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

PRINTED: 06/20/2006
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
	535021	A. BUILDING _____ B. WING _____	R 06/16/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	690 HWY 20 SOUTH BASIN, WY 82410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 161) SS=E	483.10(c)(7) ASSURANCE OF FINANCIAL SECURITY The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on review of the certificate of property insurance and staff interview, the facility failed to assure the security of personal resident funds for all residents with trust accounts who had funds managed managed by the facility. At the time of the survey, the facility census was 74. The findings were: Review on the date of the follow-up survey revealed no change had been made in the protection of the residents' trust account. A letter from the Department of Administration and Information, dated 3/23/06 and signed by the State Risk Analyst, revealed the Public Employee Dishonesty Coverage with a $25,000 deductible was the primary coverage the facility had in place to pay in the event a resident sustained a loss of funds. According to the letter, coverage for less than the deductible amount would be provided by "self-insurance," which is not acceptable to the Secretary. Interview with the facility's administrator on 5/15/06 at 11:30 AM verified the lack of a surety bond or other similar coverage that would provide protection for any losses for any failure by the facility to hold, safeguard, manage, and account for resident funds.	(F 161)	This plan of correction constitutes our allegation of compliance. A new surety bond will be implemented that will address and meet the federal guidelines. This will be reviewed yearly by the facility manager.	3/19/06 New POC Date 7/18/06

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

Facility Manager 7/12/06

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.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	535021	A. BUILDING _____ B. WING _____	R 05/16/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 HWY 20 SOUTH BASIN, WY 82410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 278} SS=E	483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the Minimum Data Set (MDS) assessments for 3 of 4 sample residents (#12, #18, #74) were signed and dated by participating professional staff. The findings were:	{F 278}	F278 –The facility will ensure the resident assessment will accurately reflect the resident's status. A registered nurse will sign and certify that the assessment is completed, and each individual who completes a portion of the assessment will sign and certify the accuracy of his/her portion of the assessment. This will be accomplished by: 1) Resident #12 – The Medicare five (5) day Minimum Data Set and the Medicare fourteen (14) day Minimum Data Set assessments have been signed by the Minimum Data Set Coordinator and the professionals who participated in the assessment process. The predated date on the R2B has been corrected to reflect when the Minimum Data Set was signed by registered nurse coordinator. 2) Resident #18 – The quarterly Minimum Data set has been signed and dated by all professionals who completed a portion of the resident's assessment. The registered nurse coordinator has signed and dated the verification of the completion of the assessment. The predated date has been changed to reflect when assessment was signed.	3/19/06 New POC Date 5/16/06 5/16/06

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	536021	A. BUILDING _____ B. WING _____	R 06/16/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	800 HWY 20 SOUTH BASIN, WY 82410

(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 278)	Continued From page 2 Record review revealed resident #12 was admitted on 4/27/06 for skilled services. The Medicare 5 day Minimum Data Set (MDS) assessment had an assessment reference date (ARD) of 5/3/06. Further review showed the interim care plan for this resident was completed. However, as of 5/16/06 the MDS had not been signed by any of the professionals who participated in the data collection or assessment process. In addition, the line for the RN assessment Coordinator's signature was pre-dated with the date 5/8/06, but had also not been signed. Resident #12 had a second MDS that had been completed and was designated as the Medicare 14 day assessment. This MDS had an ARD of 5/7/06. This MDS was also not signed or dated by any of the individuals who completed a portion of this particular MDS. The RN assessment Coordinator signature line was predated with the date 5/10/06; however, there was no signature on the document. Record review revealed resident #18's current quarterly MDS assessment had an ARD of 5/6/06. The document lacked all signatures and dates for individuals who completed a portion of the form. Furthermore, the RN assessment Coordinator signature line was predated with the date 5/12/06, but was not signed as of the survey date of 5/16/06. Record review revealed resident #74 had an MDS identified as a Medicare 5 day assessment with an ARD of 5/6/06. As of the survey date of 5/16/06, there were no signatures of any persons who completed a portion of the MDS. In addition, there was a pre-dated signature line of 5/12/06 for the RN Coordinator's signature, however, the	(F 278)	3) Resident #74 – The Medicare five (5) day Minimum Data Set assessment has been signed and dated by all professionals who completed a portion of the assessment. The registered nurse coordinator has signed and dated the verification of the completion of the assessment. The predated date has been changed to reflect when assessment was signed. The nurse manager and nurse educator will in-service all professionals involved in the Minimum Data Set process on the revised policy and procedure of ensuring the assessment is signed and dated in the regulated timeframes. Nurse manager will audit weekly for one month for the compliance of this correction and will report at the monthly Quality Improvement meeting the results of audit for review and recommendations. The facility manager and nurse manager will monitor.	7/18/06

