Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF014	A. BUILDING: _____ B. WING _____	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 2/22/24. The survey was prompted by complaint intake LIC-24-022. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant LPN: Licensed Practical Nurse SLUMS: Saint Louis University Mental Status RSA: Resident Safety Advocate Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5002	Ch 12 Sec 6 (c) Personnel and Staffing Requirements (c) Background checks. All staff of the assisted living facility shall successfully complete, at minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact. This State Rule and Regulation is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to ensure all staff in the assisted living facility were screened by the	S5002		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (X6) DATE 3/8/24

POC accepted on 3/14/24 at 2:13 PM. DOC 4/15/24. as agreed + revised by Kaitlyn Reed-Mercer + J Oppenberg RN

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S5002	Continued From page 1 department of family services central registry before providing direct care to the residents for 4 of 5 employee records reviewed (CNA #1, CNA #2, CNA #3, LPN #1). The findings were: 1. Review of the personnel file for CNA #1 showed a hire date of 4/1/22. The CNA had an active certification and was currently employed at the assisted living facility. Further review showed no evidence the facility had a central registry screening on file for the employee. 2. Review of the personnel file for CNA #2 showed a hire date of 6/18/21. The CNA had an active certification and was currently employed at the assisted living facility. Further review showed no evidence the facility had a central registry screening on file for the employee. 3. Review of the personnel file for CNA #3 showed a hire date of 3/31/22. The CNA had an active certification and had been terminated from the position on 2/13/24 following a substantiated abuse allegation. Further review showed no evidence the facility had a central registry screening on file for the employee. 4. Review of the personnel file for LPN #1 showed a hire date of 10/5/22. The LPN had an active nursing license and was currently employed at the assisted living facility. Further review showed no evidence the facility had a central registry screening on file for the employee. 5. Interview with the business office director on 2/22/24 at 2 PM verified the facility did not have evidence of a central registry screening on file for CNA #1, CNA #2, CNA #3 or LPN #1.	S5002		

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S5024	Continued From page 2	S5024		
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. (B) The facility must ensure that, if necessary, additional authorities are contacted if there is an allegation of abuse, neglect, or	S5024		

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S5024	Continued From page 3 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 resident record review, resident and staff interviews, review of the facility incident log, review of the facilities personnel files, review of the patients' rights, and review of the policy and procedures, the facility failed to ensure that all residents were free from abuse for 2 of 7 sampled residents (#3, #7). The findings were: 1. Review of the resident record for resident #3 showed the resident moved into the level I assisted living on 5/17/16. Further review showed the resident had a SLUMS score of 17/30 indicating dementia. In addition, the resident had occasional disorientation and confusion but no behaviors that required intervention. The resident was oriented to person and place but disoriented to the time of day. The care plan was last updated on 2/9/24 and showed the resident was at risk of being abused and considered to be a vulnerable adult. The following concerns were identified: a. Interview with resident #3 on 2/22/24 at 11 AM revealed a staff member had forcefully grabbed his/her wrist and pushed the resident during a shower. The resident demonstrated the grab with the left hand to the right wrist. During the interview the resident was alert and oriented to person, place and relative time of day (lunch). b. Interview with the business office director/resident safety advocate (RSA) on 2/22/24 at 3:10 PM revealed an internal investigation was started immediately after the allegation of abuse was reported by resident #3	S5024		

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S5024	Continued From page 4 on 2/7/24 and it was determined that abuse had occurred and the employee implicated in the allegation (CNA #3) was suspended the evening of 2/6/24 and terminated for cause on 2/13/24. c. Interview with LPN #1 on 2/22/24 at 3:25 PM revealed that on 2/7/24 resident #3 asked her to look at his/her arm. She observed 4 dark purple bruises on the resident's forearm. The resident reported a staff member (CNA #3) had grabbed his/her wrist and pushed the resident during a shower the night before. She verified the work schedule and resident's documentation confirmed the resident was showered by CNA #3 on 2/6/24 at 7:17 PM. She confirmed the resident had demonstrated the wrist grab and the LPN notified the appropriate parties and sent CNA #3 home pending an investigation into the allegation. d. Review of the facility's incident log showed an "unexplained injury" to resident #3 reported on 2/7/24 at 5:50 PM. e. Interview with CNA #3 on 2/22/24 at 4:19 PM revealed CNA #3 had nothing to add to the investigation and stated, "did you read the statement I already gave?" and wondered how this was all going to end. f. Review of the personnel file for CNA #3 showed a hire date of 8/18/22 and a termination date of 2/13/24 following an internal investigation on 2/7/24 that substantiated an abuse allegation implicating the CNA. Further review showed no evidence the facility had a central registry screening on file for the employee. In addition, an employee coaching form on 2/7/24 with "Concerns brought forward regarding employees alleged inappropriate interactions. (Verbal and physical.) B. With two residents (#3, #7)... Employee placed on administrative leave, while investigating conduct. Included employees [sic] partial admission of actions...D. Investigation completed. Unfortunately, concerns around	S5024		

