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 _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADES OF 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 08/24/2020. 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 from 10/11/22 to 10/12/22. Also reviewed in the course of the survey was complaint intake LIC-22-039.	S 000		
S5005	Ch 12 Sec 7 (a) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (i) Meals, housekeeping, personal and other laundry services; (A) Provision of mechanically altered diets and dietary supplements, if required. (ii) A safe and clean environment; (iii) Assistance with local transportation; (iv) Assistance with obtaining medical, dental, and optometric care, in addition to social services; (v) Assistance in adjusting to group living activities; (vi) Maintenance of a personal fund account, if requested by the resident or resident's responsible party, showing any and all deposits,	S5005		

12/14/22 - 4:57 PM - spoke with the administrator related to POC. Plan has been accepted with agreed upon changes. DOC 12/14/22.

Generalist/CPW

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S5005	Continued From page 1 withdrawals, and transactions of the account; (vii) Provision of appropriate recreational activities in/out of the assisted living facility; (viii) Care of individuals who require any or all of the following services: (A) Partial assistance with personal care, e.g. bathing, shampoos; (B) Limited assistance with dressing; (C) Minor non-sterile dressing changes; (D) Stage I skin care - skin integrity intact; (E) Infrequent assistance with mobility. The resident may use an assistive device; e.g., wheel chair, walker, cane; (F) Cuing guidance with ADLs for the visually impaired resident, or the intermittently confused and/or agitated resident requiring occasional reminders to time, place and person; (G) Care of the resident who can independently manage his own catheter or ostomy, e.g., resident who can change his own catheter bags, able to clean and care for his ostomy; (H) Care of the resident incontinent of bowel or bladder if the condition can be managed independently; (ix) Assessments completed by a Registered Nurse;	S5005		

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S5005	Continued From page 2 (A) Registered Nurse medication review every two (2) months or sixty-two (62) days or whenever new medication is prescribed or the residents' medication is changed; (x) Twenty-four (24) hour monitoring of each resident. This State Rule and Regulation is not met as evidenced by: Based on observation, resident and staff interview, and review of facility policies, the facility failed to ensure the facility was clean and free from pests. The census was 50. The following concerns were identified: 1. Observation on 10/11/22 at 2:52 PM of the third floor activity room showed all three tables were dirty with crumbs and debris. Continued observation showed the floors were dirty with crumbs, debris, dead bugs, and dusty substances that appeared to have been spilled onto the floors. Further observation showed the windows and window ledges contained many both live and dead boxelder bugs. 2. Observation on 10/11/22 at 2:54 PM of the north and south stairwells showed many both live and dead boxelder bugs in the windows, on the window ledges, and on the floor and stairs. 3. Observation on 10/11/22 at 2:57 PM showed the floors in the dining room under the tables contained dirt, debris, and crumbs. It was noted the same dirty conditions were observed along the baseboards of the dining room, and in front of the beverage dispensers and condiment counters.	S5005	Plan of Correction It is the practice of this facility to maintain effective pest control, so the facility is free of pests and rodents. All residents are and have the potential to be affected by pest control and cleanliness deficiencies. The facility will ensure pest control and cleanliness is maintained; this will be accomplished by: A. Facility will maintain and utilize a pest control provider. Currently contracted vendor to manage pest control on a monthly basis is Ecolab Pest Elimination Division. B. At first sight of pests, work order will be entered in TELS and pest control vendor will be notified. C. Regular walk throughs of the facility will be performed by community leaders evaluating cleanliness and potential pest issues. D. Cleanliness and pest concerns will be discussed during the daily team meetings and followed up with inspection by end of day.	

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S5005	Continued From page 3 4. Observation on 10/11/22 at 3:40 PM showed the ceiling and windows near the ceiling of the main lobby contained many live and dead boxelder bugs. 5. Observation on 10/11/22 at 5:34 PM showed six live boxelder bugs crawling on the floor and on boxes in the administrator's office. 6. Observation on 10/12/22 at 9:17 AM showed live boxelder bugs in the main lobby, the hallways of all three levels, the administrator's office, and all three stairwells. Continued observation showed crumbs and debris under and behind chairs and decorative items in the first and second floor hallways. 7. Interview on 10/11/22 at 3:28 PM with resident's #1 and #2 revealed they only had minor concerns with cleanliness in the facility, but their biggest issue was the amount of bugs currently in the facility. During the interview, it was noted both residents acknowledged and pointed out boxelder bugs as the bugs flew around the two residents. 8. Interview with the plant operations director on 10/12/22 at 11:29 AM revealed he was aware of the bug problem, stating he had sprayed for the bugs, which only drove them higher up the outside of the building, as well as inside the building. He also stated he encouraged staff to use the vacuum and kill bugs daily. He also stated, the facility had a contract with a pest control company, but had not recently utilized them. 9. Review of undated facility policy "Resident Rights" showed no reference to cleanliness of the facility.	S5005	E. Executive Director and Maintenance Director will develop a pest control QA tool. Maintenance Director/designee will complete the QA tool by randomly inspecting two (2) rooms weekly. Maintenance Director will be responsible for implementation of this monitoring and making corrective actions. F. Corrective action taken: Ecolab Pest Elimination sprayed Tempo Ultra to manage Boxelder bugs on 10/17/22. This corrective action & systemic changes will be implemented by 12/14/22.	12/14/2022

