DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING _____ B. WING _____	04/24/2007

RECEIVED
MAY 16 2007
Dept of Health Licensing and Surveys

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT CTR	1445 UINTA GREEN RIVER, WY 82935

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F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to develop a comprehensive care plan for one (#1) of two sample residents. The findings were: Review of the face sheet showed resident #1 was admitted on 4/3/07. Review of the 4/3/07 fall risk assessment showed the resident was at high risk for falls. Review of a 4/13/07 5 day Minimum Data Set (MDS) progress note revealed the resident had syncopal episodes [transient loss of consciousness], weakness, complaints of dizziness, and had a history of falls prior to	F 279	483.20(d), 483.20(k) (1) COMPREHENSIVE CARE PLANS: The facility will ensure that the resident's will have a comprehensive care plan. The care plan will be individualized and include services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychological well-being. This standard will be accomplished by the following : (including but not limited to): A) Resident #1's care plan has been updated to reflect her risk for falls. In addition hypoxia seizure risk interventions have been implemented. The monitoring while toileting list has been updated. The list is updated monthly or when there is a change of status regarding the resident. Resident #1 has had an additional assessment done to assess her risk for falls. B) A mail-box in-service for all the nursing staff will	6/8/07 KB 6/8/07 KB

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

...ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ...ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ...llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ...ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ...rogram participation.

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F 279	Continued From page 1 admission. Review of the 4/12/07 admission MDS assessment showed the resident had experienced falls in the past 30 days, and past 31-180 days. Section V of the MDS showed the resident triggered (indicating further assessment was required) for falls, and the facility decided to include falls in the care plan. In addition, nursing notes dated 4/14/07 and an MDS progress note dated 4/17/07 showed the resident experienced seizure-like activity twice on 4/14/07. The nursing note dated 4/14/07 revealed the family stated the resident also had a "low oxygen seizure" in early December. However, review of the care plan (dated 4/12/07 and 4/19/07) revealed no interventions for falls. Further review of the care plan showed seizures were also not addressed. Review of an incident report and nursing note dated 4/17/07 showed the resident was found on the floor in the bathroom on 4/17/07 at 7:40 AM. During an interview on 4/24/07 at 10:55 AM, the assistant director of nursing looked at the care plan and stated it did not address falls or seizures.	F 279	address care planning and documentation. C) A quality monitoring tool for comprehensive care plans will be implemented. The focus of the monitoring tool will be: up-to-date individualized care, safety, nutrient and psychosocial aspects of resident care (Attachment # 1). The results of the quality monitoring tool will be reported to the Quality Assurance Committee. The Director of Nursing Services is responsible for compliance with this standard.	6/18/07
F 324 SS=D	483.25(h)(2) ACCIDENTS The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to assure supervision and interventions were in place to prevent falls for one of two sample residents (#1) at risk for falls. The findings were: Review of the face sheet showed resident #1 was	F 324	483.25(h) (2) ACCIDENTS The facility will ensure that each resident receives adequate supervision and assistance devices to prevent accidents. This standard will be accomplished by the following (including but not limited to): A) Resident #1's care plan has been updated to	6/18/07

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F 324	Continued From page 2 admitted on 4/3/07. Review of the 4/3/07 fall risk assessment showed the resident was at high risk for falls. Review of a 4/13/07 5 day Minimum Data Set (MDS) progress note revealed the resident had syncopal episodes [transient loss of consciousness], weakness, complaints of dizziness, and had a history of falls prior to admission. Review of the 4/12/07 admission MDS assessment showed the resident had experienced falls in the past 30 days, and past 31-180 days. Section V of the MDS showed the resident triggered (indicating further assessment was required) for falls, and the facility decided to include falls in the care plan. In addition, nursing notes dated 4/14/07 and an MDS progress note dated 4/17/07 showed the resident experienced seizure-like activity twice on 4/14/07. The nursing note dated 4/14/07 revealed the family stated the resident also had a "low oxygen seizure" in early December. The following concerns were noted: a. Review of the care plan (dated 4/12/07 and 4/19/07) revealed no interventions for falls. Further review of the care plan showed seizures were also not addressed. During an interview on 4/24/07 at 10:55 AM, the assistant director of nursing (ADON) looked at the care plan and stated it did not address falls or seizures. b. Review of an incident report and nursing note dated 4/17/07 showed the resident was found on the floor in the bathroom on 4/17/07 at 7:40 AM. The resident had a contusion to the right forehead and right knee. The incident report showed the resident was left alone on the toilet by the occupational therapist. During an interview on 4/24/07 at 10:06 AM, the licensed practical nurse (LPN #1) who completed the incident report stated the occupational therapist left the resident alone on the toilet. The LPN further stated the resident should not have been left alone on the	F 324	reflect her risk for falls. Hypoxia seizure risk interventions have been implemented in-addition. The monitoring while toileting list has been updated. The list is updated monthly or when a change is status of residents. B) A plan to improve communication between the therapy department and CRCC nursing has been implemented. All ~~Medicare and Medicaid~~ residents ~~are identified daily on a confidential list.~~ The list is located at the nurse's station on a clip board with a cover sheet to protect privacy. ~~This list identifies the residents that are being seen by therapies~~. The CNAs will provide toileting and hygiene to ~~the Medicare and~~ those Medicaid residents prior to treatment by therapies. ~~To assure compliance to improved communication and knowledge of residents~~	6/8/07