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WYOMING RETIREMENT CENTER	890 HWY 20 SOUTH BASIN, WY 82410

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{F 278}	Continued From page 3 document remained unsigned. Review of other MDS assessments in the records provided by the facility showed that the RN Coordinator's signature was routinely dated by the computer and was never corrected by the individual who signed the document. Interview with the DON on 5/16/06 at 10:52 AM verified there were no other current MDS documents for residents #12, #18, and #74 to review.	{F 278}		
{F 371} SS=F	483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on one of one observation, staff interview, and review of facility policy, the facility failed to ensure sanitation and food safety in the main kitchen. The findings were: Observation in the dish room on 5/16/06 at 8:30 AM revealed one dietary aide (#1) was scrapping dishes over a sink equipped with a garbage disposal, loading the scrapped dishware and utensils in racks, and loading full racks of soiled items into the warewashing machine. A second dietary aide (#2) was bussing tables in the main dining room and unloading an enclosed cart that contained soiled dishes, cups, glasses, and utensils. Dietary aide #2 put all soiled tableware	{F 371}	F371 -The facility will ensure the storing, preparing, distributing and serving of food under sanitary conditions. This will be accomplished by: 1) Dietary manager has demonstrated to dietary aide #1 the proper procedure in scrapping dishes, unloading clean dishes, proper usage of gloves, proper hand washing, and the removing of disposable apron when leaving the "dirty side" of dish room. The dietary manager has removed the "dip" bucket and the exam gloves. Utility gloves are now being used. 2) Hand washing sink has been installed by maintenance in the "dirty side" of dish room.	3/19/06 New POC Date 5/16/06 6/16/06

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	860 HWY 20 SOUTH BASIN, WY 82410

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(F 371)	Continued From page 4 through a window for access by dietary aide #1. During the procedure dietary aide #1 was observed to dip dishes and utensils that were soiled into the standing water in the scrapping sink that contained a large quantity of floating food debris that had been previously removed from the dirty dishes. During this activity, dietary aide #1's hands were in contact with the soiled dishes and the dirty water and garbage floating in the sink. The aide wore a pair of exam gloves that reached up to her wrists. Her arms were noted to be wet above the wrists from contact with the soiled water. Dietary aide #1 was observed on three separate occasions to leave the contaminated area, tuck her soiled disposable apron into the bib of the apron to expose her uniform beneath, dip her gloved hands in a strong bleach solution (>400 ppm chlorine according to the paper test strip), and following a rapid in and out motion of her hands into the solution, proceed to remove clean items from the washed and sanitized racks of dishware and put them away for use by residents at another meal. No handwashing was utilized. According to Food Code 2005, U.S. Public Health Service, 2-301.14: "Food employees shall clean their hands and exposed portions of their arms...after handling soiled equipment or utensils. (2-301.15) Food employees shall clean their hands in a handwashing sink or approved automatic handwashing facility ... 2-301.16 (A) "A hand antiseptic used...as a hand dip shall:...(3)Be applied only to hands that are cleaned as specified under 2-301.12." Observation in the dishroom on 5/16/06 at 8:30 AM revealed a toilet room with the door open into	(F 371)	3) The door to the bathroom on "dirty side" of dish room will remain closed except during cleaning and maintenance operations. Dietary manager has posted a notice on door regarding this. An in-service was presented on 5/23/06 by the dietary manager to dietary staff on the importance of keeping bathroom door closed and survey deficiencies were discussed by the facility manager with the corrections to be implemented. a) Thousand Island dressing container was removed and discarded by dietary manager. b) The two squeeze bottles in question have been discarded by dietary manager. c) New squeeze bottles with lids have been implemented. d) Maintenance relocated the grease buckets to the dirty dish room. In addition each bucket is contained in a small trash can with lid. Maintenance will empty grease buckets at least weekly, and cleaned as needed by maintenance.	5/16/06 5/23/06 5/16/06 5/16/06 7/6/06 5/16/06

