PRINTED: 09/24/2024
FORM APPROVED

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 _____	09/10/2024

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

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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 9/9/24 to 9/10/24. The survey was prompted by complaint Intakes LIC-24-053, LIC-24-056, LIC-24-080, LIC-24-081, and LIC-24-087. The following common abbreviations are used throughout this document: CNA: Certified Nurse Assistant ED: Executive Director RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5003	Ch 12 Sec 6 (d) Personnel and Staffing Requirements (d) Infection Control. Written policies must be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties. These written polices must, at a minimum: (i) Ensure a safe and sanitary environment for residents and personnel;	S5003		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (X6) DATE 10/22/24

10/22/24 2:47PM POC accepted

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S5003	Continued From page 1 (ii) Require tuberculin testing, or screening as appropriate; and (iii) Prohibit any person with an airborne, contagious, or infectious disease from being employed until a work release is obtained. (A) The facility shall prohibit employees with a communicable disease or infected skin lesions from direct contact with residents and their food, if direct contact will transmit a disease. (B) The facility shall require staff to follow universal precautions when performing direct resident care. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, policy and procedure review, and profession standard review, the facility failed to ensure a safe and sanitary environment for residents during meal service for 1 of 1 meal (lunch service). The findings were: 1. Observation on 9/9/24 at 12:02 PM showed a maintenance tech was serving resident beverages and salads. Shortly after, 4 CNAs came to the service counter, without performing hand hygiene, to take the food plates from the kitchen service counter to the residents. During this continuous observation CNA #3 put her left hand down the back of her pants, removed it, and began handling a clip board on the service counter. The maintenance tech was observed touching his nose during meal service and continued to pass meal items. No hand hygiene was observed. At 12:16 PM, observation of CNA #3 showed she had her hand back down the back of her pants, without performing hand hygiene,	S5003		

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S5003	Continued From page 2 she removed the plastic covering the desserts and began serving the desserts to the residents. 2. Interview with the Assistant ED on 9/9/24 at 12:26 PM revealed the staff had to perform hand hygiene prior to the meal services, and not between serving the food. 3. Interview with the Dining service manager on 9/9/24 at 12:30 PM revealed staff only had to perform hand hygiene prior to serving food on the plates. They did not need to perform hand hygiene between residents, because all they were doing was touching plates. 4. Review of the policy "Safety and Hygiene" dated July 2024 showed "Safety Rules, it is the responsibility of every dining services employee to use safe practices when handling food and equipment. Wash hands at appropriate times. ...Hand Washing. Everyone handling food must wash their hands before beginning work and after using the restroom, smoking, eating, handling raw meat, or touching unclean surfaces, including bussing of dishes ..." 5. Review of the "www.cdc.gov/clean-hands" accessed 9/12/24 showed why it is important. "Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections. Germs can spread from person to person or from surfaces to people when you: Touch your eyes, nose, and mouth with unwashed hands. Prepare or eat food and drinks with unwashed hands. Touch surfaces or objects that have germs on them. Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects."	S5003		

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S5020	Continued From page 3	S5020		
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 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	S5020		

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S5020	Continued From page 4 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 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	S5020		

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S5020	Continued From page 5 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; (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.	S5020		

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S5020	Continued From page 6 (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: Based on state survey agency database review, and staff interview, the facility failed to ensure all reported incidents were documented and investigations were reported within five (5) working days for 26 initial reports reviewed. The findings were: Review of the state survey agency database showed the facility failed to submit the investigation for 26 incidents affecting the health and welfare of residents. Interview with the ED and the assistant ED on 9/10/24 at 1:15 PM revealed the DON, at that time, was inputting the incidents into the incident data base, and failed to ensure the investigations were added after the initial entry. The Assistant ED stated she had just recently started putting the incidents in the data base, and she would	S5020		

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S5020	Continued From page 7 work on getting the investigations added.	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. (B) The facility must ensure that, if	S5024		

