PRINTED: 06/25/2018
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
	ALF016	A. BUILDING: _____ B. WING _____	06/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

(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 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 . A licensure survey was conducted by Healthcare Licensing and Surveys on 6/11/18. The following common abbreviations are used throughout the document: RN: Registered Nurse ALF: Assisted Living Facility CNA: Certified Nursing Assistant Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5054	Ch 12 Sec 7 (e)(i)(A-K) 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;	S5054		

This plan of correction was accepted on 7/6/2018. Karen Parker was notified on 7/6/2018 at 1:07 pm

Jean Yennie

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S5054	Continued From page 1 (C) Individual admission form. The 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 of 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 or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by	S5054		

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S5054	Continued From page 2 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 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 a personal fund 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 or Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights;	S5054		

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S5054	Continued From page 3 (G) The resident's assessment and individualized assistance plan; (H) Copies of all 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. This State Rule and Regulation is not met as evidenced by: Based on observation, medical record review, staff interview, and policy and procedure review, the facility failed to assess and investigate injuries for 1 of 6 sample residents (#17). The findings were: 1. Observation of resident #17 on 6/11/18 at 10:15 AM showed the resident had visible bruises to his/her left eye. The following concerns were identified: a. Review of the medical record showed no documentation of the bruises or evidence an investigation was completed. b. Review of the facility incident log showed no evidence an incident report was completed related to the resident's bruises. c. Interview with RN #1 on 6/11/18 at 3 PM revealed the bruises were "normal" for the resident and the facility did not investigate them	S5054		

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S5054	Continued From page 4 as the resident "wakes up with them" and is unsure how s/he got them. 2. Review of the policy titled "Abuse: Recognizing and Reporting" last revised "6/18" showed "...Vulnerable Adult Abuse I. Inspect injured vulnerable adult patient's/resident's body upon admission and throughout the course of care for evidence of physical and/or sexual abuse, for unexplained signs and symptoms that might include bruises, welts, abrasions, contusions, lacerations, punctures, burns, scalding, bone fractures, sprains, dislocations, subdural hemorrhage, retinal hemorrhage, brain damage, internal injuries, poisoning, malnutrition (deliberately intended), freezing, or exposure. II. Describe, on the medical record, all unexplained bruises, lacerations, etc., as to location and state of healing. notify the physician of suspicions. Be aware of evidence that injuries occurred at different timed..."	S5054		
S5073	Ch 12 Sec 7 (j)(ii) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (ii) There must be organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome and sanitary in accordance with the rules. The dietetic service must ensure that food prepared is nutritionally adequate in accordance with the Dietary Reference Intakes (DRI) for adults. This State Rule and Regulation is not met as evidenced by:	S5073		

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S5073	Continued From page 5 Based on observation and staff interview the facility failed to ensure food was properly labeled and dated in 1 of 1 food preparation area (Kitchen). The findings were: 1. Observation of refrigerator #1 on 6/11/18 at 11:46 AM showed the following concerns: a. A "Low Fat Cottage Cheese" container labeled "crab salad" which was dated "6-4." b. A "Low Fat Cottage Cheese" container labeled "3 bean salad" which was dated "5/6." c. A "Low Fat Cottage Cheese" container labeled "beets" which was dated "6/10." 2. Observation of the freezer #1 on 6/11/18 at 11:57 AM showed the following concerns: a. Two plastic bags labeled "Turkey" which were not dated. b. Three plastic bags labeled "Tuna" which were dated "use by 4-25." c. A plastic bag of bacon which was not labeled or dated. d. Three plastic bags labeled "Roast Beef" which were not dated. 3. Observation of the "McCall" refrigerator on 6/11/18 at 12:02 PM showed the following concerns: a. A plastic bag with sliced cheese which was not labeled or dated. 4. Observation of freezer #2 on 6/11/18 at 12:05 PM showed the following concerns: a. A plastic bag which contained sausage links and was not labeled or dated. b. A plastic bag which contained sausage patties and was not labeled or dated. c. A plastic bag labeled "strawberries" which was dated "5/10." d. A plastic bag labeled "beignet dough"	S5073		

