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Healthcare Licensing and Surveys

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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
	BH004	A. BUILDING: _____ B. WING _____	04/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF GILLETTE	2300 HARDER DRIVE GILLETTE, WY 82718

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S 000	Opening Comments A licensure survey was conducted by Healthcare Licensing and Surveys from 4/24/18 to 4/25/18. Also reviewed in the course of the survey was complaint intake LIC-18-023.	S 000		
S4003	Ch 8 Sec 5 (a)(iv) Management (a) Manager shall: (iv) Provide orientation to all new employees which shall include resident rights, evacuation and emergency procedures, training in policies and procedures, and competent supervision designed to improve resident care; This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 5 of 5 facility employees (#1, #2, #3, #4, facility manager) received training in policies and procedures. The findings were: 1. Review of the employee records for employee #1 showed no evidence the employee received orientation or training. 2. Review of the employee records for employee #2 showed no evidence the employee received orientation or training. 3. Review of the employee records for employee #3 showed no evidence the employee received orientation or training. 4. Review of the employee records for employee #4 showed no evidence the employee received orientation or training.	S4003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: President (X6) DATE: 6/27/18

7/2/18- 3:10 PM- Spoke with Nicollette Hanson, Regional Nurse, infomed that the plan of correction has been accepted with a date of compliance of 6/30/18. [signature]

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S4003	Continued From page 1 5. Review of the employee records for the facility manager showed no evidence the employee received orientation or training. 6. Interview with the facility manager on 4/25/18 at 1:02 PM revealed she provided training to the employees; however, she was unable to provide evidence of training.	S4003		
S4005	Ch 8 Sec 5 (a)(vi) Management (a) Manager shall: (vi) Provide verification of a Department of Family Services central registry check on self and/or manager, and all employees hired at the time or after the filing of these rules. The manager is responsible for initiating and following this process to completion. This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure a central registry check was completed for 5 of 5 facility employees (#1, #2, #3, #4, facility manager). The findings were: 1. Review of the employee records for employee #1 showed no evidence a Department of Family Services central registry check was completed. Further, review showed a note a resident had informed staff the employee had stolen money from him/her. 2. Review of the employee records for employee #2 showed no evidence a Department of Family Services central registry check had been completed.	S4005		

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S4005	Continued From page 2 3. Review of the employee records for employee #3 showed no evidence a Department of Family Services central registry check had been completed. 4. Review of the employee records for employee #4 showed no evidence a Department of Family Services central registry check had been completed. 5. Review of the employee records for the facility manager showed no evidence a Department of Family Services central registry check had been completed. 6. Interview with the facility manager on 4/25/18 and 1:02 PM revealed "corporate" performed the background checks; however, evidence of the registry checks was not provided. Further, the manager revealed a no trespassing order was placed on employee #1 after the employee was fired for theft.	S4005		
S4009	Ch 8 Sec 5 (b)(iii)(A-H) Management (b) Staffing. (iii) A file for each employee shall be maintained and available to the surveyor containing at least the following information: (A) Name, current address and telephone number; (B) Social Security Number; (C) Education;	S4009		

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S4009	Continued From page 3 (D) Work experience; (E) Date of employment; (F) Job description; (G) Documentation of tuberculin testing; and (H) Employee training, orientation, and emergency procedure checklist. This State Rule and Regulation is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure employee files for 5 of 5 facility employees (#1, #2, #3, #4, facility manager) contained a job description and evidence of training. The findings were: 1. Review of the employee records for employee #1 showed no evidence the employee was given a job description. 2. Review of the employee records for employee #2 showed no evidence the employee was given a job description. 3. Review of the employee records for employee #3 showed no evidence the employee was given a job description. 4. Review of the employee records for employee #4 showed no evidence the employee was given a job description. 5. Review of the employee records for the facility manager showed no evidence the manager was given a job description.	S4009		

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S4009	Continued From page 4 6. Interview with the facility manager on 4/25/18 at 1:02 PM revealed she was unsure if employees were given job descriptions and confirmed job descriptions were not in the employee files.	S4009		
S4010	Ch 8 Sec 5 (c)(i)(A-P) Management (c) Policies and Procedures. (i) There shall be written policies and procedures available to residents, their families or legal representatives, staff, and the public. The policies and procedures shall include, but not be limited to: (A) Resident's Rights; (B) Admission, transfer, and discharge of residents; (C) Medications and administration; (D) Departure from and return to facility; (E) House rules, to include freedom permitted and limitations necessary to protect the rights of others; (F) Visiting hours; (G) Religious services; (H) Notifications in change in resident status; (I) Resident records;	S4010		

