POC accepted 9/14/12
Janelle Cook, RN

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WY Dept of Health
SEP 06 2012
Healthcare Licensing and Surveys

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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
	53A051	B. WING	08/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(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: CNA Certified Nurse Aide DON Director of Nursing mg milligrams Less commonly used abbreviations will be annotated in each deficiency where used.	F 000		
F 226 SS=E	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on review of personnel files, staff interview, and policy and procedure review, the facility failed to implement policies regarding screening of employees for 2 of 2 CNAs (#1, #2) hired in the last 4 months. The findings were: Review of the facility's "Abuse Prohibition" policy (10/8/09) showed that screening of employees would include checking "the appropriate registries." The following concerns were identified: a. Review of the personnel files for CNA #1, hired 5/2/12, and CNA #2, hired 6/0/12, showed no evidence the CNA abuse registry was checked.	F 226		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: CEO (X6) DATE: 9/6/12

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.

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SEP 11 2012
Healthcare Licensing and Surveys

Accepted: Message left for Eric Boley, CEO on 9/14/12 @ 11:47am. jr

FORM CMS-2567(02-99) PREVIOUS VERSIONS OBSOLETE Event ID: HFM11 Facility ID: WY0041 If continuation sheet Page 1 of 9

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F 226	Continued From page 1 b. During an interview on 8/7/12 at 10:25 AM, the DON stated she was responsible for checking the CNA abuse registry on employees, but she did not keep documentation. She stated she did not have documentation to show that the registry was checked for CNA #1 or CNA #2 upon hire.	F 226	South Lincoln Nursing Center will implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. 1) Since the date of this survey the Director of Nursing has checked the CNA abuse registry and implemented a checklist to document that every CNA employed at SLNC is on the abuse registry. The CNA abuse registry will be checked with each newly hired employee and the results of that inquiry will be indicated on the checklist. Evidence for the CNA's #1 and #2 being on the CNA abuse registry was provided to the surveyors on 8/7/2012. 2) Copies with the CNA abuse registry information were provided to HR to place in each individual's personnel file. A copy of the CNA abuse registry inquiry will be obtained and placed in the personnel file of each newly hired CNA 3) A quality monitoring tool will be developed and implemented to ensure the checklist is up to date and that HR receives copies of the individual CNA's registry confirmation. Monthly monitoring will continue until compliance is demonstrated. 4) The results	9/20/12 8/13/2012 8/28/2012 8/14/12 9/11/12;9/20
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure an interior wall and bathroom door in 1 of 15 resident rooms (#103) was maintained in good repair. In addition, in the hallway that accessed all resident rooms, 3 light fixtures were burned out and 4 light covers were broken. The findings were: 1. Observation of the hallway on 8/7/12 at 1:30 PM revealed all resident rooms were accessed through the hallway. Further observation showed ceiling lights were located on both sides of the hallway. Light fixtures were burned out next to room #102 and above the doors of #103 and #114. In addition, the covers for the light fixtures were broken between rooms ##109 and #110 and above the doors to rooms #104, #106, and #109. Interview at that time with the maintenance director confirmed the light bulbs were burned out and the light covers were broken. 2. Observation on 8/7/12 at 1:30 PM revealed	F 253		

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F 253	Continued From page 2 resident room #103 had a wallboard that measured 26 inches high and 9 1/2 inches wide on the wall next to the bathroom. The wallboard had dents, scratches, and scuffs. In addition, the wooden frame around the bathroom door and the bathroom door were scratched. Interview at that time with the maintenance director confirmed there was damage to the wall, the door frame, and the bathroom door. He stated repairs like these were not done until the resident moved out of the room. Interview on 8/7/12 at 2 PM with the DON revealed resident #3 was admitted to room #103 on 2/21/06, 6 1/2 years earlier. She agreed the wall, door frame, and door needed to be repaired.	F 253	of the monitor will be reported at the montly QA/AI meeting and at the monthly Medical Director meeting/ South Lincoln Nursing Center will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. 1) Maintenance will replace the burned out lights next to rooms #102 and above the doors to rooms #103 and #114 as well as any other areas noted to have light bulbs that need to ensure adequate lighting. 8/30/12 2)Maintenance will replace broken light fixture covers between rooms #109 and #110 as well as above the doors to rooms #104, #106, and #109. Any other light convers noted to be broken will be repaired at that time. 3) Maintenance will repair the wallboard, wooden frame and the wooden door to the bathroom in #103 to maintain good condition. 9/7/12 4) The Director of Plant Operations will develop and implement a quality monitoring tool to ensure the interior of the facility is in good repair. Monthly monitoring will continue until compliance is demonstrated. 5). The results of the monitor will be reported at the monthly QA/QI meeting and at the Director of Nursing will report the results at the monthly Medical Directors Meeting/ 9/14/12	9/20/12 (9/11/12 9/20/12
F 329 SS=D	483.25(l)(1) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. VIG Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 329		9/1/12

