Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9019	A. BUILDING: _____ B. WING _____	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN LODGE LLC	1110 BIRCH STREET DOUGLAS, WY 82633

(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 1/23/25 to 1/24/25. The survey was prompted by complaint intake WY LIC-25-028. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant LPN: Licensed Practical Nurse RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000	S5001 Personnel and Staffing Requirements 1. The facility will ensure to have at least one licensed nurse or CNA on duty on the Level 1. 2. This deficient practice has the potential to effect all residents. 3. There will be a licensed or certified staff member in the facility at all times; additional staff will be in the facility to meet patient care needs. 4. ALF administrator or designee will educate IDT that that there will need to be a licensed/certified staff awake in the facility at all times. 5. ALF administrator or designee will educate IDT that the residents service plan will indicate if rounds need to be done at night or not. 6. A CNA class is scheduled to start 2/24/2025. 7. An audit of the schedule will be done on a monthly basis to ensure that there is a licensed/certified staff member in the facility at all times; the audit will be done by Administrator or designee.	
S5001	Ch 12 Sec 6 (b) Personnel and Staffing Requirements (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.	S5001		

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

03-18-25 9:28am Left message for administrator that POC is approved with expected completion date of 3-21-25 SP

Annie Hypes

Annie Hypes - Administrator

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S5001	Continued From page 1 (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. (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 facility staff schedule review, staff interview, and policy and procedure review, the facility failed to ensure at least one licensed nurse or CNA was on duty on the Level I unit at all times. The Level I unit census was 9. The findings were: 1. Review of the facility staff schedules for November 2024, December 2024, and January 2025 showed there was only one CNA scheduled overnight for the Level II unit and no staff scheduled overnight for the Level I unit on 8 nights in November, 8 nights in December, and 2 nights in January. 2. Interview with the facility administrator on 1/24/25 at 8:59 PM confirmed the facility did not always have staff scheduled to cover the Level I unit. She stated there was no expectation rounds would be performed on the Level I unit overnight	S5001	8. The results of the audit will be brought to QAPI for 90 days or until resolved. 9. 3/21/2025 completion date. S 5020 Assisted Living Facility Core Services	

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S5001	Continued From page 2 by the staff member working in the Level II unit, as that person could not leave the Level II unit. The administrator confirmed if a resident on the Level I unit was unable to press their call button for help, no one would know they needed assistance. Further, she confirmed someone would have to be called in from outside the facility to respond to a call for assistance on the Level I unit. 3. Review of facility policy titled "Level 2 Direct Care Staff Requirements" showed "This facility will employee [sic] qualified Staff as described in the Rules for Program Administration of Assisted Living Facilities, Chapter 12." Further review showed that "This facility will have at least one staff member ... to be on duty and awake during all shifts."	S5001	1. The facility will ensure that incidents and investigations which affect the health, welfare or safety of a resident are reported to the licensing division. 2. Residents #1,#2 and #3 will have the investigations completed in that they were involved in and then completed on the state IR system. 3. All residents can be affected by this deficiency. 4. A policy will be made so that there is a clear understanding of the investigation policy and procedure. 5. Administrator or designee will educate the IDT team on IRS's and how the investigation needs to be done. 6. All IDT will have their own log ins and will be responsible for investigations and IR reporting for the week that they are on call. 7. The administrator or designee will do monthly audits will be done on all investigations and IR's to ensure that they are done correctly.	
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	S5020		

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S5020	Continued From page 3 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 telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman	S5020	8. The results of the audit will be brought to QAPI monthly for 90 days or until resolved.	3/21/2025

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S5020	Continued From page 4 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; (G) The resident's assessment and individualized assistance plan;	S5020		

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S5020	Continued From page 5 (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. This State Rule and Regulation is not met as evidenced by:	S5020		

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S5020	Continued From page 6 Based on facility incident review, state survey agency incident database review, and staff interview, the facility failed to ensure incidents and investigations which affected the health, welfare or safety of a resident were reported to the licensing division for 3 of 3 sample residents (resident #1, resident #2 and resident #3) who were reviewed for incidents and accidents. The findings were: 1. Review of an incident report for resident #1 showed on 8/16/24 at 3:50 PM, the resident was involved in a physical altercation with another resident on the Level II unit. The altercation was witnessed by staff on the camera system. There was no additional information about the incident available. Review of the state survey agency incident database showed no evidence the 8/16/24 incident investigation was reported. 2. Review of an incident report for resident #2 showed on 10/7/24 at approximately 12:30 PM, resident #2, who resided on the Level II unit, eloped from the facility. Resident #2 had been sitting outside with his/her spouse, who resided on the Level I unit, and when the spouse went inside to use the bathroom, resident #2 left the facility. The spouse identified resident #2 had left when s/he returned outside and notified staff. Facility staff initiated a search at that time and resident #2 was returned to the facility by a homeowner who lived nearby. Review of the state survey agency incident database showed no evidence the 10/7/24 incident investigation was reported. 3. Review of an incident report for resident #3 showed on 12/20/24 at 1:13 PM, the resident, who had dementia, requested warm rice packs for his/her knee pain. The following day, the	S5020		

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S5020	Continued From page 7 resident developed a rash to the right knee which progressed into two areas of blistering and appeared to be a burn. On 12/31/24, facility staff took the resident to urgent care for evaluation of the blisters due to rupture, and resident pain. The resident was prescribed wound treatment and antibiotic therapy. Review of the state survey agency incident database showed no evidence the 12/20/24 incident or investigation was reported. 4. Interview with the facility administrator on 1/23/25 at 3:01 PM confirmed the investigations had not been completed or reported for any of the incidents reviewed. She was not aware an investigation needed to be completed for each reported incident. She stated there had been some staff turnover, and it wasn't clear to everyone what needed to be reported or who should do the reporting. She confirmed neither the incident nor the investigation involving resident #3 was reported to the state survey agency.	S5020		