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S4010	Continued From page 5 (J) Emergency are, disaster plans; (K) Smoking policies; (L) Fire plan; (M) Personnel policies; (N) Reporting of all complaints to the Long Term Care Ombudsman; (O) Grievance policy, and (P) Quality Assurance Plan. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure written policies were available to residents, families, staff, and the public. The resident census was 8. The findings were: 1. Observation on 4/24/18 and 4/25/18 showed no evidence the facility had written policies available to residents, families, staff, and the public. 2. Interview with the facility manager on 4/25/18 at 1:02 PM revealed the policies and procedures should be posted; however, she was unable to identify where they were in the facility.	S4010		
S4012	Ch 8 Sec 5 (d)(ii)(A-H) Management (d) Admission, Transfer, and Discharge. (ii) Residents shall not be accepted, nor retained, if:	S4012		

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S4012	Continued From page 6 (A) Their condition indicates the need for assisted or skilled nursing care; (B) They have reportable communicable diseases or infectious conditions; (C) They have physical limitations preventing ambulation. Persons requiring wheelchairs or walkers shall be able to exit the building without staff assistance; (D) They require assistance in transferring to and from a wheelchair; (E) They have mental defects which interfere with their ability to understand and follow instructions relating to rules or the boarding home; (F) They require intravenous therapy; (G) They are incapable of self-administration of medications; or (H) They are wanderers, or have destructive, aggressive or violent behavior toward self or others. This State Rule and Regulation is not met as evidenced by: Based on observation, resident and staff interview, and medical record review, the facility failed to ensure residents needs did not exceed boarding home level of care and residents could care for their personal needs and self-administer medications for 5 of 8 sample residents (#1, #2, #3, #7, #8). The findings were: 1. Observation on 4/24/18 at 3:30 PM showed	S4012		

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S4012	Continued From page 7 employee #5 removed resident #1's brief, which was soaked with urine. The employee wiped the resident's perineum from back to front using a wet wipe, and then placed a clean brief on the resident. Interview with the employee at that time revealed the resident needed help with personal care. 2. Observation on 4/24/18 at 3:45 PM showed employee #2 helped resident #8 in the bathroom. The caretaker cued the resident to remove his/her briefs. The employee wiped the resident's perineum from back to front with toilet paper, and then fastened a clean brief on the resident. Interview with the employee at that time revealed resident needed help with personal care. 3. Interview on 4/24/18 at 1:45 PM with resident #7 revealed staff took the resident to the shower and helped to wash him/her. 4. Review of the initial application for resident #2 showed "resident unable to administer own medication and must be given medication." 5. Review of the initial application for resident #7 showed "resident unable to administer own medication." 6. Review of physician office visit note dated 3/8/18 for resident #7 showed "Encouraged family to move [resident #7] to an assisted living arrangement where s/he could easily get help with bathing and toileting." 7. Review of hospital physician history and physical dated 3/10/18 for resident #3 showed, "Planned disposition is to assisted care facility or nursing home with an Alzheimer's unit that has lock-down capabilities. He does tend to wander	S4012		

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S4012	Continued From page 8 off and wants to leave at times. To the extent that we can minimize need for physical restraints to prevent this, he would be better off." Review of discharge physician discharge summary dated 4/4/18 showed "discharge disposition was assisted living in Gillette Wyoming." Further review of the discharge summary showed "Active Issues Requiring Follow-up ...monitoring for side effects of psychotropic medications and any need for further medication adjustments ...Presenting Problem/History of present illness ...Alzheimer's dementia with behavioral disturbance ..." 8. Interview with employee #5 on 4/24/18 at 1:17 PM revealed the staff administered medications to all residents, and residents #1 and #8 required incontinence care to be performed for them as they were unable to do it independently.	S4012		
S4014	Ch 8 Sec 5 (d)(iv) Management (d) Admission, Transfer, and Discharge. (iv) In the event of illness or injury of a resident, the resident's personal physician and the resident's designated representative shall be called. 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 resident's physician and representative were notified of illness for 2 of 2 sample residents (#4, #6) sent to the emergency department due to illness. The findings were: 1. Review of the medical record for resident #4 showed the resident was sent to the emergency	S4014		

