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

POC accepted 7/5/07 J Conder

PRINTED: 06/11/2007
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
	535031	A. BUILDING _____ B. WING _____	C 05/31/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER HEALTHCARE & REHABI	1002 FOREST DRIVE RIVERTON, WY 82501

(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 425 SS=D	483.60(a),(b) PHARMACY SERVICES The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to assure routine medications were available for resident use for one (#71) of six residents observed during medication pass. The findings were: Observation during the medication pass on 5/30/07 at 5:46 PM revealed registered nurse (RN) #1 prepared to give resident #71 medications. The medication administration record (MAR) stated the resident should receive iron 27 milligrams (mg). The nurse pulled out a bottle of ferrous gluconate 324 milligrams. The nurse looked at the bottle, then looked at the	F 425	*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.* 483.60(a), (b) PHARMACY SERVICES This requirement will be met as evidenced by: A) Pharmacy will be contacted to obtain medication (Iron 27mg) p.o. as ordered for resident #71. Medication will be administered to resident #71 in the ordered dosage. B) Nurses will follow facility medication administration policies to assure that correct dosages of medications have been obtained from the pharmacy and that all residents receive medications in the appropriate dosages ordered. The DNS/Designee will conduct routine audits of medication administrations as completed by the licensed nurses to assure correct medications in the correct dosages are being administered to residents. C) The SDC will inservice all charge nurses on correct medication administration policy as related to correct dosage. Any medication received from the pharmacy with a label of incorrect dosage will not be administered to the resident and the pharmacy will be contacted immediately to obtain the correct dosage. D) Results of medication administration audits will be evaluated by the DNS and any concerns will be addressed at the appropriate Performance Improvement Meeting.	6/25/2007 ~~5/31/2007~~

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

Exec. Director 06/22/07

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.

POC accepted 7/5/07, message left for Bonnie Depo on 7/5/07 at 10 AM. Janelle Conder, RHIT

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F 425	Continued From page 1 MAR, and stated "I can't give this." The nurse then went to the medical record. Review of the physician's order dated 2/15/07 showed "FeSO4 27 mg (134 mg of FeSO4) tid [three times per day] with meals" was ordered. The nurse called the pharmacist who told her the ferrous gluconate is what the pharmacy supplied, and it was not the same as FeSO4 27 mg. The nurse circled her initials on the MAR, indicating the medication was not given. The nurse stated her medication cart did not contain FeSO4 27 mg, therefore she could not give the medication.	F 425	*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 444 SS=D	483.65(b)(3) PREVENTING SPREAD OF INFECTION The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, review of facility policies, and staff interview, the facility failed to assure staff followed standards for hand hygiene during two of two observations of wound care (#63, #73). The findings were: 1. Observation on 5/30/07 at 2:26 PM revealed registered nurse (RN) #2 provided wound care to resident #73. The following concerns were noted: a. The nurse washed her hands, and then put on a pair of gloves. The nurse then removed the dressing and packing from the wound on the right hip. The nurse then removed the gloves, and without any hand hygiene, put on a new pair of gloves. The nurse then packed the wound, and applied a new dressing.	F 444	483.65(b)(3) PREVENTING SPREAD OF INFECTION This requirement will be met as evidenced by: 1. a. RN #2 has been inserviced on 6/5/2007 related to correct dressing change procedure. The RN completed return demonstration of wound dressing according to Kindred policy and procedure. Resident #73's wounds are decreasing in size and continue with no signs and symptoms of infection b. LPN #3 was inserviced on 6/5/2007 related to correct dressing change procedure. The LPN completed return demonstration of wound dressing according to Kindred policy and procedure. Resident #67 continues to have a wound. The physician has noted that this wound will probably never heal and the resident is currently receiving no antibiotics. c. Order for 5/15/2007 was to culture Resident #73's bilateral hip wounds. The hip wounds were draining with greenish serous drainage. The coccyx was draining scant amounts of serous	6/25/2007

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F 444	Continued From page 2 b. The nurse put on a pair of gloves, and removed the dressing from the wound on the coccyx. The nurse removed the gloves, and then without hand hygiene, put on another pair of gloves. The nurse then put Kaltostat on the wound, and applied a new dressing. c. Review of laboratory reports dated 3/6/07 and 3/27/07 showed the resident's wounds on the left hip, right hip, and coccyx had MRSA [Methicillin resistant Staphylococcus aureus]. Recent lab reports dated 5/15/07 showed no MRSA in the right and left hip wounds, but there was no recent culture for the coccyx wound. 2. Observation on 5/31/07 at 10 AM showed licensed practical nurse (LPN) #3 provided wound care to resident #63. The nurse washed her hands and applied gloves. The nurse then removed a dressing, which contained a lot of drainage, from the right shin. The nurse removed her gloves, and without hand hygiene, put on a new pair of gloves. The nurse then put Kaltostat on the wound and then applied a new dressing. During an interview at that time, the nurse stated the wound had MRSA. Review of a laboratory report dated 3/16/07 showed the wound had MRSA. 3. Review of the facility's "Handwashing" policy (PRO 68009, 4/28/07) showed "...The hands are to be washed:...After touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn...". During an interview on 5/31/07 at 1:30 PM, the infection control nurse stated gloves should be removed, hands washed, and new gloves applied when working between different wounds. When asked about removing a dirty dressing, and applying a clean dressing, she stated it would depend on the	F 444	*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* drainage. No order was received to culture the coccyx wound. Per policy number POL628-01, recultures after the course of antibiotics is not necessary. 2. LPN #3 was inserviced on 6/05/2007 related to correct dressing change procedure. The LPN completed return demonstration of wound dressing according to Kindred policy and procedure. Resident #67 continues to have a wound. The physician has noted that this wound will probably never heal and the resident is currently receiving no antibiotics. 3. All nurses will be inserviced related to Wound Packing Policy pertaining to handwashing whenever removing gloves. Each charge nurse will be provided with a copy of PRO 68009 and PRO 66118. The Staff Development Coordinator or the DNS will observe each nurse providing wound care and performing correct handwashing technique. 4. The DNS/Designee will perform weekly wound care rounds to insure that handwashing Policy and Procedure is being followed. The Restorative Nurse will provide the DNS with a weekly list of residents with wound dressings. Results of wound dressing change rounds will be presented at the monthly Performance Improvement meetings until the problem is resolved.	

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F 444	Continued From page 3 situation. At 1:50 PM, the infection control nurse provided the surveyor with another policy, and stated this policy would be applicable. The facility's "Wound Packing" policy (PRO 66118, 3/31/05) showed "...remove dressing and then remove packing by gently pulling out...remove gloves and discard, wash hands, put on gloves...". 4. Review of the "Hand Hygiene Guidelines Fact Sheet" (10/25/02) by the Centers for Disease Control and Prevention (CDC) showed "...the use of gloves does not eliminate the need for hand hygiene...".	F 444		