Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING: _____ B. WING _____	C 12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MEADOW WIND	3955 EAST 12TH STREET CASPER, WY 82609

(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 on 12/13/23 to 12/18/23. The survey was prompted by complaint intake LIC-24-008. The following common abbreviations are used throughout this document: DON: Director of Nursing CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	S 000		
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;	S5020		

Approved 1-22-24

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S5020	Continued From page 1 (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 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	S5020		

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S5020	Continued From page 2	S5020		

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.

(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;

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S5020	Continued From page 3 (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 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.	S5020		

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S5020	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, review of facility incidents, and review of the Healthcare Licensing and Survey's incident database, the facility failed to report an incident within the required time frame for 2 of 6 sampled residents (#3, #4). The findings were: Review of the medical record for resident #3 showed an assessment dated 12/4/23 related to a resident to resident incident. Further review showed the resident resided in the memory care unit related to a history of dementia. Review of the medical record for resident #4 showed an assessment dated 12/4/23 related to a resident to resident incident. Further review showed the resident resided in the memory care unity related to a history of dementia. Review of the facility's incident reports showed a resident to resident incident involving resident #3 and #4 on 11/7/23. Review of the Healthcare Licensing and Survey's incident database showed a resident to resident incident between residents #3 and #4 occurred on 11/7/23 and was reported on 12/4/23. Interview with the DON on 12/13/23 at 8:12 AM revealed the incident was reported after the facility had implemented interventions to prevent further incidents between the two residents. Interview with the administrator on 12/18/23 at 8:50 AM verified the incident had not been reported within the required time frame of 1	S5020		

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S5020	Continued From page 5 business day and a final report within 5 days of the incident.	S5020		
S5024	Ch 12 Sec 7 (i) Assisted Living Facility (ALF) Core Services (i) Adult Protection. (i) The facility must assure that all residents are protected from abuse. This includes the resident's right to be free from verbal, physical, mental, or sexual abuse in accordance with the definition of abuse as stated in Section 4(a) of these rules. (ii) The facility must adhere to written policies and procedures that prohibit the abuse of any resident. These policies and procedures must identify how the facility will screen employees before hiring, ongoing in-servicing of abuse topics with employees, and a protocol that specifies how allegations of abuse will be investigated. Each staff member must be accountable to report any suspicion or knowledge of abuse to the appropriate facility personnel immediately. (iii) The facility is responsible to ensure all allegations of abuse are investigated expediently and that the resident(s) are protected from further, potential abuse while the investigation is in progress. (A) Instances of abuse, neglect, or exploitation of disabled adults shall be reported to the sheriff's department, the local police department, or to the department of family services in accordance with W.S. 35-20-103.	S5024		

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S5024	Continued From page 6 (B) The facility must ensure that, if necessary, additional authorities are contacted if there is an allegation of abuse, neglect, or exploitation. These additional authorities may include the Wyoming State Board of Nursing, Office of Healthcare Licensing and Survey, and the State Long Term Care Ombudsman. This State Rule and Regulation is not met as evidenced by: Based on medical record review, resident and staff interview, and policy review, the facility failed to ensure the residents right's to be free from physical abuse for 1 of 8 sampled residents (#3). The findings were: Review of the medical record for resident #3 showed an assessment dated 12/4/23 related to a resident to resident incident. Further review showed the resident resided in the memory care unit related to a history of dementia. Review of the medical record for resident #4 showed an assessment dated 12/4/23 related to a resident to resident incident. Further review showed the resident resided in the memory care unit related to a history of cognitive impairment. Interview with resident #3 on 12/13/23 at 11:20 AM was unsuccessful. The resident was oriented to person, appeared anxious and confused, and repeated, "what am I doing?" Interview with resident #4 on 12/13/23 at 11:40 AM revealed the resident was talkative, pleasant, and oriented to person, was a poor historian likely due to his/her cognitive impairment, and stated, "I like some people here and I don't like some people here" but was vague about details and could not recall specifics.	S5024		

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S5024	Continued From page 7 Interview with LPN #1 on 12/13/23 at 11:25 AM revealed resident #3 liked to sleep in and avoid group activities. S/he was naturally anxious and confused, and the facility catered to his/her preferences to decrease stimulation, and reduce anxiety. She described resident #4 as easily agitated and "bickers" with other residents. The resident's service plan focused on "keeping him/her busy with group activities," track behaviors, and redirect as necessary. Interview with the DON on 12/13/23 at 11:45 AM revealed administration met with the staff three times a week to review and update the care plans as needed and there have been no further incidents between the residents. Interview with CNA #1 on 12/13/23 at 12:10 PM revealed she had reported the incident and was not sure if resident #4 hit resident #3 but resident #3 had a fresh red spot on his/ her left cheek that went away by the end of her shift and left no bruising. Review of the facility's policy "Abuse Prevention, Intervention, Reporting and Investigation" dated September, 2023 showed "Residents are to be free from verbal, sexual, physical, emotional/mental abuse..."	S5024		

Plan of Correction for Meadow Wind Assisted Living, December 18, 2023 survey date.

Tag #S5020

All incidents will be reported to the state of Wyoming within 1 business day, and final report will be done within 5 days of the incident. The Clinical Services Director or Assistant Clinical Services Director will report all incidents in the building. Reporting will be tracked weekly by Clinical Services Director and Assistant Clinical Services Director for 4 weeks starting the week of January 1st, 2024. These weekly reports will be turned into the Executive Director for review and approval. Incident reporting will then be reviewed by Executive Director monthly for 3 months for timeliness.

Education provided to Assistant Clinical Services Director regarding state reporting timeline requirements on 1/1/2024. Clinical Services Director provided education to Assistant Clinical Services Director and Executive Director.

All incidents reported will be reviewed in the monthly quality assurance meeting for 3 months with staff present.

Tag #S5024

Resident #3 has had medication changes per primary care provider and has had Buspirone increased from twice a day to three times a day. This occurred on December 19th, 2023. This increase in medication has decreased behaviors.

Staff instructed to redirect resident #3 from other residents in the unit when she is becoming anxious and repetitive. Staff to provide resident with alternative activities.

Resident #4 was ordered by primary care provider to start Seroquel 25mg daily. Resident has had no incidents of physical aggression since previous incident. Resident has subsequently given a 30 day notice due to financial reasons.

Staff instructed to redirect resident with aggressive behaviors prior to incident occurring.

Education to be provided to all staff regarding signs of agitation in dementia residents and redirection tactics that can be used to prevent aggressive behavior by 1/31/2024.

In the future residents will be screen further for any previous or current aggression prior to admission and at each care plan annually and as needed.

Any resident with physical aggression will be placed on behavior monitoring which will be reviewed by the Clinical Services Director or Assistant Clinical Services Director weekly for 4 weeks and then monthly thereafter.

Any changes in policy or instances of resident aggression will be reviewed and addressed in the morning manager meeting and monthly during the quality assurance meeting.

Completion Date: February 1st, 2024