FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	C 11/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDYSTRING RD 117 THAYNE, WY 83127

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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 11/20/23 through 11/27/23. The survey was prompted by complaint intake LIC-24-004.	S 000		
S5001	Ch 12 Sec 6 (b) Personnel and Staffing Requirements S5001 (b) Staffing. (i) The staffing level shall be sufficient to meet the needs of all residents of the facility, and insure the appropriate level of care is provided. (ii) There shall be personnel on duty to maintain order, safety, and cleanliness of the premises, to prepare and serve meals, to keep and adequate supply of clean linens, to assist the residents in personal needs and recreational activities, and to meet the other operational needs of the facility. (iii) The assisted living facility shall not employ an individual as a nurse assistant who is not currently certified by the Wyoming State Board of Nursing. Certification must be verified by the manager of the assisted living facility. (iv) There shall be at least one (1) RN, LPN, or CNA on duty every shift. There shall be at least one (1) person on duty and awake at all times.		S5001- Completed by 1/10/2024 There will be at least 1 RN,1 LPN, 1 CNA on duty every shift. The schedule will be verified and reviewed by the Administrator. Any schedule changes will be approved by the Admininistrator and monitored monthly. All staff hired will have their licenses verified by the Wyoming State Board of Nursing. Certificaion will be verified by the manager of the facility. Employees#1 and #2 will not be staffed on the schedule as CNA's until their tests have been completed and will only be on shift with at least 1 RN,LPN or CNA immeditely.	

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Owner - Eileen Merritt 12-25-23

ATE FORM 5899 6Z0711 If continuation sheet 1 of 9

Changes per phone call with Eileen Merritt, owner, on 12/27/23 @ 11:27a.m.

POC Accepted.

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S5001	Continued From page 1 (v) If the assisted living facility does not employ an RN, the facility shall Contract with an RN to provide the initial assessment, periodic reviews, assistance plans, as well as the periodic updates of resident assessment, reviews, assistance plans, and medication management. This State Rule and Regulation is not met as evidenced by: Based on observation, review of staffing schedules, staff interview, and review of the Wyoming Board of Nursing licensure verification website, the facility failed to ensure there was at least one registered nurse (RN), licensed practical nurse (LPN) or certified nurse aide (CNA) on duty each shift. In addition, the facility failed to ensure the facility did not use an individual as a nurse aide who was not currently certified by the Wyoming Board of Nursing. The census was 11. The findings were: 1. During an interview on 11/20/23 at 3:02 PM the manager stated she had two staff members who had taken the CNA course, but had not taken the test yet and were therefore not licensed as CNAs. She identified employee #1 and employee #2 as the employees who were not certified nurse aides. 2. Review of the November 2023 staffing schedule confirmed employees #1 and #2 had been working in the facility. 3. During an interview on 11/20/23 at 5 PM employee #2 stated he took the CNA course but still needed to test. He confirmed he was not certified as a nurse aide. He stated he worked alone in the facility but there was another CNA who was available to call if needed.	S5001		

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S5001	Continued From page 2 4. Observation on 11/20/23 at 7 PM revealed employee #1 was working. Interview with employee #1 on 11/20/23 at 7:05 PM revealed she usually worked 7 PM to 7 AM and stated she worked by herself, but stated the manager was on call. 5. On 11/21/23 at 9:37 AM all employees were searched on the Wyoming Board of Nursing licensure verification website. Employees #1 and #2 were not certified as nurse aides.	S5001	S5014- Completed by 1/10/2024 Legacy Homes ALF will adopt a written policy of Resident Rights. The Resident Rights will be posted in a conspicuous place and documented in the residents record that the resident has been provided with a written copy. Resident Rights will inculde all items required in Chapter 12 section 7(c) of Assisted Living FacilityCore Services. These rights will include the right to choose home health agencies,pharmacies, private personal care givers and any other private pay provider. Each resident will have checklist of information provided to them when they move into the facilityincluding Resident Rights. This will be monitored by the ALF manager and Admininistrator upon the move in of the resident.This will also be part of the facilities Quility Assurance check list annually.	
S5014	Ch 12 Sec 7 (c) Assisted Living Facility (ALF) Core Services (c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following: (i) Be treated with respect and dignity; (ii) Privacy; (iii) Free from physical or chemical restraints not required to treat the resident's medical symptoms. No chemical or physical restraints will be used except by order of a physician; (iv) Not to be isolated or kept apart from other resident's			

