Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF006	A. BUILDING: _____ B. WING _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

(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 5/17/23 to 5/18/23. The survey was prompted by complaint intake LIC-23-032. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant ED: Executive Director LPN: Licensed Practical Nurse RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5042	Ch 12 Sec 7 (m) Assisted Living Facility (ALF) Core Services (m) Facility Policies and Procedures. (i) Management shall develop policies and procedures that are available to residents and staff, including but not limited to: (A) Resident rights; (B) Disciplinary procedures surrounding substantiated cases of resident abuse;	S5042		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chasnee Schaefer	Executive Director	07/01/2023

This plan of correction was accepted on 7/5/23. Chasnee Schaefer was notified via phone on 7/5/23 at 9 AM.

Jean Jennings 7/5/23

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S5042	Continued From page 1 (C) Admission, transfer, bed hold days, and discharge of residents; (D) Medication management; (E) Emergency care of residents (including missing resident, blizzard, water outage, etc.); (F) Fire/disaster plan; (G) Departure and return; (H) Smoking; (I) Visiting hours; (J) Activities; (K) Management of resident trust accounts; (L) Personnel policies; (M) Grievance procedure; (N) Per Diem rate/charges/fees, to include a listing of what is included in the established charges; (O) Incident reports; (P) Notification of change in established per diem rate/charges/fees; (Q) Outside contractual responsibilities; and (R) Identification and notification of	S5042	Edgewood Healthcare does have a Policy, Procedure and Protocol Manual for outside Healthcare Agencies and a service acknowledgement agreement for outside agencies. We will start using these forms for hospice services going forward. The Executive Director will ensure that all residents with outside services at this time have an agreement completed, signed and uploaded into the charts. All staff will be educated on the use and completion of this form moving forward. The Executive Director will audit resident charts with outside services 1x weekly x4 and 1x monthly x6 months. All corrections were implemented and made June 1, 2023.	

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S5042	Continued From page 2 change in resident's condition. This State Rule and Regulation is not met as evidenced by: Based on staff interview, the facility failed to develop a policy and procedure for contractual services provided by agencies outside of the facility. The findings were: 1. Interview with the ED on 5/17/23 at 3:45 PM revealed the facility did not have an available policy related to contractual services readily available in their system.	S5042		
S5048	Ch 12 Sec 9 (a)(i) Contractual Svcs Provided Outside ALF Auth (a) Residents in an assisted living facility may receive services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules. These services must be arranged by the appropriate professional and be incorporated into the resident's assistance plan. The resident's choice of providers must be honored. (i) Components of the outside service(s) contract: (A) Who will provide service(s); (B) What service(s) will be provided; (C) When the service(s) will be provided; (D) Where the service(s) will be provided; (E) How the service(s) will be provided;	S5048	The facility will update all resident charts receiving the care from outside agencies to specify all the components of care to the residents by the appropriate agency and the appropriate licensed professional. All changes in responsibility and expectations of care will be readily available in all paper and electronic charts for each resident. Designated staff will audit all resident charts that are receiving care from outside agencies 1x weekly x4 weeks, followed by 2x monthly. All residents receiving outside services will have their charts reviewed to ensure all services provided by an outside entity are incorporated in their assessment as well as in the Outside Healthcare Agency Service Acknowledgement.	

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S5048	Continued From page 3 and This State Rule and Regulation is not met as evidenced by: Based on review of resident records and staff interview, the facility failed to ensure services provided by an outside entity for care beyond that provided by the facility were incorporated into the resident's assistance plan and included all required components for 3 of 4 hospice residents (#1, #2, #3) reviewed. The findings were: 1. Review of the 4/25/23 "Outside Healthcare Agency Service Acknowledgement" form, retrieved by the facility from the hospice agency, for resident #1 showed hospice services were to be provided at a frequency TBD (to be determined). The contract failed to include what specific hospice services would be provided, by whom, where, when, and how the service would be provided to the resident. 2. Review of the 3/1/23 "Outside Healthcare Agency Service Acknowledgement" form, retrieved by the facility from the hospice agency, for resident #2 showed hospice services were to be provided at a frequency TBD. The contract failed to include what specific hospice services would be provided, by whom, where, when, and how the service would be provided to the resident. 3. Review of the 4/19/23 "Outside Healthcare Agency Service Acknowledgement" form, retrieved by the facility from the hospice agency, for resident #3 showed hospice services were to be provided at a frequency TBD. 4. Telephone interview with the ED on 5/18/23 at 3:45 PM revealed she considered the hospice	S5048	Resident #1 expired. Resident #2 expired. Resident #3 - resident charts were updated to include the Outside Healthcare Agency Servies Acknowledgment All future contracts in the charts will specifically outline the care that is expected to be given to residents by an outside agency. The charts will be audited for specifity of cares that they will be providing on the acknowledgement form. Designated staff will audit the form and the chart weekly x4 and monthly x2 to ensure that all cares are specified and accurate on the form and in the care plan. All staff in facility was trained on proper protocol in the cases of residents being in agreement to an outside service agency. The facility also has an 24/7 on-call system, A6, in the event that it is needed to reach someone outside of normal business hours. The Executive Director has given training and the proper protocol and procedure to follow for A6. Accurate and appropriate training for on-call system was provided to all staff in building for each shift.	

