STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING _____ B. WING _____	C 11/22/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER DEC 22 2006	1108 BIRCH STREET DOUGLAS, WY 82633

(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 315 SS=D	483.25(d) URINARY INCONTINENCE 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 observation, staff interviews, and medical record review, the facility failed to assure staff provided treatment and services to maintain urinary dryness for 1(#4) of 5 sample residents. The findings were: According to the 9/1/06 quarterly Minimum Data Set assessment, resident #4 was totally incontinent of bladder. Review of the current care plan revealed staff were to "cue & assist" the resident to urinate every 2 to 3 hours or provide the resident with incontinence care every 2 to 3 hours. Observation on 11/22/06 showed the resident was seated in the dining room at 7:35 AM. Further observation showed the resident was not toileted or checked and changed until 1:20 PM that day. At that time a certified nurse aide and a training nurse aide (TNA) changed the resident's incontinence brief. Interview with TNA #9 during that observation confirmed the brief was saturated with urine. Interviews with all other nursing staff present that day revealed no one cued or assisted the resident to the toilet or changed the incontinence brief. Interview with the	F 315	Plan of Correction as follows: This facility will 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 will be accomplished by: The DON has provided 1:1 in-service training to the nursing staff involved in resident's (#4) care on 11/22/06	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tim Ann Monroe — TITLE: Administrator — (X6) DATE: 12/15/06

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

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

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F 315	Continued From page 1 director of nursing (DON) on 11/27/06 at 2:05 PM revealed she had contacted the last person not interviewed on 11/22/06. The DON confirmed the resident was not toileted or changed from at least 7:35 AM until 1:20 PM.	F 315	The nursing staff will also be in-serviced on Bowel/Bladder Plans, incontinence, toileting, and peri-care at scheduled staff meeting on 12/20/2006. A written memo from the DON with attached educational material on urinary incontinence will be included. The DON and MDS Coordinator will monitor compliance through random observation of toileting and peri-care on 10% of all residents with urinary incontinence a minimum of 3 days each week for one month, beginning 12/18/2006, then monthly for 3 months, and quarterly thereafter.	12/20/06 12/18/06

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F 315	Continued From page 1 director of nursing (DON) on 11/27/06 at 2:05 PM revealed she had contacted the last person not interviewed on 11/22/06. The DON confirmed the resident was not toileted or changed from at least 7:35 AM until 1:20 PM.	F 315	If staff is found to have failed to provide urinary dryness, immediate 1:1 in-servicing and corrective action will be taken. Results of the audits will be reported by the DON at the regularly scheduled quarterly QA meetings for review by the medical director.	