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	880 HWY 20 SOUTH BASIN, WY 82410

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(F 371)	Continued From page 5 the dishroom throughout the entire operation. According to Food Code 2005, US Public Health Service, 6-501.19: Except during cleaning and maintenance operations, toilet room doors...shall be kept closed. Observation in the kitchen on 5/16/06 at 9:50 AM revealed the following concerns: a. In the walk-in refrigerator a one gallon container of Thousand Island dressing was noted to be nearly gone and had never been dated. b. Two squeeze bottles were stored in the walk-in refrigerator and were uncapped. One bottle contained Thousand Island dressing, and one contained a white colored product that resembled Ranch dressing. The latter product was unlabeled and undated. c. The dry storage room contained 5-gallon buckets of used grease, and a large quantity of grease residue was visible on the exterior surfaces of the lids of the two of the buckets. d. The blade on the can opener located in the dry storage room had an accumulation of blackened residue on its surface. The base of the can opener also had a black build up around the edges where it was mounted to the table. Interview with the dietary manager on 5/16/06 at 10 AM revealed there was no policy or procedure for cleaning and sanitizing the two ice machines located in the kitchen. Interview with a member of the maintenance staff at 11AM revealed he cleaned and "sanitized" the machine routinely according to manufacturer's instructions. He indicated he would fax those instructions to our office for review. Review of the information submitted by fax on 5/22/06 revealed the procedure was for descaling the machine,	(F 371)	e) The blade and base of can opener have been thoroughly cleaned by dietary staff and will continue as per cleaning schedule. 4) Dietitian and dietary manager have written a policy and procedure according to manufacturer's instructions for the cleaning and sanitizing of the ice machines. On 6/8/06 the facility manager and consulting dietitian presented an in-service to all dietary staff on hand washing, glove usage, procedure for handling soiled and clean dishes, removal of disposable apron, and storage of food (cover, label, and date). On 6/22/06 all dietary staff attended an in-service on "Going for the Gold" an intermediate food safety training program developed by the Wyoming Food Safety Coalition and presented by the Department of Agriculture. The maintenance department has received a copy of the policy and procedure for cleaning and sanitizing ice machines. A roster will be kept by the maintenance department when the ice machines are cleaned.	5/16/06 5/16/06 6/8/06 6/22/06

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	590 HWY 20 SOUTH BASIN, WY 82410

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(F 371)	Continued From page 6 including the ice storage bin, only. There was no evidence the storage bin, drains, and dispensing equipment for the machine were routinely cleaned and sanitized as food contact surfaces to assure safe storage for ice used for human consumption.	(F 371)	Dietary manager or designee will perform daily audits of all areas of deficiencies for two months. The results of the audits will be reported at the monthly Quality Improvement meeting for review and recommendations. Audits will continue at random as per Quality Improvement recommendations. Facility manager will monitor.	3/19/06
(F 514) SS=E	483.75(l)(1) CLINICAL RECORDS The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview the facility failed to maintain medical records for 4 (#12, #18, #38, #74) of 4 sample residents according to acceptable standards. Medical records were unorganized and incomplete. The Minimum Data Set (MDS) assessments were not consistently filed in a specific location in the main body of the medical records. The findings were: Review of resident #38's medical record revealed the resident's current Minimum Data Set (MDS) assessment could not be located. Interview on	(F 514)	F514-The facility will maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. This will be accomplished by: 1) Resident #12 – The nurse manager has filed according to the facility's policy the resident's current Minimum Data Set under the care plan section of the chart. The remaining fifteen (15) months of Minimum Data Sets are kept in the resident's purged file at the nurses' station. 2) Resident #18 – The nurse manager has filed according to the facility's policy the resident's most	New POC Date 7/5/06 7/5/06

