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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF018	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SUGARLAND RIDGE	1551 SUGARLAND DRIVE SHERIDAN, WY 82801

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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 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 6/26/18.	S 000		
S5006	Ch 12 Sec 6 (c) Personnel and Staffing Requirements (c) Background checks. All staff of the assisted living facility shall successfully complete, at a minimum, a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact. This State Rule and Regulation is not met as evidenced by: Based on employee file review, and staff interview, the facility failed to ensure the required background checks were completed for 2 of 3 files reviewed (employee #2, employee #3). The findings were: 1. Review of the personnel file for employee #2 showed a hire date of 8/26/16. The file failed to contain a Department of Family Services (DFS) registry screen, and a Department of Criminal Investigation (DCI) background check. 2. Review of the personnel file for employee #3	S5006	S5006 Business Office Coordinator (BOC) has audited all employee files. Any employee who does not have a Department of Family Services (DFS) registry screen and/or a Department of Criminal Investigation (DCI) background check has been sent to get fingerprints retaken. Checks have been requested and issued for employees who do not have DFS registry screen and/or DCI background check. Fingerprints and payment will be sent to DFS and/or DCI offices to be processed by July 27, 2018. To ensure DFS registry screening and/or CDI background checks are completed the following has been implemented: A.) Revised training material for the BOC position now includes correct information on DFS registry screening and DCI background checks. B.) Obtaining DFS registry screening and DCI background checks has been added to new hire checklist. C.) The address for fingerprints to be sent to DCI/DFS has been updated.	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Tammy Yelton-Boone — 8/6/18

STATE FORM 6899 FVYL11 If continuation sheet 1 of 9

Accepted by Loralee Rivers on 8/14/18
Spoke w/Tammy Yelton-Boone ED DOC: 8/10/18

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S5006	Continued From page 1 showed a hire date of 9/29/17. The file failed to contain a Department of Family Services (DFS) registry screen, and a Department of Criminal Investigation (DCI) background check. 3. Interview with the business office coordinator on 6/26/18 at 11:14 AM verified these items were not in the records. He further revealed he had been in the position for two years and there had been a misunderstanding during the training process regarding how to complete these background checks.	S5006	D.) An audit was completed to ensure current employees have a DCI background check and DFS registry screening in employee file. E.)Business Office Coordinator will conduct a quarterly audit to ensure all employee records contain a DCI background check and DFS registry screening. This audit and audit findings will be included in quarterly QA meeting.	8/10/2018
S5023	Ch 12 Sec 7 (b)(iv)(A-C) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (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	S5023	S5023 Sample resident #1 no longer resides this facility. However, prior to his departure his care plan was updated to reflect the residents change in mobility. All resident charts under review by Wellness Nurses and Health and Wellness Director to ensure that an assessment has been done within 12 months.	

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S5023	Continued From page 2 Interview, the facility failed to ensure a significant change in condition assessment was completed for 1 of 1 sample residents (#1) who required this assessment. The findings were: Review of the medical record for resident #1 showed s/he moved in on 11/16/17. Review of physician visit notes dated 5/31/18 showed the resident had a fall and was sent to the Urgent Care clinic for an x-ray. The notes showed the physician, resident and family had a discussion about the resident's "goals of care and [his/her] overall rapid decline across the last 6 months." The physician documented the resident was "homebound and for the most part wheelchair-bound" and would benefit from home health services. Review of the record showed there was no change of condition assessment. The record included a "Personal Service Plan" dated 3/6/18. The following concerns were identified: a. Review of the 3/6/18 service plan showed it was a care plan and not an assessment. Further, the plan had not been updated to reflect the resident's changes in mobility and the need for home health services. b. Interview with the health and wellness director on 6/26/18 at 1:10 PM verified there was no change in condition assessment completed.	S5023	Daily Resident Observation Log created to be used at daily clinical meetings. This log will be used by the Wellness Nurse, Health and Wellness Director or Executive Director to record any changes in condition. This log is used by the Health and Wellness Director to ensure that all changes in condition are captured on the plan of care and a new change in condition assessment is completed. Training materials updated to note all changes in condition need to be updated on care plan and a change of condition assessment needs to be completed. Personal Service System is the system we use to complete care plans. The system reminds us to review the care plan every 6 months if there has not been a change in condition. At this review period we will also complete an assessment so we are ensuring all residents assessments have been completed within a 12 month timeframe.	
S6054	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.	S6064	An audit will be done quarterly to ensure assessments have been completed for all changes in conditions and all changes in conditions are included in plan of care. This audit will be included in the checklist for quarterly QA meetings. The audit will	