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S4014	Continued From page 9 department on 10/21/17 related to hypertension, 10/24/17 related to a headache, and 11/24/17 related to hypertension. There was no evidence the physician or family was notified. 2. Review of the medical record for resident #6 showed the resident was sent to the emergency department on 3/22/18 related to anxiety. There was no evidence the physician or family was notified. 3. Interview with the facility manager on 4/25/18 at 1:02 PM revealed documentation of physician and family notification should have been in the resident's record.	S4014		
S4017	Ch 8 Sec 5 (f)(i)(A) Management (f) Resident Records and Reports. (i) Resident's records shall be current, organized and maintained in individual folders which shall be available on the premises. Resident records shall be made available to the resident and the Long Term Care Ombudsman, Program Division and the Licensing Division upon request and include the following: (A) The resident's history and physical and the current physician's statement or certificate of resident's health and suitable placement. The physician's statement or certificate of residents health shall be updated annually. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure resident	S4017		

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S4017	Continued From page 10 records contained a history and physical, and certificate of resident health and suitable placement for 4 of 9 sample residents (#1, #2, #6, #9). The findings were: 1. Review of the medical record for resident #1 showed no evidence of a history and physical or certificate of the resident's health and suitable placement. 2. Review of the medical record for resident #2 showed no evidence of a history and physical or certificate of the resident's health and suitable placement. 3. Review of the medical record for resident #6 showed no evidence of a history and physical or certificate of the resident's health and suitable placement. 4. Review of the medical record for resident #9 showed no evidence of a history and physical or certificate of the resident's health and suitable placement. 5. Interview with the facility manager on 4/25/18 at 1:02 PM revealed the facility had identified some of the residents were missing documentation and she was attempting to obtain the needed information.	S4017		
S4018	Ch 8 Sec 5 (f)(i)(B)(I-V) Management (f) Resident Records and Reports. (i) Resident's records shall be current, organized and maintained in individual folders which shall be available on the premises. Resident records shall be made available to the	S4018		

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S4018	Continued From page 11 resident and the Long Term Care Ombudsman, Program Division and the Licensing Division upon request and include the following: (B) Individual admission form shall contain, but not necessarily be limited to, the following information: (I) Full name of resident and former address; (II) Date of admission; (III) If applicable, name, home address, telephone number of interested family member, designated representative, power of attorney, or guardian; (IV) Medicare number or other medical insurance; and (V) Sex, race, date of birth, social security number, and former occupation. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure resident admission records were complete for 3 of 9 sample residents (#1, #6, #9). The findings were: 1. Review of the medical record for resident #1 showed the resident did not have a documented admission date, and the admission packet was incomplete. 2. Review of the medical record for resident #6 showed the resident was admitted on 1/23/18 and the admission packet was incomplete.	S4018		

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S4018	Continued From page 12 3. Review the medical record for resident #9 showed the resident did not have a documented admission date. 4. Interview with the facility manager on 4/25/18 at 1:02 PM revealed the facility had identified some of the residents were missing documentation and she was attempting to obtain the needed information.	S4018		
S4019	Ch 8 Sec 5 (f)(ii) Management (f) Resident Records and Reports. (ii) Written records of all accidents, injuries and illnesses, and subsequent treatment occurring after admission. This State Rule and Regulation is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed ensure written records of accidents, injuries, and illnesses were available for 4 of 9 sample residents (#1, #4, #6, #8) with accidents, injuries, or illnesses. The findings were: 1. Review of the medical record for resident #1 showed the resident received a skin tear on 3/16/18. Further review showed no evidence an incident report was completed. 2. Review of the medical record for resident #4 showed the resident received discharge instructions from the emergency department on 10/21/17 related to hypertension, 10/24/17 related to a headache, and 11/24/17 related to	S4019		

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S4019	Continued From page 13 hypertension. There was no evidence the facility recorded the incident, illness, or subsequent treatment in the resident record. 3. Review of the medical record for resident #6 showed the resident received discharge instructions from the emergency department on 3/22/18 related to anxiety. There was no evidence the facility recorded the incident, illness, or subsequent treatment in the resident record. 4. Observation on 4/24/18 at 3:45 PM showed employee #2 helped resident #8 in the bathroom. The resident had a bruised area on his/her left upper thigh which had been outlined with a pen. Review of the medical record showed no evidence an incident report was completed. 5. Interview with the facility manager on 4/25/18 at 1:30 PM confirmed there were no incident reports completed for the residents.	S4019		
S4022	Ch 8 Sec 5 (f)(v) Management (f) Resident Records and Reports. (v) A signed copy of the resident's rights. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure resident records for 3 of 9 sample residents (#1, #5, #6) included a signed copy of the resident's rights. The findings were: 1. Review the medical record for resident #1 showed no evidence of a signed copy of resident's rights.	S4022		