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(F 514)	Continued From page 7 5/16/06 at 9:45 AM with the DON revealed she could also not find it in the record or the supplemental manilla folder. It was eventually found in the section tabbed for care plans. The DON stated that someone was filing them there. Resident #12 had two recent MDS assessments that were not filed in the medical record. Both were provided as separate documents by the DON. One of these had an assessment reference date (ARD) of 5/3/06 and the other had an ARD of 5/7/06. Resident #18 had a February 2006 MDS in the manilla supplemental file, instead of in the main record, however that resident's current quarterly assessment, with an ARD of 5/6/06 could not be located. It was provided as a separate document by the DON on 5/16/06 as it had not yet been filed in the medical record. A current MDS assessment for resident #74 could not be located in the medical record. A Medicare 5 day assessment with an ARD of 5/6/06 was provided by the DON on 5/16/06 as a separate document. Please see F278 related to unsigned MDS assessment documents for residents #12, #18, and #74.	(F 514)	recent Minimum Data Set under the care plan section of the chart. The remaining fifteen (16) months of Minimum Data Sets are kept in the resident's purged file at the nurses' station. 3) Resident #35 – The nurse manager has filed according to the facility's policy the resident's most recent Minimum Data Set under the care plan section of the chart. The remaining fifteen (15) months of Minimum Data Sets are kept in the resident's purged file at the nurses' station. 4) Resident #74 – The nurse manager has filed according to the facility's policy the resident's Medical records will randomly audit residents' charts quarterly for compliance and report to monthly Quality Improvement meeting the results of audit for review and recommendation. The facility manager and nurse manager will monitor.	7/6/06 7/18/06 7/18/06

JUN-29-2006 14:49 OFFICE OF REGIONAL P.13

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(F 514)	Continued From page 7 5/16/06 at 9:46 AM with the DON revealed she could also not find it in the record or the supplemental manilla folder. It was eventually found in the section tabbed for care plans. The DON stated that someone was filing them there. Resident #12 had two recent MDS assessments that were not filed in the medical record. Both were provided as separate documents by the DON. One of these had an assessment reference date (ARD) of 5/3/06 and the other had an ARD of 5/7/06. Resident #18 had a February 2006 MDS in the manilla supplemental file, instead of in the main record, however that resident's current quarterly assessment, with an ARD of 5/8/06 could not be located. It was provided as a separate document by the DON on 5/16/06 as it had not yet been filed in the medical record. A current MDS assessment for resident #74 could not be located in the medical record. A Medicare 5 day assessment with an ARD of 5/5/06 was provided by the DON on 5/15/06 as a separate document. Please see F278 related to unsigned MDS assessment documents for residents #12, #18, and #74.	(F 514)	Medical records will randomly audit residents' charts quarterly for compliance and report to monthly Quality Improvement meeting the results of audit for review and recommendation. The facility manager and nurse manager will monitor.	7/18/06

TOTAL P.13

TOTAL P.10

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535021	A. Building B. Wing	5/16/2006

Name of Facility	Street Address, City, State, Zip Code
WYOMING RETIREMENT CENTER	890 HWY 20 SOUTH BASIN, WY 82410

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0159 Reg. # 483.10(c)(2)-(5) LSC	Correction Completed 03/19/2006	ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 03/19/2006	ID Prefix F0242 Reg. # 483.15(b) LSC	Correction Completed 03/19/2006
ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 03/19/2006	ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 03/19/2006	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 03/19/2006
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 03/19/2006	ID Prefix F0286 Reg. # 483.20(d) LSC	Correction Completed 03/19/2006	ID Prefix F0324 Reg. # 483.25(h)(2) LSC	Correction Completed 03/19/2006
ID Prefix F0454 Reg. # 483.70 LSC	Correction Completed 03/19/2006	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 03/19/2006	ID Prefix F0468 Reg. # 483.70(h)(3) LSC	Correction Completed 03/19/2006
ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 03/19/2006	ID Prefix F0521 Reg. # 483.75(o)(2)-(4) LSC	Correction Completed 03/19/2006	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By TS	Date: 6/1/06	Signature of Surveyor:	Date: 5-31-06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 2/2/2006	✓	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO