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OCT 15 2020
Healthcare Licensing and Surveys

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	09/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDY STRING RD 117 THAYNE, WY 83127

(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 COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys on 9/2/20.	S 000		
S5007	Ch 12 Sec 6 (d)(i) Personnel And Staffing Requirements (d) Infection Control. Written policies shall 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 shall not be limited to: (i) Ensure a safe and sanitary environment for residents and personnel. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, review of vital sign documentation, and review of guidance issued by the Wyoming Department of Health (WDH), the facility failed to ensure residents were routinely screened for possible COVID-19 infection. In addition, the facility failed to ensure social distancing during communal dining for 1 of 1 meals observed. The findings were: 1. During an interview on 9/2/20 at 11:40 AM, certified nurse aide (CNA) #1 stated staff asked	S5007		

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

Eileen Smith 9-28-20

Eileen Smith 10-15-20

POC accepted. Completion date verified as 10-15-20 via phone on 10/15/20 @ 10:12 am with Eileen Smith. Janelle Cook

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S5007	Continued From page 1	S5007		9/18/20

the residents each day how they were feeling, but stated the facility did not take temperatures or other vital signs each day. She stated vital signs were documented monthly. Review of the vital sign documentation for July and August 2020 for residents #1, #2 and #3 showed vital signs were documented on 7/21/20 and 8/25/20.

On 9/2/20 at 11:30 AM CNA #1 stated the facility followed the WDH guidance for assisted living facilities related to COVID-19. Review of the guidance to assisted living facilities issued by the WDH on 3/16/20 showed "...Staff, contract personnel, and residents should be screened for potential exposure to COVID-19, travel history, respiratory infection (fever, cough, shortness of breath or sore throat)...Residents should be monitored for symptoms of potential infection." Review of the 6/12/20 and 8/11/20 updated guidance from the WDH read "...Continue to screen all residents and staff for symptoms of respiratory illness and ensure those residents suspected of having COVID-19 are screened by a healthcare provider and tested for the virus."

2. Observation of the lunch meal on 9/2/20 from 12.51 PM until 1:30 PM revealed 11 residents (residents #1 through #11) sat at four tables in the dining room. Each table measured 3 feet by 4 feet. One table had two residents seated at it, and the others had three residents. Further observation revealed the residents were closer than 6 feet apart at each table.

During an interview on 9/2/20 at 1:40 PM CNA #1 confirmed residents were not socially distanced for meals. She stated she thought the dining recommendations could be relaxed.

Review of the updated guidance by the WDH

Staff meeting was held on 9/18/2020. Legacy Manager went over all Rules and Regulations for Covid-19 health screening for residents.

Management then created a daily temperature log for residents. That will be taken before each residents exits there room at the beginning of everyday.

jc 10-15-20

~~10-15-21~~ jc

Temperature logs with screening questions will be monitored regularly by management through quality assurance checks.

9/18/20

Management has now split the dining times into 2 dining times. To now accommodate the 6 foot distance for each resident at table. After each meal before the next one is served the tables and chairs are cleaned and sanitized.

PRINTED: 09/15/2020
FORM APPROVED

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S5007	Continued From page 2 dated 8/11/20 showed "...Continue to limit communal dining and requiring distancing of at least six (6) feet between residents in dining situations. For facilities with active or suspected COVID-19 cases, communal dining should be avoided and residents should consume meals in their rooms."	S5007	All changes will be monitored regularly by management through quality assurance checks.	