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S5014	Ch 12 Sec 7 (c) Assisted Living Facility (ALF) Core Services (c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following: (i) Be treated with respect and dignity; (ii) Privacy; (iii) Free from physical or chemical restraints not required to treat the resident's medical symptoms. No chemical or physical restraints will be used except by order of a physician; (iv) Not to be isolated or kept apart from other resident's (v) Not to be physically, psychologically, sexually, or verbally abused, humiliated, intimidated, or punished. (vi) Live free from involuntary confinement or financial exploitation; (vii) Full use of the facility's common areas; (viii) Voice grievances and recommend changes in policies and services; (ix) Communicate privately, including, but not limited to, communicating by mail or telephone	S5014		

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S5014	Continued From page 5 with anyone; (x) Reasonable use of the telephone, which includes access to operator assistance for placing collect telephone calls; (xi) Have visitors, including the right to privacy during such visits; (xii) Make visits outside the facility. The facility manager and the resident shall share responsibility for communicating with respect to scheduling such visits; (xiii) Make decisions and choices in the management of personal affairs, assistance plans, funds, or property; (A) Including choice of home health agencies, pharmacies, personal care providers and any other private pay provider. (xiv) Except the cooperation of the provider in achieving the maximum degree of benefit from those services which are made available by the facility; (xv) Exercise choice in attending and participating in religious activities; (xvi) Reimbursed at an appropriate rate for work performed on the premises for the benefit of the operator, staff, or other residents, in accordance with the resident's assistance plan; (xvii) Informed by the facility thirty (30) days in advance of changes in services or charges;	S5014		

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S5014	Continued From page 6 (xviii) Have advocates visit, including members of community organizations whose purpose include rendering assistance to the residents; (xix) Wear clothing of choice unless otherwise indicated in the resident's plan, and in accordance with reasonable dress code; (xx) Participate in social activities, in accordance with the assistance plan; and (xxi) Examine survey results. This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview and policy and procedure review, the facility failed to ensure resident family members and/or responsible parties were notified of important information related to visitation for 2 of 3 residents (#1, #2) reviewed. The census was 50. The following concerns were identified: 1. Interview on 10/11/22 at 3:28 PM with resident #1 and resident #2 revealed when the facility changed ownership in January 2022, the facility wasn't notifying resident contacts of changes in visitation or the outbreak status of the facility. The residents stated their friends and families were frustrated with the lack of communication. Resident #2 stated s/he had frequent issues, and his/her son had talked to facility staff about the problems. 2. Interview with the administrator on 10/11/22 at 5:03 PM revealed the facility was aware of the lack of communication to the resident's families and responsible parties, but	S5014	It is the policy of this community to notify residents, resident family members/ responsible parties of important information and changes, including information relevant to visitation in a timely manner. Resident #1 & #2 have been affected by this deficiency and all residents are potentially affected. Community was aware of and in the process of setting up email group to address this concern at the time of the deficiency. A. Community will mail and email a letter to resident families/ responsible parties to identify preferred method of communication for important updates and information. B. Community will send out notifications via preferred method in a timely manner. C. Executive Director/designee will send out annual survey to residents and resident families/responsible parties to evaluate communication quality and process effectiveness.	

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S5014	Continued From page 7 had only recently been made aware. She stated when an outbreak occurred and/or visitation limitations were put in place, the facility notified their corporate office, who then sent letters to the residents' contacts. She further stated she just assumed notifications were being sent out after the corporate office was notified. She further stated after being made aware of the lack of notifications, the facility put together a list of contacts and emails from each resident for the facility to contact directly when changes occurred. 3. Review of undated facility policy "Resident Rights" showed "[The residents] shall have personal rights that include but are not limited to the following: ... 11. Have visitors, including the right to privacy during such visits; ... 12. Make visits outside the facility. The facility manager and the resident shall share responsibility for communicating with respect to the scheduling of such visits ...	S5014	D. Executive Director/designee will randomly contact two (2) residents/responsible parties weekly to monitor and evaluate communication quality and process effectiveness. Monitoring will be reviewed in QA. E. Staff education on appropriate timing of communication. Corrective action taken: 11/29/22 Emailed, mailed and delivered letter to all residents/responsible parties with updated notification of visitation and communication preferences request to be completed and returned to community. This corrective action and systemic changes will be implemented by 12/14/22.	12/14/22