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S5073	Continued From page 6 which was dated "2/12/18." 5. Interview with the kitchen manager on 6/11/18 at 12:10 PM revealed the facility dated all items with the date it was opened and nothing should be saved longer than 7 days. Further, she revealed she was unsure how long frozen items remained good.	S5073		
S5082	Ch 12 Sec 7 (k)(i) Assisted Living Facility (ALF) Core Services (k) Transfer and Discharge. (i) Residents shall receive a thirty (30) day written notice prior to any facility initiated transfer or discharge, unless the resident imposes an imminent danger to self and/or others or the resident's level of care exceeds that which can be provided by an assisted living facility. Residents shall have the right to object to the request, except where undue delay might jeopardize the health, safety or well-being of the resident or others. The notice shall include contact information for the Long Term Care Ombudsman. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to issue a 30 day discharge notice to 1 of 1 sample residents (#23) who was discharged from the facility. The findings were: 1. Review of a "Summary for Transfer" dated 6/5/18 showed resident #23 was transferred to another facility as the resident "no longer qualifies for assisted living." The summary indicated the resident was "generally weak" and had a "decline	S5082		

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S5082	Continued From page 7 in cognitive and physical function. Further, the summary showed the resident wore "pull-ups" and "needs assist to toilet and get dressed." The following concerns were identified: a. Review of a "Resident Notes" entry dated 5/30/18 and timed 2:50 PM showed "Resident returned to facility via w/c [wheelchair]...Resident no longer qualifies for assisted living with [his/her] decline in mobility to perform ADL's [sic]. Admit to Care Center pending. Resident will need extra assistance to dress and complete [his/her] ADL's[sic]. Grandson [name] will be notified once he returns telephone call..." b. Review of the medical record showed no evidence the resident or the resident's representative received a 30 day notice of discharge. c. Interview with the facility director on 6/11/18 at 3:56 PM revealed the family asked to move the resident; however, she was not able to provide evidence of the request.	S5082		
S5091	Ch 12 Sec 7 (n)(ii)(A-AA) Assisted Living Facility (ALF) Core Services (n) Furnishings, Buildings, Physical Plant. (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below: (A) All windows shall have drapes, curtains, shades or blinds to assurance privacy; (B) Beds (if provided by the facility) shall be at least standard size in width (39"), and shall be equipped with comfortable, clean mattresses and pillows. Mattresses shall be professionally renovated or replaced as needed. Extra long	S5091		

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S5091	Continued From page 8 beds shall be used to accommodate tall residents. Rollaway-type beds, cots, and folding beds shall not be used unless the resident brings these items from home for personal use; (I) Two residents may, by consent of both parties; or by approval of the appropriate responsible party, be permitted to use one bed no smaller than double size, and occupy a single-bed sleeping room. (C) Cabinet or bedside table; (D) Non-combustible wastebasket; (E) Chair; and (F) If common closets are utilized by two (2) or more residents, dividers shall be provided for separation of each resident's clothing. All closets shall be equipped with doors. Free-standing closets shall be deducted from the square footage in the sleeping room. (G) The size and arrangement of the residents' beds, furnishings, possessions or equipment shall allow the resident to gain fire emergency access to windows and doors, and access to toilet room. Multiple-bed rooms shall have at least three (3) feet between beds. (H) Residents shall be encouraged to bring personal items and furniture to their rooms, (e.g., beds, chairs, and pictures); (I) There shall be at least one (1) bedside screen per double room available to provide resident privacy when needed;	S5091		

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S5091	Continued From page 9 (J) There shall be an adequate supply of hot and cold water available at each lavatory, bathtub/shower, kitchen sink, dishwasher, and laundry equipment. Hot water for bathing, and resident handwashing, and laundry should be no hotter than one hundred and twenty (120°) degrees Fahrenheit. (K) All plumbing shall be maintained in good repair and according to the requirements of the Uniform Plumbing Code; (I) Private water systems shall be safe, potable, and have an adequate supply. Testing shall be done monthly and records of tests shall be retained at the facility. (II) Private water systems shall be tested and found safe and potable before Licensure is granted. (L) Fireplaces shall be securely screened and glassed in; (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings; (N) At least one primary grade level entrance to the building shall be freely accessible for wheelchairs; (O) Each resident shall have his individual comb, toothbrush, towels, and wash cloths; (P) Clean drinking glasses shall be available for the residents. Common drinking cups are prohibited; (Q) Bathrooms shall have soap and toilet paper. The facility shall provide paper towels or a blow dryer for hands, or rack space adequate for each resident using the bathroom to hang his/her personal towel. Use of a common towel is prohibited. (R) Provisions shall be made for privacy in	S5091		

