POC accepted & Corrected 12/13/05

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

PRINTED: 11/29/2005
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
	53A043	A. BUILDING _____ B. WING _____	C 11/23/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	201 14TH ST WHEATLAND, WY 82201

(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 492 SS=B	483.75(b) ADMINISTRATION The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This REQUIREMENT is not met as evidenced by: Based on staff interviews, review of staffing schedules, and review of the posted number of staff available for resident care, the facility failed to comply with the 2000 Benefits Improvement Protection Act (BIPA, Federal law) which required accurate posting of the numbers of staff available to provide resident care. In addition, the numbers were not posted for the weekend. The findings were: During an interview on 11/23/05 at 6 PM, certified nurse aide (CNA) #3 stated the posted numbers of staff working was frequently incorrect as someone who arrived late would be counted for the entire shift. Comparison of the daily staffing sheets and the schedule with the posted numbers showed the numbers were incorrect for the evening shift on 10/5/05, 10/6/05, 10/7/05, 10/25/05, and 10/28/05. In addition, the posted numbers were missing for 10/8/05, 10/9/05, 10/15/05, 10/16/05, 10/22/05, 10/23/05, 10/29/05/ 10/30/05, 11/6/05, 11/6/05, 11/12/05, 11/13/05, 11/19/05, 11/20/05, and 11/21/05. On 11/23/05 at 7:30 PM, the chief nursing officer (CNO) confirmed the BIPA numbers were incorrect. The CNO stated the long term care secretary posted the numbers of staff working each shift at the beginning of the day. The CNO	F 492	This Plan of Correction constitutes our allegation of compliance. F 492 The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. To ensure that the number of staff directly responsible for resident care is accurately posted every shift, a report sheet will be initiated by the Charge Nurse on the day shift. This report will be posted every day and updated each shift as needed. Each nurse will sign off on the report to verify the correct number of staff available at all times. The Resident Care Manager will review these reports weekly for a time period of six months to ensure compliance with Federal, State, and local laws. Nursing staff will be educated on the process Monday, December 12, 2005. Nursing minutes will be kept and staff not attending this meeting will be brought up to date by the Resident Care Manager. Reports will be kept for one year in the administration office. will be monitored through improving organization performance process.	12/14/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah Lockman | TITLE: CNO | (X6) DATE: 12/13/05

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. Changes made per phone on 12/13/05 @ 1130 with Ken Fisher, CEO. Janette Gordon, RN BSN

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F 492	Continued From page 1 further stated the numbers were not changed if staff called off after the secretary left for the day. In addition, the CNO reported no one posted the number of staff who worked on the weekend.	F 492		