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S5024	Continued From page 5 employee's interactions were substantiated. Employees actions with both residents viewed as mistreatment and overall misconduct ..." An interview with the CNA by administration on 2/8/24 at 8:58 AM confirmed the CNA took the resident's wrist from the towel bar to the walker and pushed on the resident during a shower on 2/6/24, the CNA verified the resident told him/her that s/he was being too rough during a shower. 2. Review of resident record for resident #7 showed the resident moved into the level I assisted living on 10/24/22. Further review showed the resident had a history of anemia, atrial fibrillation and diabetes. The resident was oriented to person, place and time. The following concerns were identified: a. A communication note in the resident's record showed that resident #7 complained that CNA #3 was providing care to the resident, "there were a few comments exchanged during this time" and the resident was upset when the CNA said, "You have been speaking English your whole life, maybe you could make your instructions clearer." The resident requested this CNA not be assigned to care for him/her as this was "not the first run in with this CNA." On 2/7/24 the "RSA spoke with the CNA and the CNA did admit to saying the above to the resident. I made sure CNA understood that (he/she) cannot speak to residents in this manner ...This CNA reported understanding ...CNA did still answer the resident call light after the conversation...CNA was sent home by nursing manager due to reported incident and complaint from second resident at 6:10 PM." b. Interview with resident #7 on 2/22/24 at 3 PM revealed CNA #3 had come "flying in my room while I was on the toilet and I asked the CNA to knock and protect my privacy" at times	S5024		

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S5024	Continued From page 6 like that. The resident stated the CNA, "never talks nice to me" and is rude. c. Interview with the RSA on 2/22/24 at 3:10 PM revealed CNA #3 had been coached on 2/7/24 regarding a complaint by resident #7 that the CNA was verbally offensive and requested the CNA not be assigned to that room any longer, however, the CNA confirmed he/she did answer the resident's call light and did enter the resident's room after he/she had been told not to. 3. Review of the facility's patients' rights, revised 9/2013, showed the residents' have the right to be treated with dignity and respect, the right to privacy, the right to not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated or punished. 4. Review of the facility's policy and procedure, "Abuse prevention, intervention, reporting and investigation", dated 12/2023, showed "Residents are to be free from verbal, sexual, physical, emotional/mental abuse, neglect...Abuse is defined as the willful infliction of injury; unreasonable confinement; intimidation; punishment with resulting physical harm, pain, or mental anguish..."	S5024		

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: 02/22/2024

Ref: LH-2024-0206

Plan of Correction

Tag: S5002 – Ch 12, Sec 6 (c) Personnel and Staffing Requirements

A. The Business Office Director will audit all current employee personal files to identify all missing DFS background checks. All missing DFS background checks will be completed.

B. The Business Office Director along with the Executive Director will review the employee onboarding process to ensure DFS background checks are conducted prior to employee direct resident contact.

C. The Executive Director will audit new employee files each month for four months to ensure we are maintaining the correct process.

Date of completion: 4/15/2024

Executive Director: _____ Date: 3/8/24

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: 02/22/2024

Ref: LH-2024-0206

Plan of Correction

Tag: S5024 – Ch 12, Sec 7 (i) Assisted Living Facility (ALF) Core Services

A. Correction for tag S5024 is consistent in part to the correction for tag S5002 since both tags identify missing DFS background check as key role in deficiency.
   I. The Business Office Director will audit all current employee personal files to identify all missing DFS background checks. All missing DFS background checks will be completed.
   II. The Business Office Director along with the Executive Director will review the employee onboarding process to ensure DFS background checks are conducted prior to employee direct resident contact.
   III. The Executive Director will audit new employee files each month for four months to ensure we are maintaining the correct process.

B. The Clinical Service Director along with the Resident Safety Advocate will provide education to all employees on the topics of abuse and neglect, resident rights and mandatory reporter.

C. The Clinical Service Director along with the Resident Safety Advocate will schedule the quarterly education for the next calendar year. Topics will relate to abuse and neglect, resident rights and the expectations of a mandatory reporter.

Date of completion: 4/15/2022 error 2024 @ 2:13 PM 3/14/24 LT KRM

Executive Director: _____ Date: 3/8/24