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(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
S4022	Continued From page 14 2. Review the medical record for resident #5 showed no evidence of a signed copy of resident's rights. 3. Review the medical record for resident #6 showed no evidence of a signed copy of resident's rights. 4. Interview with the facility manager on 4/25/18 at 1:02 PM revealed the facility had identified some of the residents were missing documentation and she was attempting to obtain the needed information.	S4022		
S4049	Ch 8 Sec 9 (a)(i) Infection Control (a) The provider shall maintain a safe and sanitary environment for residents and staff. This shall include but not be limited to: (i) Staff shall practice judicious handwashing when there is direct contact with residents or their food. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to ensure appropriate hand hygiene with direct contact with residents or their food. The census was 8. The findings were: 1. Observation on 4/24/18 at 3:30 PM showed employee #5 failed to perform hand hygiene or wear gloves, and removed resident #1's brief, which was soaked with urine. The employee wiped the resident's perineum from back to front using a wet wipe, and placed a clean brief on the resident. The employee then left the room to	S4049		

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S4049	Continued From page 15 wash her hands in the kitchen. 2. Observation on 4/24/18 at 3:45 PM showed employee #2 helped resident #8 in the bathroom. The employee donned gloves without performing hand hygiene, cued the resident to remove his/her brief, and wiped the resident's perineum from back to front with toilet paper. The employee removed the gloves, fastened a clean brief on resident, and left the room without performing hand hygiene. 3. Observation on 4/24/18 at 4:40 PM showed employee #2 was in the kitchen preparing food without wearing a hairnet or gloves. The employee removed a package of chicken from the freezer, which was not sealed or labeled, and placed the chicken into a pot of water to cook. The employee picked up an open package of pasta that was not labeled and emptied the contents into a pot of water. At 4:50 PM she placed a spoon into the cooking noodles, scooped up a noodle, touched the noodle with a bare hand then placed the noodle back into the pot. She removed the pot from the stove at 4:55 PM and added 2 jars of Alfredo sauce and milk. At 5:10 PM she removed a loaf of garlic bread from the oven, and held the loaf with a bare hand, and cut the bread. There was no hand hygiene performed during meal preparation. 4. Interview with the manager on 4/25/18 at 1:30 PM revealed she expected employees to wash hands before handling food and gloves should be worn at all times when preparing or handling food. Further, it was revealed employees should not provide perineal care to residents in a boarding home.	S4049		

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S4058	Continued From page 16	S4058		
S4058	Ch 8 Sec 9 (a)(x)(A-C) Infection Control (a) The provider shall maintain a safe and sanitary environment for residents and staff. This shall include but not be limited to: (x) Linens and laundry. Laundry service for residents' personal clothing shall be provided. Two complete changes of clean bed linen shall be on hand for each licensed bed. The use of torn or unclean bed linen is prohibited. Measure will be taken to ensure that residents clothing is not lost or misplaced in the process of laundering. (A) Bed linen will be changed as necessary but at least weekly. Additional blankets or pillows will be provided as the need arises. Rubber or water protective sheets shall be used if needed. (B) All linens and laundry shall be bagged or placed in a hamper before being transported to the laundry area. (C) Soiled linens shall not be transported through, sorted, processed or stored in kitchens, food preparation areas or food storage areas. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to ensure appropriate linen handling was performed for 1 of 1 sample resident (#8) who required a bed linen change. The findings were: 1. Observation on 4/24/18 at 3:45 PM showed employee #2 removed soiled linens from resident #8's bed without wearing gloves. The employee then donned gloves and carried the soiled linen to	S4058		

