PRINTED: 06/02/2023
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF019	A. BUILDING: _____ B. WING _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING ASSISTED LIVING LLC	108 ABBY LANE SUNDANCE, WY 82729

(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 licensure survey was conducted by Healthcare Licensing and Surveys from 5/17/23 to 5/18/23.	S 000		
S5007	Ch 12 Sec 7 (b)(ii) Assisted Living Facility (ALF) Core Services (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. (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: (I) Residents, or their legal representative are educated regarding the risks and benefits of these immunizations. (II) The immunizations are offered unless medically contraindicated or the resident is currently immunized. (III) If the resident is not vaccinated,	S5007	The facility will assure vaccination requirements of each resident are met prior to admission to ALF, to include TB screening, influenza and pneumococcal status. This will be accomplished by: A) The management team will revise admission orders to include TB screening, influenza and pneumococcal immunization status and orders for immunization, if required. B) The admitting nurse will review admission orders for accuracy of influenza and pneumococcal immunization status and TB screening prior to admission. C) The admitting nurse will: 1. Review immunization status with the resident and/or their legal representative 2. Offer influenza and/or pneumococcal immunizations which are not up to date. 3. Provide education to the risks and benefits of these immunizations. 4. Schedule TB screening and immunizations with Public Health upon admission to Assisted Living.	7/14/2023 7/14/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Trista Timberman RN — TITLE: Admin RN — (X6) DATE: 6-9-23

5/12/2023 ROC accepted. Spoked with Trista Timberman & Notified of the acceptance. Latest DOC is 7/14/23 and 6/26/23 ——→ ak-Arma

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S5007	Continued From page 1 the medical record must reflect the reason, such as medical contraindication or refusal. This State Rule and Regulation is not met as evidenced by: Based on resident record review and staff interview, the agency failed to ensure admission orders included an order for tuberculosis (TB) screening, influenza and pneumococcal immunization status and orders for immunization if required, for 3 of 6 sample residents (#3, #5, #6). The findings were: 1. Review of the resident record for resident #3 showed an admission date of 2/6/23. Further review showed admission orders did not include an order for TB screening, influenza vaccine or the resident's pneumococcal immunization status. 2. Review of the resident record for resident #5 showed an admission date of 3/3/22. Further review showed admission orders did not include the resident's pneumococcal immunization status. 3. Review of the resident record for resident #6 showed an admission date of 4/7/22. Further review showed admission orders did not include the resident's pneumococcal immunization status. 4. Interview with the chief operating officer on 5/18/23 at 8:44 AM verified the admission orders for those residents did not include orders for TB screening, influenza and pneumococcal immunization status, and immunization if required.	S5007	5. Document reason for immunization refusals in residents chart. D) Management team will revise policies and procedures to meet requirements of Ch 12 Sec 7 (b) iii) E) Annual visits will be scheduled for all current residents who have not seen their PCP in the last 12 months, H&P and immunization status will be requested from PCP and/or public health. ALF Nurse will review and take corrective actions to include: 1. Review of immunization status with the resident and/or their legal representatives, if applicable. 2. Any resident not up to date on influenza and/or pneumococcal immunizations will be offered that immunization and provided education to the risks and benefits of these immunizations. Upon consent from the resident to receive the immunization, primary physician will be contacted for orders. 3. Scheduling of influenza and pneumococcal immunizations with Public Health with consent of the resident and orders from their physician. 4. Refusal of immunizations will be documented in residents chart. F) Quality assurance indicator for admission orders will be developed and QA'd quarterly	7/14/23 7/14/23
S5027	Ch 12 Sec 7 (j)(iii) Assisted Living Facility (ALF) Core Services	S5027		

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S5027	Continued From page 2 (j) (iii) Food service supervision: (A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager. Based on observation, review of personnel files and staff interview, the facility failed to ensure day to day responsibilities for food production and dietary services management was assigned to an employee with nutrition and food service management experience equivalent to that of a Certified Dietary Manager (CDM). The facility census was 16.. The findings were: 1. Observation of employee #4 on 5/17/23 at noon showed her cooking and serving the lunch meal. An additional observation on 5/18/23 at 8 AM showed employee #5 making breakfast. 2. Review of personnel file for employee #4 showed a hire date of 1/1/23 (with a change of ownership) as a C.N.A and activities manager but the employee did not have education or experience equivalent to a CDM. 3. Review of personnel file for employee #5 showed a hire date of 1/1/23 (with a change of ownership) as a cook. Further review showed the employee had a certificate for safe food handling but did not have the education or experience equivalent to a CDM. 4. Interview with the chief operating officer on 5/18/23 at 8:23 AM verified the facility did not have a certified dietary manager or any personnel with education and experience equal to that	S5027	The facility will assure day-to-day responsibilities for food production and management of the dietary services is assigned to a person with experience equivalent to that of a Certified Dietary Manager. This will be accomplished by: A) Staff will be offered the position for CDM at a team meeting 6-20-23 and those interested will be enrolled to take the Dietary Manager Program through University of North Dakota to become a Certified Dietary Manager. B) A managing member will also take the course to assure the requirement will always be fulfilled. C) QA team will check progress of staff enrolled in CDM program quarterly to assure deadlines are being met.	6-26-23

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S5027	Continued From page 3 certification.	S5027		