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

PRINTED: 09/12/2012
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
	535046	A. BUILDING _____ B. WING _____	08/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 EAST BROADWAY JACKSON, WY 83001

(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: CAA Care Area Assessment DON Director of Nursing MDS Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency where used.	F 000		
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures;	F 272	F272 The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. The facility will ensure that a comprehensive assessment is completed in all areas. This will be accomplished by: A. Resident #40 will have a complete assessment which will include an assessment of her urinary incontinence and need for a urinary catheter. This will determine if there is a medical need for the catheter. B. All residents will continue to receive comprehensive MDS assessments according to the designated and appropriate time frames. C. The MDS nurses have received extensive training on MDS assessment and are both certified as Resident Assessment Coordinators (RAC-CT). D. The MDS nurses will continue audit all charts to ensure that comprehensive assessments are completed. The results of these audits will be reported by the Director of Nurses at the Living Center quarterly PI meeting.	10/12/2012

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

Patricia Weber RN NHA Administrator 9/24/12

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.

POC accepted. Spoke to Pat Weber, NHA on 9/26/12 @ 2:40pm
Janelle Cox, OTL

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: QCR271 Facility ID: WY0031 If continuation sheet Page 1 of 4

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F 272	Continued From page 1 Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a comprehensive assessment was completed in all needed areas for 1 of 12 sample residents (#40). The findings were: Review of the 7/25/12 annual MDS assessment revealed resident #40 had a urinary catheter. Review of the 7/24/12 urinary incontinence/catheter CAA showed no medical justification for the use of the catheter. The CAA documented the catheter was inserted on 6/30/12, after a fall with resulting pain and inability to walk. Furthermore, it was documented the catheter was left in because the resident had urinary frequency and anxiety prior to the fall. Review of a 6/5/12 urologist consultation showed staff had checked for infections and post-void residuals before the Foley, and "all was normal." The urologist documented "...Spoke to daughter. We think this was a behavior problem, not a Urologic problem." During an interview on 8/30/12 at 9:15 AM, DON #1 confirmed there lacked a	F 272		

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F 272	Continued From page 2 medical justification for the use of the catheter, and stated it should be re-evaluated for possible discontinuation.	F 272		
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 staff interview, the facility failed to ensure a catheter without a medical justification was discontinued as soon as possible for 1 of 2 (#40) sample residents with catheters. The findings were: Review of a physician's note dated 5/24/12 revealed resident #40 was having increased urinary urgency. A bladder scan was done after the resident voided, and the bladder was empty. The physician was going to have a urologist consult. On 5/30/12 the resident fell. Review of physician orders showed on 5/30/12 the physician ordered staff to insert a Foley catheter until the potential injury from the fall was diagnosed and resolved. The following concerns were identified: a. Review of the 6/5/12 urologist consultation showed the resident fell the previous week, but	F 315	F 315 Based on the resident's comprehensive assessment, the 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: A. Resident #40 will receive a complete assessment of her urinary incontinence. An appropriate treatment plan will be established based on this assessment. B. Residents admitted to the facility without a urinary catheter will not be catheterized unless the resident's clinical condition demonstrates that catheterization is necessary. C. The Director(s) of Nursing will review all the residents who currently have a urinary catheter to ensure that the catheter is clinically necessary. D. The Director(s) of Nursing will monitor that residents receive a complete urinary assessment and that a catheter is not placed unless it is clinically necessary.	

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F 316	Continued From page 3 did not break a hip. The urologist noted staff had checked for infections and post-void residuals before the Foley, and "all was normal." It was noted the resident had a history of recurrent urinary tract infections and was on on Keflex (antibiotic) daily. The urologist documented the resident had urinary frequency and anxiety, and "...Spoke to daughter. We think this was a behavior problem, not a Urologic problem." The plan was to "...Maintain Foley for now until [s/he] is more stable." There lacked evidence the catheter was used to treat a medical condition. In addition, there lacked criteria to determine when the resident was "stable"so that a plan for discontinuing the catheter could be made. b. Review of the 7/24/12 urinary incontinence CAA revealed the resident was treated for a urinary tract infection in June 2012. Review of a 7/17/12 laboratory report showed the resident had a positive urinalysis (UA), but the physician did not want to treat unless the resident was symptomatic. c. During an interview on 8/30/12 at 9:15 AM, DON #1 confirmed there lacked medical justification for the catheter and stated the catheter needed to be re-evaluated for possible discontinuation.	F 315	E. The Director(s) of Nursing will report at the Living Center quarterly PI meeting the number of residents with urinary catheters and the justification for continued use.	10/12/2012