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S5091	Continued From page 10 all bath and toilet rooms; (S) Automatic deodorizers or aerosol fresheners shall not be used except in bathrooms; and (T) Residents shall not use a common bar of soap. The facility shall provide either soap dispensers or individual bars of soap for each resident. (U) Housekeeping. (I) Housekeeping practices and procedures shall be employed to keep the home free from offensive odors, accumulations of dirt, and dust. (II) Floors shall be maintained and clean. (III) Polish of floors shall provide a non-slip finish. (IV) Throw or scatter rugs shall not be used. Non-slip mats may be used. (V) Covered containers with tight lids shall be used for garbage storage. (W) The facility shall be maintained free of insects and rodents. All windows shall be screened. All exit doors opening inward shall have a screen door. (X) Linens and laundry. (I) Laundry service for linen and residents' personal clothing shall be provided. The manager shall take measures to ensure that residents' clothing is not lost or misplaced while laundering. (II) All linen shall be bagged or placed in a hamper before being transported to the laundry area. (III) Bed linen shall be changed as necessary but at least weekly. Additional blankets or pillows shall be provided. Rubber or water protective sheets shall be used if indicated. (IV) Two (2) complete changes of clean	S5091		

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S5091	Continued From page 11 bed linen shall be on hand for each licensed bed. (1.) Torn, worn, or unclean bed linen shall not be used. (V) All bleaches, detergents, disinfectants, and other cleaning agents shall be separated from medicines and foods. (VI) Soiled linen shall not be transported through, sorted, processed, or stored, in kitchens, food preparation areas, or food storage areas. (Y) The heating system shall be inspected yearly, before the heating season, and maintained according to manufacturer's instructions. (Z) Portable space heaters shall not be used (e.g. electric or kerosene) (AA) Equipment Maintenance and Testing. (I) The devices, equipment, systems, conditions, arrangements, levels of protection, or any other features that are required for compliance with the provisions of the Life Safety Code shall be permanently maintained for the building housing the facility. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure bathrooms had toilet paper and soap. The census was 22. The findings were: 1. Observation on 6/11/18 at 10:42 AM showed the facility had a "commissary" which sold items to residents. Further observation showed items which were available included toilet paper and bar soap. 2. Interview with the facility director and RN #1 on	S5091		

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S5091	Continued From page 12 6/11/18 at 4:50 PM revealed the facility did not provide soap and toilet paper and the residents were required to purchase the items.	S5091		

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June 11, 2018 – State Licensure Survey
June 13, 2018 – State Life Safety Code Licensure Survey
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ID Prefix Tag S5054

The facility will assess and investigate injuries.

The facility will ensure compliance through the following actions:

A. Confidential incident report was completed retrospectively for Resident 17.
    a. The Resident Event form (see C below) was completed for Resident 17.
        i. Based on investigation which included communication with resident and family member, abuse was not confirmed.
B. Information surrounding elder abuse, including types and signs of abuse, who can help, and steps to take has been shared with The Heartland staff, with a requirement to complete an educational questionnaire regarding this information and the Powell Valley Healthcare Abuse Policy.
    a. The staff will complete the questionnaire for the initial elder abuse training.
        i. Education includes mechanisms for identification, reporting and documentation in the resident's record as well as appropriate incident log recording.
    b. Next training session will provide key components of Elder Abuse documentation.
        i. Education links will be provided to the staff with an education assessment form.
    c. Training will be completed by July 24, 2018.
    d. Education was and will be provided to the staff by the Heartland Director, the Heartland Nurse.

C. A Resident Event form has been created to facilitate investigation and recording of findings.
    a. The Heartland has worked with the Quality Team to enhance the process of recording suspected abuse.
    b. Education surrounding the documentation tool will be provided during the first two weeks of July.
    c. Any unknown injury or suspected abuse event will be monitored using the form to ensure that the event has been investigated, resident evaluation completed.
        i. Form is completed, appropriate persons are notified.
    d. Findings will be submitted quarterly to the Quality Improvement Department.