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S4058	Continued From page 17 the washer. Interview at that time with the employee revealed the resident had been incontinent of stool the night before. 2. Interview on 4/25/18 at 1:30 PM with the manager revealed the expectation was for staff to wear gloves and place linen into disposable bags before removing them from a resident's room.	S4058		
S4060	Ch 8 Sec 10 (b)(i) Food Service and Nutrition (b) Individuals with food preparation responsibilities shall be in good health and shall practice safe food handling techniques in accordance with the current edition of Food Code published by the U.S. Public Health Service, Food and Drug Administration. (i) Such food handling techniques include preparing, holding, and storing food at safe temperatures. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to ensure safe techniques were used for food storage and food preparation in 1 of 1 food preparation area (kitchen). The census was 8. The findings were: 1. Observation of refrigerator #1 on 4/24/18 at 2:45 PM showed the following foods were opened and without a label indicating the date the food should be discarded: a tub of butter, a carton of yogurt, a bag of shredded cheese, cartons of vanilla-flavored and caramel-flavored coffee creamer, a jar of sweet relish, a bag of parmesan cheese, a carton of Half & Half, a jar of jelly, a bottle of Worcestershire sauce, a container of	S4060		

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S4060	Continued From page 18 Lowry sauce, a jar of mayonnaise, and a bottle of lemon juice. 2. Observation of the freezer above refrigerator #1 on 4/24/18 at 2:45 PM showed a bag of opened Bird's Eye vegetables, which was not labeled. 3. Observation of refrigerator #2 on 4/24/18 at 2:55 PM showed insulin vials and syringes were stored in the door. Further observation showed an open bottle of orange juice without a label, an open carton of milk without a label, an open jar of apple sauce without a label, and a carton of opened fresh mushrooms without a label. 4. Observation of the freezer above refrigerator #2 on 4/24/18 at 2:55 PM showed an open bag of chopped spinach without a label, an open box of fish fillets without an open date, an open bag of chicken without a sealed closure and no label. 5. Observation of the kitchen counter on 4/24/18 at 2:55 PM showed a pan of cake and a pan of muffins covered with plastic wrap which was not dated. 6. Interview with employee #5 and #2 on 4/24/18 at 3 PM revealed the food items in both refrigerators and freezers were for resident use. They further stated the cake and muffins were facility-made for residents to eat. 7. Observation on 4/24/18 at 4:40 PM showed employee #2 was in the kitchen preparing food without wearing a hairnet or gloves. The caretaker removed a package of chicken from the freezer, which was not sealed or labeled, and placed the chicken into a pot of water to cook. The employee picked up an open package of	S4060		

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S4060	Continued From page 19 pasta that was not labeled and emptied the contents into a pot of water. At 4:50 PM she placed a spoon into the cooking noodles, scooped up a noodle, touched the noodle with a bare hand then placed the noodle back into the pot. She removed the pot from the stove at 4:55 PM and added 2 jars of Alfredo sauce and milk. At 5:10 PM she removed a loaf of garlic bread from the oven, held the loaf with a bare hand, and cut the bread. There was no hand hygiene performed during meal preparation. 8. Interview with the manager on 4/25/18 at 1:30 PM revealed she expected employees to wash hands before handling food and gloves were worn at all times when preparing/handling food. 9. According to Food Code 2009, U.S. Public Health Service: 3-501.17 Ready to Eat. Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking (B) Except as specified in (D)-(F) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and : (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be Day 1. 10. According to Food Code 2017, U.S. Public Health Service: 3-301.11 Preventing Contamination from Hands. (A)FOOD EMPLOYEES shall wash their hands as specified	S4060		

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S4060	Continued From page 20 under § 2-301.12. (B)Except when washing fruits and vegetables as specified under §3-302.15 or as specified in (D) and (E) of this section, FOOD EMPLOYEES may not contact exposed, READY-TO-EAT FOOD with their bare hands and shall use suitable UTENSILS such as deli tissue, spatulas, tongs, single-use gloves, or dispensing EQUIPMENT. (C)FOOD EMPLOYEES shall minimize bare hand and arm contact with exposed FOOD that is not in a READY-TO-EAT form.	S4060		
S4085	Ch 8 Sec 12 (a) Medications (a) Drugs shall be self-administered. This State Rule and Regulation is not met as evidenced by: Based on observation and staff and resident interview the facility failed to ensure residents self-administered medications for 5 of 8 sample residents (#1, #2, #3, #4, #7) who received medications at the facility. The findings were: 1. Interview on 4/24/18 at 1:45 PM with residents #7 and #3 revealed the staff brought their medications to them in a cup. Resident #3 required blood sugar checks and insulin with the dose based on blood sugar level. Resident #7 revealed resident #3 would get confused with the insulin dose. Resident #3 revealed s/he performed the insulin injection. 2. During interview on 4/24/18 at 2:06 PM, resident #4 stated "They [facility staff] bring me 4 pills in the morning and 4 pills in the evening." The resident was unable to identify the medications s/he took.	S4085		