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S5014	Continued From page 3 (v) Not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated, or punished. (vi) Live free from involuntary confinement or financial exploitation; (vii) Full use of the facility's common areas; (viii) Voice grievances and recommend changes in policies and services; (ix) Communicate privately, including, but not limited to, communicating by mail or telephone with anyone; (x) Reasonable use of the telephone, which includes access to operator assistance for placing collect telephone calls; (xi) Have visitors, including the right to privacy during such visits; (xii) Make visits outside the facility. The facility manager and the resident shall share responsibility for communicating with respect to scheduling such visits; (xiii) Make decisions and choices in the management of personal affairs, assistance plans, funds, or property; (A) Including choice of home health agencies, pharmacies, personal care providers and any other private pay provider. (xiv) Except the cooperation of the provider in achieving the maximum degree of benefit from those services which are made	S5014		

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S5014	Continued From page 4 available by the facility; (xv) Exercise choice in attending and participating in religious activities; (xvi) Reimbursed at an appropriate rate for work performed on the premises for the benefit of the operator, staff, or other residents, in accordance with the resident's assistance plan; (xvii) Informed by the facility thirty (30) days in advance of changes in services or charges; (xviii) Have advocates visit, including members of community organizations whose purpose include rendering assistance to the residents; (xix) Wear clothing of choice unless otherwise indicated in the resident's plan, and in accordance with reasonable dress code; (xx) Participate in social activities, in accordance with the assistance plan; and (xxi) Examine survey results. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure resident rights information contained all of the required rights. The census was 11. The findings were: 1. Observation of posted rights information on 11/20/23 at 12:50 PM revealed the right to choose home health agencies, pharmacies, personal care givers and any other private pay provider	S5014		

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S5014	Continued From page 5 was not included. During an interview on 11/21/23 at 10:20 AM the manager confirmed that right was lacking.	S5014		
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: (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	S5020		

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S5020	Continued From page 6

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 ir 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 t 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 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.

S5020- Completed by 1/10/2024

Each resident of Legacy Homes Assisted Living will have an organized folder with all required information as listed in Chapter 12 Section 7 (e) of the Assisted Living Core Services. Each resident's individ folder will contain a section on accidents,injuries,incidents,and illiness. Any of the listed incidents will be documented in this section. The information contained in this report will be made available to the resident's person of choice as designated in writing by the resident. The name and contact information of the person to notify and any guide lines they have requested will be listed on the top of the Care Plan. All accidents, injuries,incidents and illnesses will be documented under incident reports and will be made available to resident's designated individual upon request. Any accident with injuries,illness or incident that puts the wellbeing of resident at risk will be reported to the appropriateentities as required by State guidelines and to the designated individual with written authorization. All staff will be educated on this process on hire and reviewed for knowledgeof his process annuallyin the facilities Quility Assurance program by the administrator

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S5020	Continued From page 7 (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 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	S5020	All staff have been educated to notify families of incidents. JC 12/07/23	

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S5020	Continued From page 8 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 medical record review and staff interview, the facility failed to ensure the resident's family was notified of accidents for 1 of 2 sample residents (#12) reviewed for falls. The findings were: 1. Review of the medical record with the manager on 11/20/23 at 3:02 PM revealed resident #12 had falls on 10/6/23, 10/8/23, 10/25/23, and 11/3/23. Further review of documentation showed no evidence the family was notified of the fall that occurred on 10/25/23. Interview with the manager at that time confirmed there lacked evidence the family was notified of the 10/25/23 fall.	S5020		