that are being seen by therapies will be identified on a confidential list

being seen by therapies

changes made per request of DON Kathy via phone on 6/6/07 at 3:30 p.m.

Linda Brown RN

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F 324	Continued From page 3 toilet because s/he was a new admission, and "especially since had seizure activity the week before". Interviews with certified nurse aides (CNAs) #1 and #2 on 4/24/07 at 10:50 AM revealed the resident should not be left alone on the toilet. On 4/24/07 at 10:55 AM the ADON stated it was "common sense" not to leave the resident alone on the toilet. Review of the occupational therapy note dated 4/17/07 revealed the occupational therapist attempted to get a CNA so the resident was left on the toilet for about 25 minutes, and fell off the toilet. During an interview on 4/24/07 at 10:26 AM, the occupational therapist stated he put on the bathroom call light to get an aide to assist. He stated nobody answered the call light, so he did leave the resident alone on the toilet while he tried to find a CNA. He was unable to find a CNA, and that is when the resident fell.	F 324	~~that are on monitoring during toileting and residents that are Medicare/Medicaid nurses/CNAs will sign off each day on the confidential list~~. All nursing staff and PT/OT staff in will be required to watch a training video on safety of residents in Long Term Care.	
			C) A quality monitoring tool for compliance to improved communication between nursing and PT/OT and awareness of residents that are at risk for falls (Attachment # 2) will be implemented. The results of the quality monitoring tool will be reported to the Quality Assurance Committee. The Restorative Team will monitor residents that have been identifed as high risk for falls.	6/8/07
			The Director of Nursing Services is responsible for compliance with this standard.	6/8/07

the above noted deletions were made per request of DON via phone on 6/6/07 at 3:30 pm Linda Bruegge RN

Resident _____

CASTLE ROCK CONVALESCENT CENTER
CARE PLAN AUDIT

GOAL: TO ASSURE RESIDENT HAS AN INDIVIDUALIZED PLAN OF CARE

DIRECTIONS: Randomly select three residents every month to review their care plans according to the identified audit issues.

		Yes	No	N/A
A. Does resident have a current plan of care in care plan book?				
1.	Is care plan individualized for resident needs?			
2.	Has care plan been updated since admission?			
3.	Have plan interventions been deleted appropriately?			
4.	Have diagnoses been care planned for?			
B. Safety				
1.	Are restaints in care plan when in use?			
2.	Has resident been identified as "risk for falls"?			
3.	Are pressure alarms on care plan when in use?			
4.	Is adaptive equipment on care plan when used?			
5.	Is oxygen on care plan when used?			
6.	Does care plan reflect a change in status of the resident?			
C. Nutrition				
1.	Is resident diet identified on care plan?			
2.	Is adaptive equipment for eating identified on care plan when used?			
D. Psychosocial				
1.	Are family interventions identified on care plan?			
2.	Are outings identified on care plan?			
3.	Are religious activities on care plan?			

ROOM:_____ DATE: _____ TIME: _____

SIGNATURE OF OBSERVER: _____

CRCC 1445 Uinta Dr.
Green River, Wy 82935
Care Plan Audit: Shared Audits

Addendum #1

CASTLE ROCK CONVALESCENT CENTER
FALL RISK AUDIT

Goal: To assure that residents plan of care for safety is being implemented.

Directions: Randomly select three residents that are at highest risk for falls every week and complete audit.

1. Are the CNAs aware of residents' risk for falls regardless of diagnoses?
   Yes _____ No _____

   Comments:_____

2. Are the residents that are at high risk for falls needs being met in regard to personal care and hygiene?
   Yes _____ No _____

   Comments: _____

3. Did the CNA's and other health care providers follow the care plan regarding the safety or prevention of falls?
   Yes _____ No _____

   Comments: _____

4. Is the nursing staff aware of the monitoring check list for monitoring during toileting? Are they aware of the Medicare, Medicaid list?
   Yes _____ No _____

   Comments: _____

5. Monitoring during toileting and Medicare/Medicaid list has been signed by nurses/CNAs.
   Yes _____ No _____

   Comments: _____

Signature of Observer: _____

Date: _____ Time: _____

Addendum #2