D. An audit of medical records was performed by the Director on July 5 to determine if documentation of any other unknown injuries or suspected abuse existed. There were none.
    a. Quarterly audits will be performed by the Nurse or the Director.
        i. Reports will be submitted to the Quality Improvement team quarterly.

Expected Completion Date: July 24, 2018

JY
7/10/18

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ID Prefix Tag S5073

The facility will ensure food items are properly labeled and dated.

The facility will ensure compliance through the following actions:

A. Effective immediately following the surveyor sharing findings with the Heartland:
    a. Food Services at the Heartland began labeling all items in the refrigerator with a "use by" date.
        i. Labels have been ordered to facilitate the labeling process to identify content and use by date.
    b. Food Services at the Heartland began using freezer bags and containers with areas to document product, date frozen and use by date.
B. A Refrigerator/Freezer Monitor list has been implemented, so that each unit can be checked weekly to ensure that there is no outdated product.
    a. Review this week indicates that all items are labeled and there are no products in the refrigerator or freezer that are beyond the "use by" date.
    b. Staff education has occurred surrounding the survey findings and requirements for consistent use of "use by" date and content labeling.
    c. Staff education will continue based on findings.
C. Monitoring of all Heartland storage areas of food used for residents will be conducted weekly by Heartland Food Services representatives.
    a. Education surrounding labeling and monitoring was provided to Heartland Food Services Staff by the Dietary Coordinator.
    b. Monitoring findings will be aggregated monthly by the Dietary Coordinator and/or Director.
    c. Findings will be submitted quarterly to the Quality Improvement Department by the Director.

Expected Completion Date: Completed 7-3-2018. Monitoring in place.

ID Prefix Tag S5082

The facility will ensure compliance with notice of discharge for residents.

The facility will ensure compliance through the following actions:

A. Resident # 23 has been discharged to The Care Center due to a change in the resident level of care.

JY
7/6/18

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B. The facility has taken the following steps to ensure appropriate documentation of discharge, whether the discharge is initiated by the resident him/herself, the resident's representative, or the facility.
    a. Creation of a Discharge Letter Checklist. The Discharge Letter Checklist that delineates resident intent to move vs. facility initiated discharge.
        i. One discharge since survey, resident intent. Letter received from resident/resident family, documentation via e-mail copies in chart plus letter.
        ii. Discharge Letter Checklist completed.
    b. Discharge information will be included in the resident orientation packet to reinforce discharge documentation contained in the existing lease agreement.
    c. Record review will be conducted by the Nurse or Director as part of the discharge process to determine compliance with the discharge process.
        i. Variations will be reported to the Heartland Director and to Quality Improvement Team if/as they occur.
C. Education surrounding the Discharge Letter Checklist has been provided by the Director to the Nurse and discussed with the COO.
D. No other facility initiated discharges were or are pending.
E. Report of these findings will be submitted to the Quality Improvement Department by the Director.

Expected Completion Date: Completed 7/3/2018. Monitoring in place.

ID Prefix Tag 5091

The facility will ensure that bathrooms shall have soap and toilet paper.

The facility will ensure compliance through the following actions:

A. Common area/public bathrooms are equipped with toilet paper and soap. The facility will continue to equip the common area/public bathrooms with toilet paper and soap.

B. The CNAs will offer facility supplied toilet paper and soap to the residents as part of routine rounds.

    a. The residents will have the option to use facility supplied toilet paper and soap, or to purchase alternative brands.

C. Weekly audits will be performed by CNAs, Nurse or Director to ensure the resident bathrooms have toilet paper and soap.

SY
7/6/18

a. Findings will be aggregated monthly by the Director and will submit findings to the QI Department on a quarterly basis through 2018.
b. Education was provided to the CNAs by the Director.
    i. Residents will be informed at Resident Council.

D. Toilet paper and soap are no longer offered for sale in the commissary.

Expected Completion Date: Completed 7/3/2018. Monitoring in place.

JY 7/6/18