Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF016	A. BUILDING: _____ B. WING _____	06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND ASSISTED LIVING	639 AVENUE H POWELL, WY 82435

(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 and Surveys from 6/26/23 through 6/27/23.	S 000		
S5029	Ch 12 Sec 7 (j)(v) Assisted Living Facility (ALF) Core Services (j) (v) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of Food Code published by the U.S. Public Health Service, Food and Drug Administration. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview and review of the Food Code, the facility failed to ensure individuals with food preparation responsibilities used hair restraints. The facility census was 19. The findings were: 1. Observation on 6/26/23 at 10:54 AM showed food service worker (FSW) #2 was cutting celery and lettuce for the noon meal, while FSW #3 performed other activities in the kitchen. No hair nets or other hair restraints were used in the food preparation area. Observation of meal preparation at 4 PM on 6/27/23 again showed hair nets or other hair restraints were not used in the food preparation area.	S5029		

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S5029	Continued From page 1 2. Interview on 6/26/23 at 1:16 PM with FSW #2 revealed the staff never wore hair restraints in the kitchen area at the assisted living building. 3. Interview on 6/27/23 at 10:20 AM with FSW #1, the dietary manager, revealed she was unaware there was a requirement to use hair covering while preparing or cooking food. The assisted living home prepared all meals in house. 4. Interview with the executive director on 6/27/23 at 11:15 AM revealed the administration was unaware of the requirements for hair covering during food preparation. 5. Review of the Food and Drug Administration "Food Code" published by the U.S. Public Health Service, updated 2022, showed the expectation "FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their from contacting exposed FOOD"	S5029		
S5060	Ch 4 Sec 5 (j)(e) Licensure (j) (E) The Assisted Living Facility shall post the survey results in a manner conducive for public view. This State Rule and Regulation is not met as evidenced by: Based on observation, facility record review and staff interview the facility filed to post the survey results in a manner conducive for public view. The facility census was 19. The findings were: 1. Observation at 10:15 on 6/26/23 showed	S5060		

Healthcare Licensing and Surveys

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S5060	Continued From page 2 survey results were not available for review in the facility. The observation included all the common areas such as lobby, dining area and open hallways. 2. Review of facility records showed the last licensure survey occurred on 6/13/2018. 3. Interview on 2/26/23 at 11:15 AM with the vice president of resident care services revealed the past survey results were eventually located in a locked cabinet in the executive director's office. Further interview revealed the document could only be obtained by special request. 4. Interview on 2/27/23 at 11:30 AM with the executive director revealed the survey had been placed in the cabinet in the executive director's office during the COVID public health emergency and was not readily available for review nor was review encouraged.	S5060		

Powell Valley Healthcare
The Heartland
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Plan of Correction

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The facility will shall assure individuals with responsibilities with food preparation shall be in good health and shall practice safe food handling including wearing hair nets/restraints.

The facility will ensure compliance through the following actions:

A. All staff assisting with food preparation responsibilities were instructed and did place hair coverings immediately after notification by surveyor of the issue on 6/27/23.
B. All residents have the potential to be affected by the failure of staff to wear a hair net/restraint in the food preparation areas.
C. Education will be provided at Heartland staff meeting on July 26th to all staff related to this requirement. Options of hair restraints including nets/hats have been provided for all staff and they have been wearing them any time in the food prep areas since notification 6/27/23.
D. Random audits to assure compliance with wearing hair restraints will be conducted monthly and aggregated and reported to the Quality Council Committee quarterly.

Expected Completion Date: July 26, 2023

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The facility shall ensure the survey results are posted in a manner conducive for public viewing.

The facility will ensure compliance through the following actions:

A. Current survey results have been posted in the public hallway near administrative offices and are labeled.
B. All residents, visitors and community member can be affected by failure to post survey results so that they are visible for public viewing.
C. Resident and staff education will be provided at the upcoming resident council meeting on July 17th and staff meeting on July 26th to notify them of requirement, location and availability to public for viewing at any time.
D. Random audits to ensure results remain posted and available for public viewing will take place monthly and aggregated and reported to Quality Council Committee quarterly.

Expected Completion Date: Completed. Ongoing monitoring in place.

07/19/23 POC accepted. DON has been notified.

James Thomas, RN
41190