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F 329	Continued From page 3. drugs. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the drug regimen was free from unnecessary drugs for 1 of 7 sample residents (#17). The findings were: Review of the medical record showed resident #17 had diagnoses including depression. Review of physician orders showed an order for Zoloft (antidepressant) 100 mg dated 7/14/10. Further review of the medical record showed no evidence of a gradual dose reduction (GDR) of the Zoloft, nor documentation from the physician indicating why a GDR would be contraindicated. During an interview on 8/8/12 at 2:15 PM, the DON confirmed a GDR had not been attempted. She also confirmed the lack of documentation from the physician indicating a GDR would be contraindicated. During another interview on 8/8/12 at 3:40 PM, the DON stated she did not realize antidepressants required GDRs.	F 329	South Lincoln Nursing Center ensures that each residents drug regimen is free of unnecessary drugs including,excessive dosing and excessive duration. Adequate monitorin is provided for indications of use and adverse consequences. If indicated the drug dosage is reduceda or discontinued.1) At the next psychotropi drug review meeting resident #17 will have the zoloft reviewed. Dose reduction and risk/benefit will be discussed and a recommendation made to the Medical provider. 2) At the next Medical Staff meeting the Medical Director will educate the medical staff about the need to fulciate gradual dose reductions or provide documentation regarding why a dose reduction is contraindicated. 3) A risk/benefit assessment form has been implemented as part of the review process and each resident on a psychotropic drug will be reviewedat the next psychotropic review meeting,and any necessary recommendations will be made to the Medical provider. 4) The Director of Nursing will develop and implement a quality monitoring toolto ensure the resid drug regimen is free of unnecessary drugs. Monthly monitoring will continue until compliance is demonstrated. 5) The results of the monitor will be reported at the monthly QA/QI meeting and the Director of Nursing will report the results at the monthly Medical Directors Meeting. South Lincoln Nursing Center ensures that	9/30/12 9/14/12 9/1/12 9/11/12 9/20/12 8/30/12
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon:	F 428		

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F 428	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the pharmacist failed to identify and report a potential irregularity for 1 of 7 sample residents (#17). The findings were: Review of physician orders for resident #17 showed an order for Zoloft (antidepressant) 100 mg dated 7/14/10. Further review of the medical record showed no evidence of a gradual dose reduction (GDR) of the Zoloft, nor documentation from the physician indicating why a GDR would be contraindicated. During an interview on 8/8/12 at 2:15 PM, the DON confirmed a GDR had not been attempted. She also confirmed the lack of documentation from the physician indicating a GDR would be contraindicated. Review of the pharmacist's monthly drug regimen reviews since February 2012 showed "no recommendations at this time." During an interview on 8/8/12 at 9:35 AM, the pharmacist stated her monthly reviews is not where she would document issues with GDRs of psychotropic medications. She stated those issues were discussed in the psychotropic medication committee meetings. She stated the physician was not part of the committee, and she did not always attend the meetings. She further stated "we haven't done much with dose reductions of antidepressants." Review of the psychotropic medication committee minutes dated 2/22/12 and 5/26/12 showed only that the resident was on Zoloft 100 mg, and the	F 428	each resident recieves a drug regimen review monthly and any irregulariti are reported to the Medical Provider and the Director of Nursing. These reports are then acted upon by the Medical provider and the Director of Nursing. 1) The Pharmacist will review residents #17 as part of her monthly reviewand any recommendations will be reported to the Medical Provider and the Director of Nursi 8/30/12 2) The Pharmacist and the Director or Nursing will develop and implement a quality monitoring tool to ensure the drug regimen of each resident is reviewed monthly and that the documentation includes any irregularities and the recommendations Monthly monitoring will continue until compliance is demonstrated. 9/1/12 4) The results of the quality monitoring tool will be reported in the monthly QA/QI meeting and the Director of Nursing will report results in Medical Director meeting monthly. 9/11/12 9/20/12	9/1/12

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F 428	Continued From page 6 recommendation was to maintain. The pharmacist did not attend either meeting.	F 428		