Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF008	A. BUILDING: _____ B. WING _____	10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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 08/28/2001. A complaint survey was conducted by Healthcare Licensing and Surveys on 10/4/24. The survey was prompted by complaint intakes LIC-24-051, LIC-24-052, LIC-24-058, LIC-24-086, LIC-24-089, LIC-24-098, and LIC-25-002. The following common abbreviations are used throughout this document: ED: Executive Director RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5005	Ch 12 Sec 7 (a) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (i) Meals, housekeeping, personal and other laundry services; (A) Provision of mechanically altered diets and dietary supplements, if required. (ii) A safe and clean environment; (iii) Assistance with local transportation;	S5005		

Approved 11/18/24 by Jean Yennie MT (ASCP)
A voice message was left for Chasnee Schaefe on 11/18/24 at 8:14 am.

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S5005	Continued From page 1 (iv) Assistance with obtaining medical, dental, and optometric care, in addition to social services; (v) Assistance in adjusting to group living activities; (vi) Maintenance of a personal fund account, if requested by the resident or resident's responsible party, showing any and all deposits, withdrawals, and transactions of the account; (vii) Provision of appropriate recreational activities in/out of the assisted living facility; (viii) Care of individuals who require any or all of the following services: (A) Partial assistance with personal care, e.g. bathing, shampoos; (B) Limited assistance with dressing; (C) Minor non-sterile dressing changes; (D) Stage I skin care - skin integrity intact; (E) Infrequent assistance with mobility. The resident may use an assistive device; e.g., wheel chair, walker, cane; (F) Cuing guidance with ADLs for the visually impaired resident, or the intermittently confused and/or agitated resident requiring occasional reminders to time, place and person; (G) Care of the resident who can	S5005		

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S5005	Continued From page 2 independently manage his own catheter or ostomy, e.g., resident who can change his own catheter bags, able to clean and care for his ostomy; (H) Care of the resident incontinent of bowel or bladder if the condition can be managed independently; (ix) Assessments completed by a Registered Nurse; (A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the residents' medication is changed; (x) Twenty-four (24) hour monitoring of each resident. This State Rule and Regulation is not met as evidenced by: Based on observation, resident record review, staff interview, and review of the resident lease agreement, the facility failed to provide assistance with obtaining medical services and failed to provide a safe and clean environment for 1 of 5 residents reviewed (#4). The findings were: 1. Review of resident #4's record showed the resident had a fall on 7/30/24 after becoming short of breath. The resident requested to wear oxygen on a continuous basis at that time. On 7/31/24 the resident was seen by his/her primary care provider and an order was placed for continuous oxygen and a wheelchair. The following concerns were identified: a. Review of an 8/9/24 nurse's note showed the resident had "inquired with this RN for the	S5005	After care conference with resident and POA on 10/16/2024 - resident and POA agreed for facility to contact other agencies to provide oxygen and wheelchair for resident.	

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	ALF006	A. BUILDING: _____ B. WING _____	10/04/2024

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S5005	Continued From page 3 update regarding [his/her] portable oxygen and Wheelchair ordered during [his/her] last in-person visit with [primary care provider] (7/31/2024)". Further review showed a message was left for the office manager of the oxygen/medical supply company to call the facility on 8/12/24 to discuss the details. b. Review of a 8/29/24 nurse's note showed a follow-up call was placed to the oxygen/medical supply company on 8/28/24 and was the facility was told the company had not received the order. The RN then contacted the resident's primary care provider to have the order resent to the oxygen/medical supply company. The note further showed "Problems with SOB (shortness of breath) and decreased [oxygen] when walking; [oxygen at night] only. Uses cane but needs wheelchair. Also needs diuretic & labs. New Orders: Portable [oxygen] for activity @ 2 [liters]. Wheelchair for use in facility..." c. Interview with the resident on 10/4/24 at 10:45 AM revealed s/he used oxygen only at night. Observation of the resident's room showed no evidence of a wheelchair. d. Interview with the facility's RN on 10/4/24 at 2:54 PM confirmed the resident had not received the oxygen or wheelchair as ordered by the primary care provider. 2. Observation of resident #4's apartment on 10/4/24 at 10:45 AM with the facility's RN and again at 3:07 PM with the ED showed the resident's room was cluttered throughout the entire apartment with miscellaneous items and the kitchen counter and sink was piled with dirty dishes. The following concerns were identified: a. Review of the resident's Master Care Plan, dated 4/17/24, showed "...Independent Living - Housekeeping - Receives housekeeping once a week, no additional services	S5005	CSD will contact different agencies to ensure that resident receives oxygen and wheelchair as ordered and needed. CSD will follow up on all residents pending orders to ensure that no orders are over 72 hours old. CSD will add reminders to EHR for nurses to follow-up on orders in a timely manner. A full building audit was done to ensure all resident rooms are safe and meeting the lease agreement criteria. Will audit quarterly x1 year. Education to staff will be given at next all-staff meetings. November 29th & December 3rd. ED and CSD help care conference with resident and POA on 10/16/2024 and informed both resident and POA that residents room did not meet the requirements as stated in the Resident Lease Agreement. Resident and POA understand that her apartment needs to be cleaned, decluttered and well kept.	11/1/24 11/29/24 12/3/24 10/16/24

