PRINTED: 10/13/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING ______ B. WING ______	C 10/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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) COMPLETION DATE
F 492 SS=D	483.75(b) COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure licensed practical nurses (LPNs) practiced in accordance with the Wyoming State Board of Nursing rules and regulations related to assessments for 1 of 5 sample residents (#1) whose assessments were reviewed. The findings were: Review of the 8/10/11 "Evaluation of Bowel" and "Urinary Continence Evaluation" for resident #1 revealed both assessments were completed by an LPN. Further review of the forms showed it was not merely data collection, but included a summary, which required the LPN to make a conclusion and specify a treatment plan. During an interview on 10/5/11 at 4:40 PM, the MDS coordinator stated assessments were assigned to the nursing staff to complete, which included LPNs. On 10/5/11 at 5 PM, the director of nursing (DON) stated she was aware that LPNs could not assess. However, she stated that because the forms said "evaluation" and not "assessment", they thought the forms were more of a data collection tool. According to the Wyoming State Board of	F 492	**<u>F 492 Comply with Federal/State/ Laws</u>** The facility must operate and provide services in compliance with all applicable Federal, State and local laws, regulations and codes, and with accepted professional standards and principles that apply to professional providing services in such a facility. This will be accomplished by: <u>Resident #1</u> Bowel and urinary continence evaluation completed 10/20/11 with MDS RN review of summary and treatment plan as indicated. Staff education will be completed concerning MDS RN review of summary and specification of treatment plan as indicated. <u>Other residents:</u> All residents requiring evaluation of bowel and urinary continence have the potential to be affected. MDS RN review of summary to develop treatment plan will occur on all residents as appropriate.	11/20/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10-21-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following 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 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

RECEIVED
Wyoming Dept of Health
OCT 21 2011
Office of Healthcare Licensing and Surveys

The POC has been accepted with correction per conversation with the administrator Eric Bjordahl on 10/21/11 4:30pm [illegible] Health Surveyor

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F 492	Continued From page 1 Nursing Rules and Regulations (filed 6/22/09), Chapter 9, Section 3 (a)(iii). "The registered nurse may delegate components of care but does not delegate the nursing process itself. The functions of assessment, planning, evaluation, and nursing judgment are pervasive to nursing practice and cannot be delegated."	F 492	**F492 cont.** Systemic processes: All appropriate residents during quarterly, annual and significant change will have MDS RN review of summary for bowel and urinary continence to specify a treatment plan as indicated. All other evaluation forms reviewed to determine MDS RN review of summary conclusion and treatment plan needs. MDS RN will sign off on all evaluation forms. Staff education regarding completion of evaluation, review of scope of care and documentation of conclusion and treatment plan The MDS nurses will be providing the Education KRmy Outcome: 95% of bowel and urinary continence evaluations will have MDS RN review to make a conclusion and specify a treatment plan. Nurse Managers will audit 100% OPC (care plans) charts weekly to collect data regarding MDS RN review of conclusions and treatment plan as appropriate. Aggregated data will be presented monthly at the Pioneer Manor Quality meeting with discrepancies investigated and resolved. KRmy	