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S5048	Continued From page 4 agency to be the facility's own hospice team because both entities were owned by the same parent company and therefore the facility did not have a written agreement with the hospice agency to delineate what services would be provided, by whom, and when. Further, the ED confirmed the service contracts were obtained from the hospice agency and were not maintained in the residents' record.	S5048	All corrections were implemented and made effective June 1, 2023. All corrections will be monitored by the quality assurance system going forward.	
S5053	Ch 12 Sec 10 (a)(ii) Secure Dementia Units (a) (ii) Level 2 Staffing Requirements. (A) Nursing Staff. (I) The facility shall ensure adequate numbers of qualified nursing staff are available to meet the routine and emergency needs of residents (II) A licensed nurse shall be on duty, and in the facility, for a minimum of eight (8) hours during a daily 24-hour period. The eight (8) hours are not required to be consecutive. (1.) May be an LPN if an RN is available on premises or by telephone. (2.) To administer P.R.N medications. (3.) To perform ongoing resident evaluations in order to ensure appropriate, timely interventions. (III) At least one (1) licensed nurse or CNA shall be on duty and in the secure dementia unit at all times.	S5053	The facility will coordinate with outside service agencies to ensure that appropriate licensed staff are available to always meet the needs of the residents. The facility and the outside agency will correlate schedules together and evaluate the care needs at the time of signing of the original contract along with any changes to care needs during any further evaluations and assessments of resident to determine the needs of the appropriate licensed staff in the facility. A designated person will meet with the outside agency staff to help designate staffing needs according to the demand. Resident #1 expired. Resident #2 expired. Resident #3 - met with outside agency team to review care plan to designate the care to effectively monitor and treat resident based on needs.	

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S5053	Continued From page 5 This State Rule and Regulation is not met as evidenced by: Based on review of staffing schedules, resident record review, and agency and staff interview, the facility failed to ensure appropriately licensed staff were available to meet the needs of 2 of 4 sample residents (#1, #2) reviewed for hospice care that resided in the secure dementia unit. The findings were: 1. Review of the resident record for resident #2 showed s/he was admitted to hospice on 4/30/23 following a fall which resulted in a fracture of the right femur. Review of the physician orders showed the resident was prescribed 15 milliliters (ml) of 7.5-325 milligrams (mg) liquid hydrocodone/acetaminophen (an opioid for pain relief) to be given every 4 hours as needed (PRN); 0.25 to 1.0 ml of 20 mg/1 ml liquid morphine (an opioid for pain relief) to be given every 1 hour PRN for pain and shortness of breath; and 0.25 to 1.0 ml of 2 mg/ml liquid lorazepam (an antianxiety medication) to be given every 4 hours PRN for anxiety or agitation. Review of the May 2023 medication administration record (MAR) showed the resident received 3 doses of hydrocodone/acetaminophen on 5/1/23 (4:30 AM, 9:20 AM, and 2:12 PM), 1 dose on 5/2/23 (8:51 AM), and 1 dose on 5/3/23 (7:48 AM) for hip pain; received 1 dose of lorazepam on 5/3/23 (2:49 PM) and 2 doses on 5/4/23 (5:51 AM and 10:34 AM) for agitation and anxiety; received 1 dose of morphine on 5/1/23 (11:19 PM), 4 doses of morphine on 5/3/23 (11:19 AM, 1:20 PM, 3 PM, and 5:28 PM), and 3 doses on 5/4/23 (5:52 AM, 7:26 AM, and 9:59 AM). There was no evidence the resident had been assessed and/or pain relieving medication had been administered for approximately 12 hours	S5053	Again, the facility has a 24\7 on-call system, A6, in the event that it is needed to reach someone outside of normal business hours. The Executive Director has given training and the proper protocol and procedure for A6. Accurate and appropriate training for on-call system was provided to all staff in building for each shift by the Executive Director. All corrections were implemented and made effective June 1, 2023. All corrections will be monitored by the quality assurance system going forward.	

