Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF001	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS' HOME OF WYOMING	700 VETERANS' LANE BUFFALO, WY 82834

(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 from 4/11/23 through 4/13/23. The survey was prompted by complaint intakes LIC-22-037 and LIC-23-025.	S 000	The facility will ensure the safety of each Veteran, this will be accomplished by: 1.) The Administrator has initiated a log which is titled "Concern/Complaint Log" that will be brought to the morning meeting every day. Each day the Administrator will take note of any heard complaints from staff or Veterans. Administrator will date and time concern in log. 1a.)The Administrator and or designee will investigate the concerns/complaints within 24 hours of notification. 1b.) The Administrator or designee will chart all notes about the situation in the concern log dating and timing notes. If the concern/complaint is agreed that it is resolved all parties involved will sign the "resolution of concern" form. 1c.) The notes and signed form will then placed in the resident chart in the admin office and kept on file for remainder of time at VHW and then stored with all medical files.	04/13/23 05/12/23
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:	S5020		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: DM Due RN (in lieu for Bruce Allison Admin) | TITLE: Nurse Manager II | (X6) DATE: 05/30/23

Accepted POC 5/30/23 @ 12:39 PM.
Jessie Davis notified. POC 5/12/23
Hoppenberg RN

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S5020	Continued From page 1 (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 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	S5020	** If no resolution can be made and or any allegations are made during facility investigation VHW staff will initiate OHLS incident report. The completed report once submitted will then get printed and placed with the residents chart in admin office. 1d.) Administrator will notify the management team in daily morning meeting of updates of concerns and when and what resolution is made. 2.) Veterans Home of Wyoming Policy and Procedure for Abuse and Neglect will be updated to reflect the new tracking method. 3.) All Department managers will post a copy of the new policy easily accessible to staff in perspective departments. 4.) All employees of the Veterans Home of Wyoming will review the new changes to the policy and sign an education form stating they understand the changes.	05/12/2023

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S5020	Continued From page 2 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 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	S5020	5.) The policy will continue to be mandatory for all staff upon hire and thereafter annually. 6.) All concerns/complaints will be re-evaluated quarterly at QA to ensure resolutions are still maintained and to ensure no patterns are forming. 7.) This addition/update to the Abuse and Neglect policy will remain in effect indefinitely.	05/12/2023

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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.

(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 facility reporting forms,

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S5020	Continued From page 4	S5020		

resident and staff interview, and facility policy, the facility failed to record appropriately and report allegations of abuse for 1 of 1 incidents reviewed. The facility census was 66. The findings were:

1. Interview with resident #1 on 4/11/23 at 9:20 AM revealed s/he had recently submitted a complaint to the facility that one of the facility residents was being harassed by another resident that chased them around with dirty underwear. The findings were:

a. Review of the facility "Risk Management Incident Reports" since 2/25/23 showed there were no entries for sexual abuse or harassment.

b. Interview with the DON on 4/11/23 at 10:35 revealed the allegation had been received and an immediate investigation was launched. All parties involved told the facility, "It didn't happen." Further interview with the DON revealed because the investigation failed to substantiate the allegation it was never entered in the system as an incident.

c. Interview with the executive director on 4/12/23 at 9:15 AM revealed that after reviewing the regulations, the allegation should have been recorded and reported.

d. Review of the facility policy "Suspected Resident Neglect of Abuse" dated 6/19, showed "This policy strives to achieve the following: ... To assure all allegations of abuse are investigated and reported as appropriate according to facility policy ..." The policy further showed "Incidents of abuse or neglect affecting the health, welfare or safety of a resident will be reported immediately to local law enforcement and Department of Family Services. Reporting will also occur to the Office of Healthcare Licensing and Survey Immediately ..."