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S5024	Continued From page 8 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 resident and staff interview, medical record review, and policy and procedure review the facility failed to protect residents from abuse for 1 of 2 sample residents (#2) reviewed for resident-to-resident abuse. The findings were: 1. Review of the Resident-to-Resident Incident for resident #2, dated 7/30/24 at 8 PM showed the following concerns: a. " ...This incident was not reviewed by the due date of 8/29/24 - 10:02 PM. It is now locked." The incident was described as "Resident was in bed asleep when [s/he] heard someone banging on [his/her] door. [S/he] returned to [his/her] bedroom. Shortly after resident heard [his/her] apartment door open and [resident #3's initials] told [him/her] [s/he] need [sic] a glass of water to take a pill. Resident gestured to [his/her] kitchenette for [resident #3] to get a glass of water." [Resident #2] went and changed [his/her] clothing and found [resident #3] going through [his/her] items. [Resident #2] told [resident #3] to leave [his/her] room. [Resident #3] took [resident #2's] walker from [him/her] and hit [him/her] in the face, then grabbed [resident #2's] right elbow and right forearm. [Resident #3] then grabbed a camping lantern from the kitchen table and hit [resident #2] in the head on the left side. [Resident #2] yelled for help and staff came to assist. Staff assisted [resident #3] back to [his/her] room..." Further review showed no	S5024		

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S5024	Continued From page 9 evidence of documentation of separation, monitoring of the preparator, interviewing of staff and residents, or an action plan. b. Interview with resident #2 on 9/10/24 at 11:30 AM revealed s/he did feel safe now; however, after the incident s/he did not feel safe. S/he stated s/he had a concussion from the incident and s/he had requested a different room away from the perpetrator the day after the incident. 2. Review of resident # 2's medical record showed the following concerns: a. Review of the nursing notes showed on 7/31/24 at 5:45 AM "Incident Follow-up. Resident to Resident Incident - 07/30/24 8:00 PM, Bruising has developed on R forearm." b. Review of the nursing notes showed on 8/6/24 at 12:05 AM, "Re-Admit from ER Nurse Note. Report was called from IMH ER at 2045. Resident returned via family transport at 2100. Residents discharge paperwork states [s/he] may have a mild concussion after the assault. Resident received a Hydrocodone-acetaminophen before discharge from IMH ER. Resident reported it was effective upon [his/her] return." 3. Review of the medical record for resident #3 showed diagnoses which included vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and epilepsy. Review of the revised care plan dated 8/14/24 included "Resident is at risk to abuse other vulnerable adults." The following concerns were identified: a. Review of the nurses' notes showed on 8/5/24 at 11:23 AM, "Confrontation with another resident Nurse Note. [residents name] walked in to room with 2 [male/female] residents and told	S5024		

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S5024	Continued From page 10 one of the residents to get [his/her] feet off of the furniture, Resident told [resident name] to get out of room and resident stated, "I will when I want to,". One of the residents stood up to confront resident and [residents name] had pushed [him/her] but not knocking [him/her] down. Staff heard residents arguing and intervened." b. Review of the nurses' notes showed on 8/26/24 at 9:07 PM "Resident going into rooms Concern Charting. Resident was going into other residents' rooms; CNA was able to get [him/her] out of the resident's room. Resident reported [s/he] gave [him/her] the finger when [s/he] asked [him/her] to leave [his/her] room. Resident was once again in a different resident room and was asked to leave again by this resident and the CNA once again redirected [him/her] to [his/her] room. This happen [sic] 3 different times ..." c. Review of the nurses' notes showed on 8/28/24 at 1:47 AM "Resident trying to get into rooms Concern Charting. Around 2030 [resident's room number] came to nurses' station to notify staff that resident was attempting to enter other resident's room. Staff reported that during evening shift resident had entered [resident's room number] and was sitting in [resident's room number] flipping through magazines and was refusing to leave when resident was asked by [resident's room number] to leave. Staff also reported resident was found in [resident's room number] and refused to leave when [resident's room number] asked as well. Resident was able to be redirected out of [resident's room number] and [resident's room number] by staff ..." d. Review of the nursing notes showed on 9/1/24 at 9:23 PM 9/1/24 9:23 PM "Resident entering other rooms Concern Charting. At 2045 [8:45 PM] this nurse saw residents [spouse] in the hallway looking around. Upon investigation Resident was found in room 502 with [his/her]	S5024		

