STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING: _____ B. WING _____	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

(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 from 09/04/2024 to 09/05/2024. The survey was prompted by complaint intake #LIC-24-077.	S 000		
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 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.	S5006		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeree Foote — TITLE: Resident Care Manager/CNA II — (X5) DATE: 9/27/24

10/4/24 POC Approved. T.C placed to Jeree Foote at 0900. Date of correction 10/28/24. BParkus RN

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S5006	Continued From page 1 (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 medical record review and staff interview, the facility failed to complete a new Assisted Living Facility (ALF) 102 screening tool at least annually for 4 of 5 sample residents (#1, #2, #3, #5). The findings were: 1. Review of the medical record for resident #1 showed ALF 102 screening date of 12/01/2022. 2. Review of the medical record for resident #2 showed ALF 102 screening date of 11/04/2022. 3. Review of the medical record for resident #3 showed ALF 102 screening date of 11/10/2021. 4. Review of the medical record for resident #5 showed ALF 102 screening date of 6/15/2023. 5. Interview with staff member #3 on 9/4/24 at 9:30 AM revealed she was aware of the need to complete the ALF 102 screening tool annually; however, she stated she "got a little behind this last year."	S5006		
S5009	Ch 12 Sec 7 (b)(iv) Assisted Living Facility (ALF) Core Services	S5009		

Healthcare Licensing and Surveys

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	ALF013	A. BUILDING: _____ B. WING _____	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

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S5009	Continued From page 2	S5009		

(b) (iv) Frequency of assessment. An assessment must be conducted:

(A) No earlier than one (1) week prior to admission;

(B) Immediately upon any significant change in the resident's mental or physical condition; or

(C) No less than once every twelve (12) months.

This State Rule and Regulation is not met as evidenced by:
Based on medical record review and staff interview, the facility failed to ensure resident assessments were completed no less than once every 12 months for 4 of 5 sample residents (#1, #2, #3, #5). The findings were:

1. Review of the medical record for resident #1 showed the most recent resident assessment was dated of 12/01/2022.

2. Review of the medical record for resident #2 showed the most recent resident assessment was dated of 11/04/2022.

3. Review of the medical record for resident #3 showed the most recent resident assessment was dated of 11/10/2021.

4. Review of the medical record for resident #5 showed the most recent resident assessment was dated of 6/15/2023.

5. Interview with staff member #3 on 9/4/24 at 9:30 AM revealed that she was aware of the need

Healthcare Licensing and Surveys

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S5009	Continued From page 3 to complete an assessment of the residents needs no less than once every 12 months; however, she stated she "got a little behind this last year."	S5009		
S5012	Ch 12 Sec 7 (b)(vii) Assisted Living Facility (ALF) Core Services (b) (vii) The assistance plan shall be reviewed and updated by the RN at least annually or when a significant change occurs, with input from direct care-givers, the resident, and others as designated by the resident. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure an annual resident assistance plan was performed for 3 of 5 sample residents (#1, #2, #3). The findings were: 1. Review of the medical record for resident #1 showed the resident assistance plan was last updated 12/1/22. 2. Review of the medical record for resident #2 showed the resident assistance plan was last updated 12/1/22. 3. Review of the medical record for resident #3 showed the resident assistance plan was last updated 11/10/21. 4. Interview with staff member #3 on 9/4/24 at 9:30 AM revealed that she was aware assistance plans were to be reviewed ans updated annually; however, she stated she "got a little behind this last year."	S5012		

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S5024	Continued From page 4	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 6	S5024		

physically fighting on the floor. The staff member stated the residents were split up and resident #1 was observed with his/her hair falling out. The staff member stated resident #1 also complained of his/her head hurting and she observed blood on his/her shirt. Staff #1 stated both residents continued to verbally bicker so resident #1 was taken outside for a walk and resident #2 remained inside with another staff member.

4. Review of the incident report dated 7/7/24 showed an altercation between resident #1 and #2 which started verbally and progressed to a physical altercation. The incident report showed resident #1's glasses were broken and s/he complained that resident #2 pulled his/her hair. The incident report showed resident #1 was combing through his/her hair with his/her fingers to show all of the loose strands that had been pulled loose, bruising was visible on his/her left temple, and staff member #1 mentioned resident #1 hit his/her head and had a headache. The incident report showed documentation from camera footage that confirmed resident #2 grabbed resident #1 by the hair and resident #1 eventually went to the hospital due to his/her "head still hurting and pain in [his/her] shoulder."