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S4085	Continued From page 21 3. Interview on 4/24/18 at 2:07 PM with resident #2 revealed the staff brought his/her medications in a cup. S/he further revealed they brought the liquid medication for his/her breathing treatment and placed it in the nebulizer. 4. Interview with employee #5 on 4/24/18 at 1:30 PM revealed her duties included medication administration to all residents. She further stated one resident required insulin and staff checked the resident's blood sugar and figured out how much insulin to give the resident. 5. Observation on 4/24/18 at 4:50 PM showed employee #5 administered Tylenol (analgesic) 500 mg 1 tablet to an unidentified resident. Further observation showed 3 pills in a med cup on the kitchen counter. Interview with employee #5 and employee #2 revealed they were not sure who the medications were for. Continued observation showed medications in a blue bottle without a label on the kitchen counter. 6. Observation on 4/24/18 at 4:25 PM showed employee #3 removed Tramodol (opiod) 50 mg tablet from a peel pack and Advil (nonsteroidal anti-inflammatory) 200 mg 2 tablets from a medication bottle, and placed the medications into a cup. She gave the medications to resident #1. 7. Observation on 4/24/18 at 5:16 PM showed employee #3 removed Haldol (antipsychotic) 2 mg tablet from the medication bottle and memantine (cognition enhancing medication) 5 mg tablet from the medication bottle and placed into a cup. She gave the cup with medications to resident #3 and the resident swallowed the pills. Continued observation showed the resident wiped his/her finger with an alcohol wipe and poked the	S4085		

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S4085	Continued From page 22 finger with a lancet. The employee placed the drop of blood onto a galvanometer. The employee then set the resident's insulin pen to 2 units, and the resident injected the medication into his/her abdomen. 8. Observation on 4/24/18 at 5:45 PM showed employee #3 pierced a fish oil capsule with a staple remover, and squirted the medication into resident #4's drink. She then placed the staple remover into a pen holder located on the kitchen counter. 9. Interview with the manager on 4/25/18 at 1:30 PM revealed they didn't accept residents who could not administer their own medications. She further stated the medication process included obtaining the pills from the peel pack or medication bottle, placing the pills in a cup, and giving the cup to the residents. She stated the staff verified the medication, the dose, and the time. She further stated, "The residents know what medications they are taking and they know when to take them."	S4085		

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S4003 Ch 8 Sec 5 (a)(iv) Management

1. Each new employee will receive education and orientation regarding policies and procedures, evacuation and emergency procedures, and new employee care competencies upon hire by the manager.
2. All new employees will sign and date new hire orientation completion forms as evidence education and orientation are completed upon hire.
3. All current employees including the manager received education and orientation regarding policies and procedures, evacuation and emergency procedures, and care competencies on 05/16/2018 by DON and corporate vice-president.
4. DON and corporate vice-president, to standardize new hire process on 05/15/2018, created new employee packets with master education and orientation check-off sheets.
5. The new hire process, paperwork, and employee education will be discussed in monthly QA meetings to ensure compliance and appropriate monitoring.
6. Date of compliance 06/30/2018.

S4005 Ch 8 Sec 5 (a)(vi) Management

1. Each new employee will have a completed Department of Family Services (DFS) central registry check (form SS/APS26) completed, faxed to DFS, and verified by the manager during new hire process.
2. All current employees filled out the DFS central registry check on 05/16/2018 during employee education and orientation meeting and verified by DON, manager, and corporate vice-president.
3. All DFS forms were mailed to corporate on 05/21/2018 by the DON and corporate vice-president. Forms were rejected by the corporate office and were again submitted on 06/20/2018.
4. Any new DFS forms will be reviewed in monthly QA meetings.
5. Date of compliance 06/30/2018.

