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

PRINTED: 06/21/2012
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
	535024	A. BUILDING _____ B. WING _____	C 06/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4306 S POPLAR CASPER, WY 82601

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F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, policy review, staffing schedule review, employee personnel file review, and staff interview, the facility failed to ensure all staff involved in mechanical lift transfers had the necessary training and skills to prevent potential accidents. Twenty-four residents utilized mechanical lifts for transfer. The findings were: Observation of a sit-to-stand mechanical lift transfer on 6/5/12 at 11:44 AM showed certified nurse aide (CNA) #1 and CNA #2 transferred resident #7 from the bed to a wheelchair. When interviewed at the time of the observation, CNA #2 explained that by facility policy, two staff were required for all transfers. She further stated it could be any staff member including a housekeeper. Interview with registered nurse (RN) #1 on 6/6/12 at 9:20 AM confirmed two staff were needed for all lift transfers and that one staff member could be a housekeeper. She explained the job of the second person was to remove any item impeding the transfer and ensure the safety of the transfer as a 'spotter'. Further investigation revealed the following concerns regarding staff training for lift transfers:	F 323	"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." This plan of correction is the facility's credible allegation of compliance. F323 The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Corrective Action Upon identification of the stated practice, the NHA, DON and Department Managers informed staff, both individually and in a formal meeting, that the procedure of using non-clinical employees to assist clinical employees with mechanical transfers is not an acceptable practice in the facility. Nursing Aides (NA) are not allowed to provide resident care without completion of a "hands-on" skills competency checklist administered and signed off on by a Registered Nurse employed by the facility.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa J. Ralph — TITLE: NHA — (X6) DATE: 6/29/12

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.

The POC was accepted as written by Teresa Ralph NHA, + Karen Womack RN Hlth Surveyor, on 7/9/12 @ 4:30 pm.

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F 323	Continued From page 1 a. When interviewed on 6/6/12 at 9:09 AM, housekeeper #1 confirmed she had assisted with resident transfers in the past. When asked about when and how she received training, she stated she never had any training and had understood her responsibility was to only witness that the lift was correctly connected. Further interview revealed the assistance request came from the CNAs and she stated that nurses were aware she was used as second person. b. Interview with the director of nursing (DON) on 6/6/12 at 4:25 PM confirmed that housekeeping staff could act as a 'spotter'. Further interview revealed that they did not receive formal training and she confirmed they were not instructed in lift safety. c. Review of staffing schedules showed that nurse aides (NAs) were scheduled for patient care. Review of employee files on 6/7/12 at 10:41 AM with the human resource manager for NA #F and NA #H failed to reveal competency skills assessments. No skills involving lifts were documented. Each had a temporary nurse aide permit. Interview with the manager at that time confirmed that no competencies were available. Interview with the DON on 6/7/12 at 3:04 PM revealed the facility had no documentation to determine which resident care items a NA had completed as competent. d. Review of the facility's policy titled, "Lift, Transfer, and Repositioning Policy,"copyright 2010, noted in bold print, "Facility policy requires two staff members to assist when lifting with mechanical devices." The policy states for training, "All managers of direct care staff and the direct care staff will be required to attend and complete training related to resident lifts and transfers during orientation and then annually	F 323	Identification of Others DON and Therapy Rehab Director identified all residents using mechanical lifts for transfer. Systemic Changes Therapy Rehab Director/Designee will educate clinical staff on lift and transfer policy and procedure. Including the practice of only using clinical, trained staff to act as second person assist on all mechanical lift transfers, on or before 7/20/12. Therapy Rehab Director/Designee will continue to train new hires on proper lift and transfer policy and procedure. Monitoring The DON/Designee will audit lift and transfer training and competence monthly to ensure compliance and report findings to the QA & A committee. The QA & A committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance for 3 months.	July 20, 2012

