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JUN 07 2012
Healthcare Licensing and Surveys

PRINTED: 05/31/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING _____ B. WING _____	C 06/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

(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 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: MDS - Minimum Data Set CNA - certified nursing assistant Less commonly used abbreviations will be annotated in each deficiency where used.	F 000	Preparation and execution of this response and plan of correction does not constitute an 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 the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual.	
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 and interviews with staff and physician, the facility failed to ensure staff received sufficient education to provide the necessary care to prevent recurrent displacement of a nephrostomy tube (a small plastic tube surgically inserted through side of the lower back to drain urine from the kidney) for 1 of 1 resident who had a nephrostomy tube. The findings were: Review of the medical record for resident #1 revealed a right nephrostomy was performed in	F 315	1. Resident # 1 still resides in the facility. The resident's nephrostomy tube has not been displaced since 5/5/12 prior to the abbreviated survey. All res including #1 will be transferred appropriately to ensure drainage tubes will not be dislodged SD 2. As stated in the survey document, Resident # 1 was and is currently the only resident in the facility with a nephrostomy tube. Staff will be educated on new admissions regarding drainage tube placement & care - SD.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Timothy D. Haley, NHA. Executive Director/Administrator — TITLE — (X6) DATE: 6/7/2012

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.

This POC accepted c corrections on 6/15/12 @ 1128 per phone conversation between between Timothy Haley, NHA, and Betty Olson, RD, State Health Surveyor.

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F 315	Continued From page 1 July 2011 for urinary diversion due to the severely macerated skin around his/her urostomy (an artifical opening through the abdominal wall for urinary drainage) site. According to the 8/4/11 admission and 4/1/12 quarterly MDS assessments the resident was wheelchair dependent and required extensive assistance of two staff for bed mobility and transfers. Review of the MDS assessments and care plan interventions showed s/he was totally dependent on staff for care and monitoring of the nephrostomy tube in addition to the dressings and treatments for the urostomy site. Review of the October 2011 to May 2012 physician notes showed the nephrostomy tube was dislodged four times, and each time the resident received outpatient medical care at the hospital to address this problem. Review of the October 2011 to May 2012 nursing notes revealed the following information regarding the four outpatient visits to the hospital: a. On 10/16/11 the nephrostomy tube was pulled during the provision of pericare. The CNAs who provided the care received in-service education regarding nephrostomy tube care, but this education was not provided for additional staff. b. On 1/2/12 the resident was with the physical therapist and the nephrostomy tube was pulled out when it became entangled in the arm of the wheelchair. c. On 4/26/12 staff noted the increased length of the tube protruding from the nephrostomy. That day, the diagnostic imaging confirmed the extended tubing was in still in the appropriate location. d. On 5/5/12 during restorative care the	F 315	3. Nursing staff and Specialized Therapy staff have been educated by Nursing Administration by 6/30/2012 regarding personal care of resident # 1 including visualization of the nephrostomy tube and bag prior to care, making sure the nephrostomy tube and bag are safely secured before and during care, and how to and the need to attach an abdominal binder to Resident # 1 to stabilize the nephrostomy tube prior to a 2 to 3 person Hoyer lift transfer. Newly hired care givers ~~for Resident # 1~~ will receive education during orientation by Nursing Administration regarding personal care of resident # 1 including visualization of the nephrostomy tube and bag prior to care, making sure the nephrostomy tube and bag are safely secured before and during care, and how to and the need to attach an abdominal binder to	

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F 315	Continued From page 2 nephrostomy tube was found disconnected from the resident. Lack of sufficient education regarding care of the resident's nephrostomy tube was identified during the following interviews: a. On 5/15/12 at 1:05 PM the resident stated s/he had to repeatedly remind staff to be careful during transfers and repositioning because s/he was afraid the nephrostomy tube would become dislodged. S/he stated less experienced staff made him/her anxious because they did not appear to know how to secure the tube. S/he further stated the recurrent visits to the hospital to have his/her nephrostomy tube replaced was inconvenient and uncomfortable. b. During individual interviews conducted on 5/15/12 with five separate CNAs (CNA #1, #2, #3, #4, #5) from 3:33 PM to 4:04 PM, each revealed they had provided care for the resident and had not been provided any specific instructions on how to handle the nephrostomy tubing and drainage bag. All of the CNAs interviewed knew there was a need to be careful; however, there were inconsistencies in the type of mechanical lift and techniques used when they transferred the resident. The CNAs stated the inconsistencies were due to the lack of clear instructions from the nurses. The CNAs also stated the resident repeatedly directed them to be careful during the provision of care because s/he was worried about pulling or dislodging the nephrostomy tube. c. On 5/15/12 at 3:15 PM the staff development coordinator verified that formal	F 315	Resident # 1 to stabilize the nephrostomy tube prior to a 2 to 3 person Hoyer lift transfer. 4. The facility Performance Improvement Committee meets at least monthly to define and approve the scope of quality improvement for the facility. The Committee consists of the Executive Director, Director of Nursing, Medical Director, and several other managers and facility staff. The PI Committee facilitates the use of tracking tools, reviews findings, provides oversight as to effective utilization of the PI process, and assures that the facility's plans are followed, making adjustments as necessary. Negative trends noted during monitoring will be brought to the PI Committee where follow up interventions will be determined including additional training and/or creation of an action plan based on the data collection.	

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F 315	Continued From page 3 In-service education and/or training related to this resident's specific needs for prevention of dislodging the nephrostomy tube had not been provided, even though this had occurred four times. d. On 5/16/12 at 9:12 AM the director of nursing stated resident #1 was the only resident in the facility who had a nephrostomy, and there was a need to educate all staff including therapists, regarding how to care for the nephrostomy tube during transfers. She verified the lack of a system for assigning more experienced staff to provide this resident's care. She further stated this lack resulted in newly hired CNAs who had not received specific training related to nephrostomy tube care being assigned to this resident's care. e. On 5/16/12 at 11:05 AM the primary care physician stated that although the resident's clinical condition had not been negatively impacted by the recurrent replacements; staff education regarding nephrostomy care would be a major factor in reducing the recurrent visits to the hospital to replace the dislodged nephrostomy tube.	F 315	A random visualization audit including visualization of the nephrostomy tube and bag prior to care, making sure the nephrostomy tube and bag are safely secured before and during care, and the attachment of an abdominal binder to Resident # 1 to stabilize the nephrostomy tube prior to a 2 to 3 person Hoyer lift transfer will be conducted by Nursing Administration of 3 care givers providing care and transferring Resident # 1 weekly for the next 90 days. This will include therapy as well as CNA and Nursing. Results of the audit will be presented by the Director of Nursing or designee to the Performance Improvement Committee monthly for the next 90 days or until the committee determines substantial compliance has been achieved.	6/30/2012