S4009 Ch 8 Sec 5 (b)(iii)(A-H) Management

1. Each employee will have an employee folder which will contain and be managed:
   A. Employee name, current address, and telephone number
   B. Social Security number

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C. Education
D. Work experience
E. Date of employment
F. Job description
G. Documentation of tuberculin testing
H. Employee training, orientation, and emergency procedure checklist

2. Each current employee received all missing employee paperwork including job descriptions on 05/16/2018.
3. Each employee file was faxed to corporate on 05/18/2018 and audited by DON and corporate vice-president on 05/19/2018.
4. Each employee file will be audited by manager as per new hire checklist prior to monthly QA.
5. Any process changes will be discussed in QA monthly.
6. Date of compliance 06/30/2018.

S4010 Ch 8 Sec 5 (c)(i)(A-P) Management

1. A policy and procedure manual containing the following will be in place in the home for families, residents, and staff to access by 5/15/2018. The DON and corporate vice-president will place the procedure manual into hard copy. The manager of the home will be responsible for maintaining and updating
   A. Residents Rights
   B. Admission, transfer, and discharge of residents
   C. Medications and administration
   D. Departure from and return to facility
   E. House rules, to include freedom permitted and limitations necessary to protect the rights of others
   F. Visiting hours
   G. Religious services
   H. Notifications in change in resident status
   I. Resident records
   J. Emergency and disaster plans
   K. Smoking policies
   L. Fire plan
   M. Personnel policies
   N. Reporting of all complaints to the Long Term Care Ombudsman
   O. Grievance policy
   P. Quality assurance plan

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2. The DON and corporate vice-president are updating the return to facility, religious services, smoking, and quality assurance policies, which will be updated and entered into the policy and procedure book by 5/15/2018.
3. The policy and procedure manual will be audited, reviewed, and signed off annually by the manager and corporate.
4. Any and all new policy and procedures will be discussed in monthly QA meetings and implementation will be documented in each QA notes section.
5. Date of compliance 06/30/2018.

S4012 Ch 8 Sec 5 (d)(ii)(A-H) Management

1. All residents shall meet criteria for admission, transfer, or discharge according to Admission, transfer, or discharge state guidelines.
2. The manager, DON, or corporate president or vice-president shall assess each resident prior to admission. Admission criteria paperwork, as created by DON and corporate vice-president, will be completed, reviewed, and filed prior to any future admission.
3. Residents will be evaluated annually, upon discharge from hospital or rehabilitation facility, or any time a change in condition occurs.
4. Residents care changes, discharge, transfer, and admission needs will be discussed in monthly QA meetings.
5. Residents 1, 2, 3, 7, and 8 received medication education on 05/16/2018 and will continue to receive education until the end of June at which time a determination will be made for any resident who does not meet medication self-administration criteria.
6. Resident 1, 8, 7 were educated about toileting and personal care. Resident 1 requires queuing but is capable of managing personal care.
7. All residents will be audited for cares and medications on return manager, DON, and corporate visit occurring June 7 and 8.
8. All residents will have random medication compliance and self-administration audits every quarter.
9. Date of compliance 06/30/2018.

S4014 Ch 8 Sec 5 (d)(iv) Management

1. Any time a resident has a change in condition, is involved in an incident or is sent to the emergency room the resident's primary care physician shall be notified via fax with provider acknowledgement signature line provided.

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2. All fax returned acknowledgements shall be placed in the residents chart and maintained by the manager.
3. The fax physician notification sheet (Resident Change in Condition Form) was created on 05/16/2018 by the DON and corporate vice-president.
4. Fax physician acknowledgement sheets will be reviewed in monthly QA meeting.
5. Date of compliance 06/30/2018.

S4017 Ch 8 Sec 5 (f)(i)(A) Management

1. History and Physical (H&P) shall be obtained from primary provider prior to admission. DON and Manager shall review H&P prior to admission.
2. Each resident shall have and maintain a certificate of resident's health and/or physician's statement prior to admission. The manager will be responsible for obtaining this certificate through use of the H&P.
3. Each resident shall have a new physician's statement obtained by the manager, DON, or corporate officers whenever there is a change in condition, which may impact resident's living arrangement needs and status.
4. History and physical, certificate of resident health and suitable placement records will be requested on all current residents prior to June 30, 2018.
5. All resident changes in care will be discussed in monthly QA meeting.