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F 323	Continued From page 2 and/or as required to re-emphasize the instructions set forth in this policy...Training will be completed using onsite training sessions, and DVD or other interactive web-based materials...staff will receive training with pertinent instructions/materials from lift manufacturers and complete "hands-on" skills competency...."	F 323	F356 The facility must post the follow information on a daily basis: Facility name, Current date, Resident census, Total number and actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shifts. Corrective Action The facility Unit Assistant posted nursing staffing data near the main entrance area for public viewing. The Unit Assistant/Designee updated data, as changes occur, to ensure accuracy of data. The Unit Assistant kept a copy of data on file. Identification of Others A record review was conducted to determine if any additional staffing data was on file for the past 18-months. Systemic Changes The facility Unit Assistant/Designee will post nursing staffing data daily near the main entrance for public viewing. The Unit Assistant/ Designee will update data, as changes occur, to ensure accuracy of data. The facility Unit Assistant/Designee will keep staffing data available for at least an 18-month period.	
F 356 SS=B	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as	F 356		

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F 356	Continued From page 3 required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the daily facility staffing sheets were posted and retained the for 18 months. The facility census was 110 residents. The findings were: Observation on 6/5/12 and 6/6/12 failed to reveal postings of the daily facility staffing. Interview with the director of nursing (DON) on 6/6/12 at 3:34 PM and observation with her at that time confirmed the daily staffing was not posted. All daily staffing sheets were then requested. On 6/6/12 at 3:49 PM the DON stated the daily posting was now up but that no postings had been done since 5/7/12. Interview on 6/6/12 at 4:25 PM revealed the DON was unable to find any other daily postings prior to the 5/7/12 posting.	F 356	Monitoring The NHA/Designee will audit the staffing data file weekly to ensure data has been retained and that the data is accurate. The NHA/Designee will report findings to the QA & A committee. The QA&A committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance for 3 months.	July 20, 2012
F 498 SS=D	483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on staffing schedule review, employee personnel file review, and staff interview, the facility failed to ensure competency and training	F 498	F498 The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. Corrective Action The facility completed a competency checklist, under the supervision of a registered nurse for all nurses aides currently employed.	

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F 498	Continued From page 4 for 2 of 3 nurse aides (NA #F, NA #H). The facility census was 110. The findings were: Review of staffing schedules showed that nurse aides (NAs) were scheduled for patient care. Review of employee personnel files on 6/7/12 at 10:41 AM with the human resource manager for NA #F and NA #H failed to reveal competency skills assessments. Each had a temporary nurse aide permit. Interview with the human resource manager at that time confirmed that no competencies were available. Interview with the DON on 6/7/12 at 3:04 PM confirmed the facility had no documentation to determine which resident care items a NA had completed as competent. According to the Wyoming Board of Nursing (BON) rules (Chapter 2., Section 9. Temporary Permits. (f) Graduate Temporary Permit for Nursing Assistants/Nurse Aides.), "(I) The candidate, who successfully completes a state approved Nursing Assistant Training and Competency Evaluation Program (NATCEP) may be eligible to receive a temporary permit to practice as a graduate nursing assistant/nurse aide while awaiting competency testing and certification....(G) A graduate nursing assistant/nurse aide holding a graduate Nursing Assistant temporary permit shall practice only under the supervision of a licensed nurse. Supervision shall be defined as " the immediate physical availability of an advanced practice registered nurse or registered professional nurse for the purpose of providing assistance, coordination and evaluation of the practice of another " as found in Chapter 1, Section 6 (lxxix). (H) A graduate nursing assistant/nurse aide	F 498	Identification of Others An employee record review was conducted by the Human Resources Coordinator to identify any Nurse Aides working in the facility. Systemic Changes The DON/Designee will ensure that current Nurse Aides have successfully completed a competency checklist before providing resident care. The DON/Designee will also ensure that new hire Nurse Aides will successfully complete a competency checklist before providing care to residents. Monitoring The DON/Designee will audit the employee files of nurse aides monthly, and within one week of new hire, to ensure the successful completion of a competency checklist. The DON/Designee will report findings to the QA & A committee. The QA&A committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance for 3 months.	July 20, 2012

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F 498	Continued From page 5 holding a graduate Nursing Assistant temporary permit shall be held to the established Standards of Nursing Assistant/Nurse Aide Practice. Any hiring facility shall be responsible for verifying individual competency as it relates to individual staff assignments."	F 498		