POC accept 10/26/07

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

PRINTED: 10/05/2007
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
	535036	A. BUILDING _____ B. WING _____	C 09/20/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WY HEALTHCARE &	542 16TH STREET RAWLINS, WY 82301

(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 157 SS=D	483.10(b)(11) NOTIFICATION OF CHANGES A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility policies, and staff and family interviews, the facility failed to notify the family of a change in condition for two (#7, #9) of three sample	F 157	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* **F-157 Notification of Changes** **Corrective Action for Identified Resident/s** The family member of Resident #7 has been notified of wound on hip and it has been properly documented. Resident #9 no longer resides at the facility. **Identification of Residents with Potential to be Affected** All residents have the potential to be affected. **Corrective Action to Prevent Recurrence** The Staff Development Coordinator or designee will inservice licensed nursing staff on the Policy of Notifications by Oct 18 2007. The inservice will include information on the requirement of notifying the resident and, if known, the resident's legal representative or interested family member when there is a change in resident's condition which requires a change in care and services.	Completion on Date: Oct 31 2007

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

EXECUTIVE DIRECTOR 10/11/07

POC accepted. Left message for Chris Tanner, ED. on 10/26/07 1900

OCT 17 2007

Wyoming Department of Health
Janelle Conlin 10/17/07

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F 157	Continued From page 1	F 157		

residents with a change in condition. The finding were:

1. Observation on 9/19/07 at 7:20 PM revealed resident #7 had a bandage on his/her left hip. During an interview on 9/19/07 at 7:50 PM, two family members (including the power of attorney for the resident) were asked about the bandage on the hip. One family member asked "is it a pressure sore?" Both family members stated the facility had not notified them of a wound on the hip.

Review of nursing notes showed on 9/8/07 it was noted there was skin breakdown to the left hip/buttocks. On 9/17/07 there was a physician's order to apply Silvadene to the open area on the left hip. Nursing notes on 9/20/07 documented a 7 centimeter (cm) round open sore on the left hip. Observation on 9/20/07 at 9:15 AM with the wound care registered nurse (RN) revealed a wound on the left hip with a black scab. The wound RN stated she was classify the wound as a stage 4 pressure ulcer, because she was not sure what was underneath the scab.

Review of the medical record showed no evidence the family was notified of the wound on the left hip. During an interview on 9/20/07 at 11:30 AM, the wound care RN stated she thought one of the daughters was told over the weekend, but " I could be wrong." The wound care RN showed the surveyor the pressure ulcer record for the left hip wound, which showed the physician was notified on 9/14/07. However, there lacked documentation the family was notified.

2. Review of physician orders showed on 8/8/07 resident #9 was ordered Levaquin 250 milligrams (mg) everyday for three days for a urinary tract infection (UTI). Nursing notes dated 8/8/07

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

Monitoring/Quality Assurance

The Director of Nursing or designee will audit facility's compliance with notification of resident and, if known, the resident's legal representative or interested family member when there is a change in the resident's condition which requires a change in care and services. Audits will be done weekly for 6 weeks. At the completion of the audits the director of Nursing will report compliance to the Performance Improvement Committee (Quality Assurance). The Committee will then determine the need for any further audits/reports.

Responsible Party

The Director of Nursing will be responsible for continued compliance.

Correction Date: Oct 31, 2007

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F 157	Continued From page 2 showed the resident was receiving an antibiotic for a UTI. The medical record lacked evidence the family was notified. On 9/20/07 at 11:45 AM, RN #1 stated documentation of family notification should be in the medical record. On 9/20/07 at 11:46 AM, licensed practical nurse (LPN) #1 stated she "thought" she told the resident's family member, but did not document it. 3. Review of the facility's "Notifications" policy (POL 603-10, 9/26/03) revealed staff were to inform the resident's surrogates when "...a significant change occurs...."	F 157		