is identified, the employee is immediately suspended until a

thorough investigation is completed by the Administrator or designee, and those findings are unsubstantiated for abuse. . The Quality Improvement Program Committee will ensure compliance with that policy and procedure.

3.4. Any incidents or allegations of abuse, neglect, or exploitation will be reviewed by the Quality Improvement Program Committee members for accuracy and potential improvement.

3.5. This corrective action will be complete by June 5, 2023.

4. Regarding the resident allegations of March 7, 2023, the following Plan of Correction is submitted for Concern 4:

4.1. Resident #4 is currently in the community. After the dismissal of the alleged offender Resident #4 has been asked if she feels safe in the community. She consistently answers yes.

4.2. Interviews with residents who may have also been affected will be completed by the Administrator, Assistant Administrator, or staff nurse. Further, residents will be asked if they feel safe in the community monthly.

4.3. Current policy states, "Deer Trail Assisted Living will report all accidents, injuries, incidents, illnesses, and allegations of abuse, neglect, or exploitation." Adherence to our current policies and procedures will be followed. The Quality Improvement Program Committee will ensure compliance with that policy and procedure.

4.4. Any incidents or allegations of abuse, neglect, or exploitation will be reviewed by the Quality Improvement Program Committee members for accuracy and potential improvement.

4.5. This corrective action will be complete by June 5, 2023

Respectfully submitted,

Jeffrey Smith
Executive Director
Deer Trail Assisted Living