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S5053	Continued From page 6 from 5/3 at 5:28 PM to 5/4 at 5:52 AM. Review of a nurse's note dated 5/4/23 and timed 1 PM showed "resident passed away this morning." The following concerns were identified: b. Review of the resident's record showed no documentation the resident had been assessed or PRN medications had been administered during the evening or nighttime hours with the exception of hydrocodone/acetaminophen administered on 5/1 at 4:30 AM and morphine on 5/1/23 at 11:19 PM. c. Interview on 5/17/23 at 12:56 PM with CNA #1 revealed the resident was checked for incontinence, changed if needed, and repositioned every 2 hours throughout the day and night. Further CNA #1 stated the resident appeared to experience pain upon repositioning; however, the nurses would provide medication to help the resident to relax. d. Interview on 5/17/23 at 1 PM with CNA #2 revealed the resident was checked for incontinence, changed if needed, and repositioned every 2 hours throughout the day and night. Further, CNA #2 stated the resident appeared to be in "excruciating" pain when repositioned and would "groan and grimace"; however, the resident did better when s/he was medicated. e. Interview on 5/17/23 at 11:33 AM with the outside agency hospice nurse revealed in the morning of 5/3/23 she had recommended to the facility's nursing staff to discontinue the administration of hydrocodone/acetaminophen for pain relief after observing the resident cough when s/he attempted to swallow the medication. The hospice nurse stated she recommended morphine be administered every 2 hours for pain relief as it was her opinion the resident had a pain score of 10 out of 10. In addition, the hospice nurse was unsure what services were to be	S5053		

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S5053	Continued From page 7	S5053		

provided by the facility and what services were to be provided by the hospice agency. During an additional telephone interview on 5/18/23 at 8:45 AM the hospice nurse revealed when she had come into the facility on the morning of 5/4/23 she found the resident to be unresponsive.

f. Telephone interview on 5/17/23 at 7:58 PM with CNA #3 revealed after the resident returned to the facility following his/her fall s/he exhibited signs of severe pain and would grab at his/her leg when repositioned. CNA #3 stated during the night of 5/3/23 the resident was unresponsive during repositioning and incontinence checks. In addition, CNA #3 stated it was out of her scope of practice to assess a resident for pain; however, if a problem arose she had been instructed to call the "on call" hotline which was answered by a nurse in Michigan, or to call hospice, if applicable. CNA #3 stated the hospice nurses did not always respond immediately.

g. Interview on 5/17/23 at 2:27 PM with RN #1 revealed she had assessed the resident during her shift (2 PM to 10 PM) and had determined the resident was not in need of any medication; however, review of the resident's record showed no documentation of the assessments.

2. Review of the resident record for resident #1 showed the resident was admitted to hospice care on 3/1/23. Review of the physician orders showed the resident was prescribed 0.25 to 1.0 ml of 20 mg/1 ml liquid morphine to be given every 1 hour PRN for pain and shortness of breath; and 0.25 to 1.0 ml of 2 mg/ml liquid lorazepam to be given every 4 hours PRN for anxiety or agitation. Review of the March 2023 MAR showed lorzepam was administered on 3/22 at 8 AM and on 3/23 at 7:29 AM for behaviors and combativeness with a shower. Review of the

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S5053	Continued From page 8 April 2023 MAR showed lorazepam was administered on 4/3 at 7:43 AM, 4/10 at 10:42 AM, 4/11 at 6:45 AM, and 4/17 at 6:35 AM for reasons listed as: resistive behaviors, angry, combative, and agitated. Review of the May 2023 MAR showed lorazepam was administered on 5/2 at 8:08 AM, 5/7 at 6:57 AM, 5/9 at 8:11 AM, 5/11 at 6:35 AM, and 5/15 at 8:16 AM for reasons listed as: behaviors, agitated, combative, behaviors with shower, and agitation. Continued review of the May 2023 MAR showed morphine was administered on 5/4 at 2:24 PM, 5/7 at 10 AM, 5/9 at 6:47 AM, and 5/11 at 10:45 AM for reasons listed as: pain all over, pain, and pain in knees and hips. The following concerns were identified: a. Review of the resident's record showed no documentation the resident had been assessed or PRN medications had been administered during the evening or nighttime hours. 3. Review of the April and May 2023 staff schedule showed the facility provided nursing coverage 7 days a week by 3 LPNs and 1 RN from 6 AM to 10 PM. There was no evidence a nurse was scheduled to be in the facility from 10 PM to 6 AM to assess and/or administer PRN medications to residents. 4. Interview on 5/17/23 at 11:15 AM with LPN #2 revealed the facility attempted to have nursing coverage throughout the night when a resident required PRN medications. If a nurse was not available the CNAs were to call the hospice nurse. 5. Interview on 5/17/23 at 11:18 AM with LPN #1 revealed the CNAs were to call the hospice nurse during the night if a nurse was not in the facility.	S5053		

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S5053	Continued From page 9 6. Interview on 5/17/23 at 2:47 PM with the hospice agency clinical director revealed it was the facility's responsibility to assess the resident and administer medications, if needed, to the residents receiving hospice care; however, when the facility did not have a scheduled nurse on site the hospice agency would provide, on occasion, a hospice nurse to assess the resident and administer PRN medications as ordered. 7. Telephone interview with the ED on 5/18/23 at 3:45 PM revealed she considered the hospice agency to be the facility's own hospice team because both entities were owned by the same parent company and therefore did not have a written agreement with the hospice agency to delineate what services were to be provided, by whom, and when. Further, the ED stated it was the facility's responsibility to assess residents and administer medications as ordered unless there was not a nurse scheduled and then if a concern arose the CNAs were to call the hospice hotline.	S5053		