Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF017	A. BUILDING: _____ B. WING _____	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	950 HOMESTEAD AVENUE RIVERTON, WY 82501

(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 2/11/25 to 2/12/25. The survey was prompted by complaint intakes LIC-24-023, LIC-25-003, and LIC-25-004.	S 000	In response to the S5039 tag from the Healthcare Licensing and Surveys Document completed on 02/12/2025. Corrective Actions: Upon applying to Homestead Assisted Living, potential residents and their next of kin will be thoroughly briefed on Homestead's limits of care as an assisted living facility. During this communication, residents and their next of kin will be noticed of the events that may cause need for the resident to be transferred or discharged from our facility. Homestead will provide the process Homestead takes upon knowledge of a resident needing to be discharged or transferred with the resident and their next of kin. If a resident's next of kin changes during their stay, Homestead will brief and notify subsequent next of kin of the same. This process will be documented by Homestead, the resident, and their next of kin's acknowledgement of understanding of the information that is provided. Homestead has updated our "Rental Agreement" to reference Wyoming's Forcible Entry and Detainer Law W.S. 1-21-1001. Et seq. An updated Rental Agreement will be on file for all current Residents/Tenants and any future ones to ensure "sufficient preparation" and a smooth and prompt transfer / discharge / eviction if needed.	
S5039	Ch 12 Sec 7 (k)(v) Assisted Living Facility (ALF) Core Services (k) (v) The facility shall provide sufficient preparation and orientation to residents to ensure an orderly transfer/discharge from the facility. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff and family interviews, and interview with other healthcare facility staff, the facility failed to ensure sufficient preparation for an orderly discharge from the facility for 1 of 4 sample residents (#1) reviewed for a facility-initiated discharge. The findings were: 1. Review of the medical record showed resident #1 was issued a discharge notice on 4/24/24 which read "...due to a continued decline, failure to participate in fire drills (scheduled and unscheduled), and need for "frequent professional monitoring" [resident's name] level of care currently exceeds what Homestead can provide..." The following concerns were identified:	S5039		

5/5/25 - 2:30 PM - I spoke with the administrator, Carley Clausen, and let her know the plan was accepted with an alleged date of compliance of 5/1/25.

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S5039	Continued From page 1 a. Review of progress notes showed on 10/1/24 the resident had nausea and vomiting and did not eat lunch. On 10/1/24 at 5:32 PM the resident came to the dining room, ate one bite, and threw up. A progress note dated 10/1/24 showed at 5:59 PM the resident was transported by emergency medical services (EMS) to the emergency room for an evaluation. Further medical record review showed no evidence the resident returned to the facility. b. During an interview on 2/12/25 at 8:17 AM a family member stated the facility made the resident go to the emergency room after s/he threw up, and refused to allow him/her to come back to the facility. The family member stated the hospital was ready to send the resident back to the facility that same night, but the facility refused to accept him/her. The family member stated a friend of the resident picked him/her up the next day and took the resident to their house. While the resident was in the hospital, the facility packed up the resident's belongings and put them in a storage unit. c. On 2/12/25 at 8:27 AM employee #1 at the hospital was interviewed and stated the resident received some fluids and medications in the ER and was appropriate to be discharged back to the facility. She stated the facility refused to accept the resident back and packed up his/her belongings and put them in a storage unit. e. During an interview on 2/12/25 at 9:04 AM the manager stated the resident was issued a discharge notice in April 2024 due to non-compliance with diabetes management and not participating in fire drills. In addition, the resident was not paying rent. She stated the resident had continued to live in the facility because the resident refused to go to another facility. The manager confirmed the facility did not accept the resident back after s/he went to the	S5039	All future transfers / discharges / evictions will continue to include the information referenced in 12-20 k of the Program Administration of Assisted Living Facilities Current Rules and Regulations. Homestead will continue to provide all Residents with information about the local Ombudsman and other resources available for Transfers as requested/ needed (SNF's, Hospice, Home Health, etc.) Identifying Other Potentially Affected Residents: Homestead will continue to train staff to recognize signs that a resident may need care beyond the limits of that provided by Homestead as an assisted living facility. Upon a report from staff to the Nurses / Director of Nursing / Administrator concerns about a resident, the nursing department will review the resident pursuant to the ALF 102 Form. If the nursing department finds that a section of the ALF Form shows the resident to be in need of care outside of that provided by Homestead, but is short term in nature, Homestead will contact the resident's next of kin for him or her to facilitate the short-term care. If the resident needs care that is outside of that provided by Homestead, and moreover the care is long-term in nature, Homestead will	

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S5039	Continued From page 2 emergency room because "we had already issued a discharge notice." She stated the resident received some fluids and medications in the ER and the hospital said the resident was ready to come back. She confirmed the facility packed up the resident's belongings and put them in a storage unit. She stated the facility paid for one month of the storage unit.	S5039	contact the next of kin to begin the process of discharge or transfer. Homestead will meet with current residents and their next of kin to provide the same briefing and notice related to Homestead's limits of care and the discharge and transfer process. Measures to Ensure Deficiency does not Recur: Homestead will keep records of the briefing and notice process with residents and their next of kin related to explaining the limits of Homestead's care and the discharge or transfer process that will occur upon the resident's care exceeding Homestead's facility. Monitoring Corrective Actions: Homestead will reevaluate the briefing and notice process twice annually to ensure the information provided to the resident and their next of kin is wholistic and accurate related to Homestead's limits of care and Homestead's transfer and discharge process. Homestead will ensure the resident's next of kin has not changed via communication with the resident. Homestead will ensure regular contact with the resident's next of kin and train staff to answer the next of kin's questions related to discharge or transfer, and train staff as to which of	

those questions should be directed to the Administrator / Director of Nursing.

To evaluate the plan for effectiveness, Homestead will evaluate the plan within six months of it being implemented. This evaluation will include ensuring staff has promptly reported concerns about residents that may cause an assessment through the ALF Form to be necessary; reviewing the documentation collected related to the briefing and notice process for all new residents; and ensuring that current residents at the time the plan is implemented have been briefed and noticed of Homestead's limits of care and the discharge and transfer process.

Implementation of Plan:

These corrective actions will be implemented on May 1, 2025.

CC