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S5024	Continued From page 11 pants down around [his/her] knees ..." e. Review of the nursing notes showed on 9/4/24 at 7:40 PM "Transfer to MC [memory care] unit. Nurse Charting D: Res [sic] was Transferred to room [number] today along with [his/her] [spouse] around 1600 due to res [sic] advancing dementia and going into other res.[sic] rooms on AL [assisted living] side and occas [sic]. becoming agitated. Staff concerns about res [sic] agitation and about getting into conflicts with MC residents who pace the halls was discussed with management. Informed that res [sic] started on new meds (Seroquel and Melatonin) that have helped res [sic] sleep better at night. Per 500 hall nurse, most of res [sic] behaviors on AL occurred during the night when [his/her] [spouse] was sleeping." 4. Interview with the ED and assistant ED on 9/10/24 at 1:15 PM revealed staff was notified of the incident, by another resident involved in the incident. Resident #2 wanted to moved the next day and s/he was moved to a different floor. Resident #3 was moved to the memory care with his/her spouse 2 weeks ago. They confirmed no other residents were interviewed during the investigation. Further, they revealed the preparator was not monitored, and they had only moved him/her to the memory care unit "2 weeks ago." 5. Review of the "Resident Bill of Rights - Wyoming" showed " ...5. Not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated, or punished: ..." 6. Review of the policy "Abuse and Neglect" last reviewed 12/2022 showed "Everyone has the right to respectful treatment. There is no excuse for abuse or neglect of any resident."	S5024		

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S5054	Ch 12 Sec 10 (a)(iii) Secure Dementia Units (a) (iii) Level 2 Direct Care Staff. In addition to meeting all other requirements for direct care staff stated in this Chapter, assisted living Level 2 direct care staff must receive additional documented training in: (A) The facility or units philosophy and approaches to providing care and supervision or persons with severe cognitive impairments; (B) The skills necessary to care for, intervene, and direct residents who are unable to independently perform activities of daily living; (C) Techniques for minimizing challenging behaviors; (I) Wandering; (II) Hallucinations, illusions, and delusions; and (III) Impairments of senses; (D) Therapeutic programming to support the highest level of residents function including: (I) Large motor activity; (II) Small motor activity; (III) Appropriate level cognitive tasks; and (IV) Social/emotional stimulation; (E) Promoting residents dignity, independence, individuality, privacy, and choice;	S5054		

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S5054	Continued From page 13 (F) Identifying and alleviating safety risks to residents; (G) Recognizing common side effects and reactions to medications; (H) Techniques for dealing with bowel and bladder aberrant behavior. (I) At least one staff member with this specialized training must be available on the unit at all times to provide supervision and care to the residents, as well as to assist the residents in evacuation of the facility. (J) Staff must have at least twelve (12) hours of continuing education annually related to care of persons with dementia. This State Rule and Regulation is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure resident safety for 1 of 2 sample residents (#4) reviewed for elopement. The findings were: 1. Review of resident #4's medical records showed s/he had diagnoses which included dementia and anxiety, s/he was admitted to the assisted living on 1/13/20, and s/he lived in the memory care unit. 2. Review of the "RTasks" Elopement form dated 4/2/24 at 4:30 AM for the resident showed "Summary of events: CNA came out of assisting another resident in room [number]. Heard the door alarm near dumpster sounding. Alarm was not the usual loud sounding. Immediately walkied [sic] rest of staff and search begin outside and	S5054		

