Approved 10/30/12. Notified Jean Chance, NHA at 1:45 pm Linda Brown RN 10/31/12

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

OCT 26 2012

PRINTED: 10/17/2012
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
	535049	A. BUILDING _____ B. WING _____	C 10/03/2012

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 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of tracking worksheets, the facility failed to ensure an effective bowel management program was in place for 1 of 6 sample residents (#1). The findings were: Review of the September 2012 monthly bowel report for resident #1 showed s/he had no bowel movement from 9/21/12 through 9/27/12 (seven days). Review of the revised September 2012 physician's standing orders for this resident showed "For intermittent constipation: ....may give 2 tablespoons of Milk of Magnesia with 6-8 oz liquid on the third (3rd) day of no bowel movement as needed. May give Dulcolax suppository on the fourth (4th) day if no BM [bowel movement] PRN [as needed]. If MOM [Milk of Magnesia] and Dulcolax are unsuccessful, may give one Fleets enema..." The following concerns with bowel management were identified: a. Review of the September 2012 MAR showed no evidence MOM was administered on day three or Dulcolax suppository on day four as ordered. Review of the 9/25/12 daily BM tracking	F 309	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 provision of the state and federal law. For the purposes of any allegation 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. 1. Resident #1 continues to exhibit intermittent constipation. Interventions have been followed and documented on the Medication Administration Record (MAR) per physician ordered bowel protocol: 2 tablespoons of Milk of Magnesia with 6-8 oz liquid on the third day of no bowel movement as needed, may give Dulcolax suppository on the fourth day if no bowel movement (BM) as needed. If Milk of Magnesia and Dulcolax suppository are unsuccessful, may give fleets enema. 2. All resident last 7 day BM tracking records will be audited by the unit managers on 10/29/12. If a resident had not had a bowel movement by day two, the physician ordered bowel protocol was implemented on day three. 3. Certified Nursing Assistants (CNA) will be in-serviced regarding CNA resident BM documentation in the facility electronic RITA system. Licensed night staff will be in-serviced on their responsibilities for RITA 7 Day BM look back review and the licensed day nurses will be in-serviced on their responsibilities for	11/14/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Executive Director	10/26/12

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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F 309	Continued From page 1 form, a worksheet kept at the nursing station for an undetermined period of time but not a permanent part of the medical record, showed the resident was administered a Dulcolax suppository on day five (9/25/12). However, review of the medical record showed there were no results from this suppository and review of the September 2012 MAR showed no evidence the medication was administered. b. Review of the September 2012 MAR showed the resident was administered a Dulcolax suppository on 9/28/12 which was effective the same day as administered. Nonetheless, the resident was without a bowel movement for seven days. During an interview with the DON on 10/3/12 at 10:35 AM, she verified the bowel protocol was not followed for this resident as it should have been.	F 309	implementing the bowel protocol. Licensed staff will also be educated regarding following physician orders for constipation and documenting interventions on the MAR. These in-services and education will be completed by 11/02/12. 4. Daily for the next 90 days, resident RITA 7 day look back BM tracking will be audited by the licensed staff. If a resident has not had a bowel movement by day two, the physician ordered bowel movement protocol will be implemented on day three. Unit Managers or designee will audit the MAR daily for the next 90 days for appropriate constipation intervention documentation. 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. The results of the resident RITA 7 day look back BM tracking audits and MAR constipation intervention documentation audits will be reported to the Performance Improvement Committee by the DON monthly for the next 90 days or until the PI Committee determines substantial compliance has been achieved.	

Life Care Center of Casper

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FAX

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Fax: 307/777-7127 Pages: 3

Phone: Date: 10/26/12

Re: POC CC:

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