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S5064	Continued From page 3 (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. 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	S5054	be done by the Health and Wellness Director. **S5054 After** a review of all charts, we currently only have one resident receiving outside services. We have a signed contract with that provider. It is in the residents chart. We also utilize a form that the outside provider completes after each visit. To ensure we are not without an outside provider contract we have sent the agreement to various third party establishments to have their legal and contract department review. Thus, when we need a contract signed for outside services, the contract has already been reviewed and the turnaround time will be less lengthy. Communication that outside providers cannot provide services within our facility without a signed contract has been distributed to the nursing staff. Communication with the State of Wyoming Healthcare Licensing Department has clarified what is considered a reportable incident. This has been communicated to current Health and Wellness Director and Executive Director.	8/10/2018

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S5054	Continued From page 4 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 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.	S5054	Login to the electronic incident reporting database has been established. All previous issues with login have been resolved. Incident reports include a section regarding state reporting. This ensures that we are reporting to the state when needed and recording the date incidents were reported. Quarterly review of third party agreements will be done by the ED. The Health and Wellness Director will audit incident reports to ensure that reportable events have been reported to the state. Third party agreement review and incident reporting to the state will be on our quarterly QA meeting checklist.	7/5/2018

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S5054	Continued From page 5 (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; (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 medical record review and staff interview, the facility failed to ensure the medical record included the outside service contractual responsibilities for 2 of 2 sample residents (#1, #2) with outside services. In addition, the facility failed to report an accident to the Licensing Division for 1 of 1 resident (#1) with an incident that required reporting to the Licensing division. The findings were: 1. Review of the medical record showed resident	S5054		

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S5054	Continued From page 6 #1 had a physician visit following a fall and visit to the "Urgent Care" on 5/31/18. Review of the 5/31/18 physician notes showed the resident had an unwitnessed fall at the facility, and an x-ray was done which showed no acute fracture. However, the physician documented decline in cognition and mobility, and classified the resident as "homebound and for the most part wheelchair-bound." Home health services were ordered. The following concerns were identified: a. Interview with the health and wellness director on 6/26/18 at 1:10 PM verified the resident was receiving the home health services. She stated the start date was 6/6/18 and confirmed there was nothing in the record to show the contractual responsibilities for these services. b. Interview with the executive director on 6/26/18 at 3:10 PM verified the fall which required a transfer, was not reported to the Licensing Division. She further acknowledged there was work needed on ensuring incidents/accidents were reported as required. 2. Review of the medical record showed resident #2 received personal care services from an outside service agency. Review of the 4/4/18 progress note showed the resident received assistance with "toileting needs" twice daily. A 4/10/18 progress note showed the services had been increased to 3 times daily. Interview with the health and wellness director on 6/26/18 at 1:10 PM verified the resident was receiving the services, and there was nothing in the record to show the contractual responsibilities.	S5054		
S5074	Ch 12 Sec 7 (j)(ii)(A) Assisted Living Facility (ALF) Core Services	S5074		

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S5074	Continued From page 7 (j) Food Service and Nutrition. (iii) Food service supervision: (A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager. This State Rule and Regulation is not met as evidenced by: Based on staff interview, review of enrollment information, and resume and certificate review, the facility failed to ensure the dietary manager met qualifications. The findings were: Review of the Nutrition & Foodservice Professional Training Program registration information showed the dietary manager had enrolled on 3/23/2016. Since that time, he had not completed the course and the enrollment was expired. Review of the Association of Nutrition Foodservice professions (ANFP) Certified Dietary Manager (CDM) job description showed major duties for this professional credential included: operations management, foodservice management, food safety, general knowledge, physical demands, and nutrition and medical nutrition therapy. Review of certificates showed the manager had a certificate for the ServeSafe Food Protection Manager examination which was good through 4/2021. The following concerns were identified: a. Interview with the dietary manager on 6/26/18 at 1:42 PM verified he had not completed the course to become a CDM; however, he had extensive experience. The interview revealed the manager had significant experience with the	S5074	S5074 Dietary Manager is licensed through the American Culinary Federation. Dietary Manager is currently working on obtaining specific coursework information. Dietary Manager does have a ServSafe certification. If courses through the American Culinary Foundation do not qualify Dietary manager, then he will take the training and coursework needed to meet qualifications.	8/10/2018

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S5074	Continued From page 8 management and operations aspects, food safety, and general knowledge. He also stated he had completed a certificate program through the American Culinary Federation many years prior, however, the certificate from the American Culinary Federation was not available. b. Review of the manager's resume showed more than 40 years of experience in restaurant management and operations. However, there was no information related to experience or education with nutrition and medical nutrition therapy.	S5074		