S4018 Ch 8 Sec 5 (f)(i)(B)(I-V) Management

1. Full resident records shall be maintained on the premises by the manager. The records shall contain but are not limited to resident date of birth, admission assessment, H&P, date of admission, sex, race, social security number, former occupation, insurance information including Medicare and Medicaid numbers, and power of attorney (POA) designation or guardian information.
2. The manager will audit charts monthly for a period of three months following resident admission.
3. DON or corporate president or vice-president will audit each resident chart upon admission and quarterly.
4. Each current resident including resident 1, 6, and 9 will have full admission packets made and assessments requested from primary provider by June 30, 2018.
5. Date of compliance 06/30/2018.

S4019 Ch 8 Sec 5 (f)(ii) Management

1. Incident reports shall be completed upon any accident, injury, or illness by the witnessing staff and reviewed by the manager.

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2. All incident reports will be faxed by the manager, to corporate, within 24 hours of incident.
3. The state will receive any accident, injury, or illness, which is state reportable within 24-hours of incident by the house manager.
4. Each incident will be audited and reviewed in each monthly QA meeting.
5. Date of compliance 06/30/2018.

S4022 Ch 8 Sec 5 (f)(v) Management

1. Each resident, POA, and/or guardian will be provided a copy of Resident's Rights prior to admission. Resident Rights will be reviewed and signed by the resident, POA, and or guardian prior to admission.
2. All current residents, their POA, and/or guardian are provided a copy of the Resident's Rights, educated, and a copy will be signed and placed in the chart.
3. The manager will review the resident's rights and update resident folders
4. A meeting will be held with all residents or their POA where all will receive Resident Rights, which will be reviewed and signed.
5. Date of compliance 06/30/2018.

S4049 Ch 8 Sec 9 (a)(i) Infection Control

1. All staff received appropriate handwashing education regarding contact with residents or food on 05/16/2018. The education is documented by the manager.
2. All staff shall wash hands and use gloves when preparing meals for resident consumption. This is to be monitored by the manager.
3. Each new staff member will receive appropriate hand hygiene education upon hire and as needed.
4. Hand sanitizer will be made available to all staff by 06/30/2018.
5. A random handwashing audit will occur twice in the first week and once a week for three weeks thereafter. A random handwashing audit will occur monthly to ensure compliance.

S4058 Ch 8 Sec 9 (a)(x)(A-C) Infection control

1. All laundry will be placed in a labeled clothes basket which identifies who the laundry belongs to by staff.
2. All bed linen will be inspected and any bed linen which is torn will be disposed of by the laundry staff.
3. The laundry staff will place a magnet on the washer and dryer to identify whose laundry is in the unit, and the appropriate magnet will follow the laundry throughout the laundering process.

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4. All linen will be changed weekly and as needed by the staff.
5. Appropriate linen and laundry education was provided to the staff 05/16/2018 by the DON and corporate vice-president.
6. All new staff will also receive laundry and linen education by the manager, as evidenced in the new hire check sheet.
7. Education to all staff includes soiled linen transportation and appropriate handling of soiled linens
8. Date of compliance 06/30/2018.

S4060 Ch 8 Sec 10 (b)(i) Food Service and Nutrition

1. Staff will receive appropriate food labeling instructions and education on 05/21/2018.
2. All staff will follow the Food Code for labeling and disposing of food which will be monitored by the manager.
3. Each staff member will receive a copy of food labeling and disposing guidelines upon hire and during educational sessions. The manager will be in charge of this education.
4. The night shift will review dates and dispose of all food which needs disposed of every night during the night shift.
5. All staff will wear a hairnet and gloves at all times while cooking in the kitchen. Education regarding hairnets and handwashing was reviewed during an all staff meeting on 05/16/2018. Hairnets will be ordered and available for use in the facility by 06/30/2018.
6. Date of compliance 06/30/2018.

S4085 Ch 8 Sec 12 (a) Medications

1. Each current staff member received medication administration education on 05/16/2018 by the DON and corporate vice-president.
2. All new staff will receive medication administration education upon hire and education will be documented in employee file by the manager.
3. Each resident will be educated regarding medication self-administration expectations, the reason the resident receives each medication, and what the protocol is for self-administration of medication by 06/15/2018.
4. Residents will have a medication ability screening completed every quarter by the DON, manager, or corporate staff.
5. All residents will be assessed for ability to self-administer medications following any change in condition by the manager, DON, or corporate staff.
6. Home health will be utilized to fill pill minders on an as needed basis as determined by manager, staff, DON, or corporate staff.

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7. All new residents will be assessed for medication self-administration ability prior to admission by the manager, DON, or corporate staff.
8. Date of compliance 06/30/2018.

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