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S5005	Continued From page 4 required...Independent Living - Manage Environment - Can manage environment independently..." b. Review of the Resident Lease Agreement showed "24. APARTMENT UPKEEP. Resident is responsible for maintaining a clean, attractive environment by keeping a neat apartment and using proper disposal receptacles throughout the Community. Resident shall assume responsibility for the cleanliness and upkeep of all belongings brought into the Community. Landlord will evaluate the need for cleaning and repair of belongings. If it is necessary for Landlord to perform cleaning or repair of personal belongings for health or safety reasons, Resident will be billed for these services. If furniture or furnishings are a health hazard or safety risk, Resident will be required to immediately remove those items." c. Interview with the ED on 10/4/24 at 3:07 PM revealed she was unaware of the state of the resident's apartment.	S5005	Resident and POA agreed to follow what is in Resident Lease Agreement for apartment upkeep. Resident and POA agreed to have apartment met to requirements by 11/15/2024. ED and CSD will monitor progress of residents apartment to ensure that the apartment meets the requirements of the Resident Lease Agreement x1 monthly for 6 months, then quarterly to follow.	11/15/24
S5006	Ch 12 Sec 7 (b)(i) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services, The staff/contract Registered Nurse (RN) shall conduct initial and, at the minimum annually, and accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and /or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines	S5006		

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S5006	Continued From page 5 apply to the ALF 102: (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (II) The ALF 102 must be completed and signed by an RN. (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition. This State Rule and Regulation is not met as evidenced by: Based on review of resident records, review of the resident agreement, and staff interview, the facility failed to conduct, at a minimum, an annual assessment of each resident's functional capacity, physical assessment, and medication review (ALF 102) for 4 of 5 (#1, #2, #3, #4) residents reviewed for timely assessments. The findings were: 1. Review of resident #1's record showed the most recent ALF 102 was completed on 6/16/23. 2. Review of resident #2's record showed the most recent ALF 102 was completed on 5/2/23. 3. Review of resident #3's record showed the most recent ALF 102 was completed on 7/17/23.	S5006	CSD will review and complete all overdue assessments\ALF 102 to meet States Rules and Regulations.	11/15/24

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S5006	Continued From page 6 4. Review of resident #4's record showed the most recent ALF 102 was completed on 9/13/23. 5. Interview with the facility RN on 10/4/24 at 2:54 PM confirmed the ALF 102 assessments had not been completed as required. 6. Review of the Resident Agreement showed "...A Registered Nurse will evaluate Resident's health and safety needs on an ongoing basis to help determine if they can continue to be met in an assisted living setting. The Community is committed to providing safe and appropriate care to all residents within our regulatory scope, and will assist in finding necessary alternate placement if warranted based upon Resident's overall health and condition. Additional clinical evaluations will be completed according to state regulations."	S5006	CSD will audit resident assessments monthly going forward to ensure that all assessments\ALF102 are current and up to date. CSD has updated Resident #1, #2, and #3 ALF 102's.	11/1/24