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 _____	09/10/2024

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

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S5054	Continued From page 14 around building and also in building. Resident last checked at [4 AM]. Resident not located... sheriff notified and given description at 4:45 AM. DON and ED notified at 4:56 AM. At 5:15 AM the police returned with the resident. The resident was found approximately 3 blocks away. The resident was wearing a shirt, light jacket, briefs, and shoes. No injury was noted. At 5:20 AM family was notified..." 3. Review of resident #4's 1/22/20 assessment form showed the resident was a risk for elopement/wandering, was disoriented, had voiced a desire to leave, and had a history of elopement attempts. Review of the 1/9/23 care plan showed the resident was to have 30 minute checks due to placement in memory care unit, staff were to check for proper resident placement and safety, and the resident would not be able to recognize a dangerous situation. 4. Review of the nurses charting showed on 4/2/21 at 7:40 AM "Incident Follow-up. Examined [resident name] first thing this am while CNA was getting [him/her] dressed. Skin is cold and pale but no signs of frostbite or other damage. [S/he] does have a small scratch on the top of [his/her] right foot that looks new. No s/s of infection. No drainage. [Resident's name] denies any pain. [His/her] only complaint is being cold. Will continue to monitor resident for after effects of elopement. Applied A&D to [his/her] dry spot on the right gluteal cleft (present prior to elopement)." 5. Interview with CNA #2 on 9/10/24 at 10:38 AM revealed in the memory care unit staff were expected to check the residents every 30 minutes. If a resident was not seen, staff would look for them at that time. Further, she stated a	S5054		

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 _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5054	Continued From page 15 resident could get out the door by the nurse's desk if a staff member had gone out by using the code. 6. Interview with the ED on 9/10/24 at 1:15 PM revealed the staff could not find a resident then they are to call code gray, search the unit and search outside the unit. Further, he confirmed the resident was not seen at the 4 AM check, and the staff should have searched at that time.	S5054		

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: 09/10/2024

Ref: LH-2024-0933

Plan of Correction

Tag: S5003 – Ch 12, Sec 6 (d) Personnel and Staffing Requirements

A. The Clinical Service Director will provide hand hygiene education to all employees.
B. The Regional Dining Services Director will provide dining service hygiene education to Dining staff, team of Directors and all other employees assisting with meal service.
C. The Executive Director will conduct meal service audits once per day for five days, then three times per week for four weeks, then four times per month for 3 months. Audits will be included to quality assurance for review monthly for one year.

Date of completion: 11/9/2024

Tag: S55020 – Ch 12, Sec 7 (e) Assisted Living Facility (ALF) Core Services

A. The Assistant Executive Director and Clinical Service Director will complete all current open incidents to a closed status.
B. The Clinical Service Director will educate all nurses concerning incident reporting; including what needs reported and time frames to report.
C. The Assistant Executive Director will audit all incidents once per day for 5 days, then once per week for four weeks to ensure all incidences are addressed appropriately. Audits will be included to quality assurance for review monthly for one year.

Date of completion: 11/9/2024

Executive Director: _____ Date: 10/22/24

Edgewood – Spring Wind

1072 N. 22nd St.

Laramie, WY 82072

Survey Date: 09/10/2024

Ref: LH-2024-0933

Plan of Correction

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

A. The Clinical Service Director will provide education to all employees concerning Resident bill of rights.
B. The Executive Director will provide education to the community team of directors concerning incidents and proper procedure concerning aggressive resident incidents and ensuring the safety and dignity of each resident is upheld when an incident occurs.
C. The Clinical Service Director will ensure each resident is immediately moved to a location that allows all residents to be and feel safe from any form of abuse or neglect.
D. The Resident Safety Advocate will conduct post incident interviews with all involved residents and/or staff, along with residents in nearby proximity to the incident location.
E. All incidence involving resident on resident conflict will be reviewed during monthly quality assurance meetings.

Date of completion: 11/9/2024

Tag: S5054 – Ch 12, Sec 10 (a)(iii) Secure Dementia Units

A. The Clinical Service Director will provide education to all memory care employees concerning 30-minute checks and when to implement a resident search.
B. The Clinical Service Director will provide education to all memory care employees concerning door alarms and proper steps when an alarm goes off.
C. Resident Safety Advocate will perform elopement drills will be once per week for 4 weeks, then once per month going forward.
D. The Clinical Service Director will conduct an audit on 30-minute checks once per day for 5 days, then twice per week for four weeks. Audits will be included to quality assurance for review monthly for one year.

Date of completion: 11/9/2024

Executive Director: _____ Date: 10/22/24