STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A049	A. BUILDING _____ B. WING _____	C 10/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

(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 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview and observation, the facility failed to provide appropriate treatment and care to prevent infections for 3 of 3 residents (#2, #21 and #50) observed with suprapubic catheters. The findings were: 1. Medical record review for resident #2 showed s/he had diagnoses to include multiple sclerosis and suprapubic catheter placement. A physician's order written 3/13/11 at 2 PM showed the resident was to receive acetic acid irrigations (used for it's antimicrobial action and reduce calcium formation) through his/her suprapubic catheter daily. The treatment record for 2011 showed the resident was to receive catheter care three times daily. The following concerns were identified: a. Review of the resident's treatment record showed s/he did not receive the acetic acid irrigations as prescribed 6 times in June, 5 times in July, 4 times in August and five times in September.	F 315	A complete review of the treatment and Doctor orders was completed on #2, #21, and #50. Through this review, trends were identified with 8 nursing staff. Interviews and education for all 8 nurses started 10-13-2011 and will be completed by 11-04-2011. To correct the deficient practice and to ensure that no other resident's will be affected by this practice the following actions will be taken: 1. The 8 nurses identified will be re-educated on policy and procedure: "Routine Care" and "Nursing Documentation and Staff Responsibilities" by 11-04-2011. 2. The same 8 nurses will be required to complete an online training course "Documentation: A Critical Aspect of Client Care"—offered through The National Council of State Boards of Nursing Inc, to be completed 12-01-11. 3. All RN/LPN staff will be given the policy and procedure: "Routine Care" and "Nursing Documentation and Staff Responsibilities" on November 16, 2011.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Natalie Koreel	Nursing Home Administrator	10/27/11

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 Department of Health

Oct 28 2011

The POC was accepted as corrections per conversation with Natalie Koreel Administrator on 11/9/11 Kathy RN State Surveyor

Office of Healthcare Licensing and Surveys

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F 315	Continued From page 1 b. Review of the 2011 treatment record showed the resident was to receive catheter care each shift. The resident did not receive the prescribed care 7 times in June, 8 times in July, 8 times in August and 8 times in September. c. Review of the history and physical dated 7/1/11 showed the resident was admitted to the hospital for a hip fracture and diagnosed with a UTI (urinary tract infection). 2. Medical record review for resident # 21 showed s/he had diagnoses to include cerebral vascular accident, diabetes, dementia and UTIs. Review of the physician's order dated 4/22/09 showed the resident was to have daily suprapubic catheter site care and Neosporin applied for an infection at the site. Further review of the treatment record showed the resident was to have daily suprapubic acetic acid irrigations. The following concerns were identified: a. Review of the 2011 treatment record showed the resident did not receive the prescribed treatment of his/her suprapubic catheter 8 times in July, 5 times in August and 4 times in September. c. Review of the 2011 treatment record showed the resident did not receive his/her acetic acid irrigations as prescribed 3 times in August and 1 time in September. d. Review of the physician orders dated 9/3/11 showed the resident was prescribed Septra twice daily for a UTI. On 9/23/11 s/he was prescribed Macrobid 100 mg three times daily for the same diagnosis. 3. Medical record review for resident #50 showed s/he had diagnoses to include malignant neoplasm of the prostate (prostate cancer),	F 315	4. Audits will be completed on 30 random treatment records monthly. These audits will include #2, #21, and #50. Results will be reported at Process Improvement on a monthly basis to ensure that this deficient practice has been corrected and no other resident's are missing treatments as ordered. qNov11 The audits will be conducted by the Nurse Managers kmay	12/1/11

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F 315	Continued From page 2 dementia and UTIs. Review of the physician orders written 12/23/10, showed the resident was to have dressing changes with Lotrimin cream applied twice daily to his/her suprapubic catheter site. The following concerns were identified: a. Observation on 10/5/11 at 6:45 PM showed RN #1 cleaned the skin around the suprapubic catheter of the resident, applied Clotrimazole Cream (for fungal and yeast infections), and applied a new dressing. She stated the site showed improvement. Further, she stated if left untreated, the site becomes reddened. Observation showed the skin around the suprapubic catheter was slightly red with no swelling noted. Review of the 2011 treatment record showed the resident did not receive dressing changes as prescibed 16 times in July, 11 times in August and 16 times in September. 4. Interview with the director of nursing (DON) on 10/6/11 at 8:55 AM revealed staff were to follow the treatment schedules. Further, she stated the wound care nurse determined the frequency and care of the suprapubic catheter sites, and the physician reviewed the recommendations and wrote the order.	F 315	This page left blank intentionally	