5. Interview with staff member #2 on 9/5/24 at 10:30 AM confirmed resident #1's glasses were broken and his/her hair was cut and eventually shaved after the altercation. Staff #2 stated resident #1 requested his/her head to be shaved after the altercation.

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S5024	Continued From page 5	S5024		

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 and resident and staff interview, the facility failed to ensure residents were free from abuse for 2 of 2 sample resident (#1, #2) involved in a resident to resident altercation. The findings were:

1. Interview with resident #1 on 9/4/24 at 9:55 AM revealed s/he was in an altercation with another resident. Resident #1 stated the altercation started because resident #2 threatened to kill and fight people. The resident revealed the altercation began verbally and became physical on the floor. Resident #1 stated some of his/her hair was pulled out during the altercation and s/he needed to have his/her head shaved. Further the resident stated his/her glasses were broken in the altercation and s/he continued to have ongoing pain in his/her chest since it occurred.

2. Interview with resident #2 on 9/4/24 at 10:05 AM revealed s/he was in an altercation with resident #1 which began verbally and ended up physical. Resident #2 denied receiving any injuries during the altercation and did not need to go to the hospital. Resident #2 confirmed resident #1 had long hair and during the altercation s/he pulled out some of resident #1's hair.

3. Interview with staff #1 on 9/4/24 at 12:40 AM revealed that she was in the kitchen when another staff member asked for help with 2 residents that were fighting. Staff #1 stated she ran to the front lobby and observed 2 residents

Showboat Retirement Center ALF 013
State Health licensure complaint Investigation Survey 9/4/24 9/5/2024

Plan of Correction

S5006 Assisted Living Facility (ALF)
Core Services ALF 102
Screening Dates

*The Facility will ensure that the Director of nursing will oversee the completion and documentation of the Assisted Living Facility 102 form.

*The RN will complete and update the Resident files on a timely basis as stated in Chapter 12 section 7 of Wyoming Administrative rules. Aging Dept, Dept of Health. Upon moving in, if any changes in resident care, and annually.

*The RN will utilize the chart developed by the facility that will include : Name, DOB, ALF 102 due date, and the annual assessment, to serve as a reminder and documentation tool to ensure the resident files are current, and are not delinquent.

Date to be completed : October 28, 2024

S5009 ALF 102 Core Services
Resident Assessments

*The Facility will ensure that the Director of nursing will oversee the completion and documentation of the Resident Assessments.

*The RN will meet with the resident and document resident assessment in the event of significant change, Annually as they come due on Anniversary date.

*The RN will utilize the chart developed by the facility that will include: Name, DOB, ALF 102 due date, and the annual assessment, to serve as a reminder and documentation tool to ensure the delinquency does not reoccur.

Date to be completed: October 28, 2024

S5012 ALF Core Services
Annual Resident Assistance Plan

*The facility will ensure that the Annual Resident Assistance plan will be completed and Documented in a timely manner.

*The Director of nursing will oversee the completion and documentation of the annual resident assistance plan.

*The RN will meet with the residents, complete the annual resident assistance plan, and document.

Showboat Retirement Center ALF 013
State Health licensure complaint investigation survey 9/4/2024-9/5/2024

*The RN will utilize the chart developed by the facility that will include: Name, DOB, ALF 102 due date, and annual assessment, to serve as a reminder and a documentation tool to ensure the resident files are current and are not delinquent

Date to be completed: October 28, 2024.

S5024 ALF Chapter 12 Sec 7
Abuse

*The facility will ensure the residents are free of abuse.

*The facility will document any changes/or assertive/disruptive behaviors noticed from any residents.

*The manager will be notified immediately if any challenges are brought to the attention of the staff, to take action as to, one on one counsel to diffuse any situation if possible. To document and file in residents files with progress notes.

*To ensure this occasion doesn't repeat itself, the facility staff members and management will keep a watchful eye and alert manager or RN of any challenges the individual resident might present. Then to notify the case manager or ombudsman for additional support.

Date completed: September 30, 2024