STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING _____ B. WING _____	02/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WYO HEALTHCARE & REHABILITATION CTR	542 18TH STREET RAWLINS, WY 82301

(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	F 000	*This Plan of Correction is the center's credible allegation of compliance.* *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.*	
F 278 SS=C	The following common abbreviations are used throughout this document: DON- Director of Nursing LPN- Licensed Practical Nurse MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency. 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a	F 278	F 278 ASSESSMENT ACCURACY/COORDINATION/ CERTIFIED Residents # 6, #8, #12, #15, #24, #27, #28, #30, #33, #35, #36, #49 have had subsequent MDS Assessments completed with Section Z0500 A and B signed the day proceeding the ARD date. Resident #33 had an Annual MDS Assessment dated 3/12/2011 which reflects an accurate assessment in sections B and D during the full assessment period. An audit of current MDS assessments was done by the MDS Coordinator to determine the date the assessment was signed by the IDT. The audit was presented to the Performance Improvement (PI) Committee 03/16/11. No corrective action was needed at that time. The MDS Assessments completed going forward will have signatures in section Z0500 A and B with a date after the Assessment Reference Date (ARD) to provide an assessment that includes the entire assessment of the resident during the assessment reference period.	3/20/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 4/8/11

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.

RECEIVED
Wyoming Dept of Health

APR 08 2011

Office of Healthcare Licensing and Surveys

4/8/11 10AM POC accepted & additions per telephone call & Tony Janusa, administrator

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	535036 SH 4/6/11	A. BUILDING _____ B. WING _____	02/25/2011

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F 278	Continued From page 1 material and false statement. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to ensure the complete time frame for review, based on the assessment reference date (ARD), was met for 12 of 12 sample residents (#6, #8, #12 #15, #24, #27, #28, #30, #33, #35, #36, #49). In addition, the facility failed to ensure MDS assessments were accurate for 1 of 12 (#33) sample residents. The findings were: 1. Review of the most recent MDS assessments for the following twelve residents #6, #8, #12, #15, #24, #27, #28, #30, #33, #35, #36, and #49 showed sections Z0500 A and B on all twelve assessments were signed the same day as the ARD. Therefore, the assessment was completed prior to the end of the ARD date, which ends at midnight on the stated date. Interview with the MDS coordinator on 2/24/11 at 4 PM revealed she misunderstood the directions in regard to this section. 2. Review of the 2/3/11 quarterly MDS assessment for resident #33 showed s/he was assessed in section B0700 as "usually understood," and as "usually understands" in section B0800. However, review of section D0100 "Should Resident Mood Interview be Conducted?" revealed that section was coded as "No (resident is rarely/never understood)." Interview with the social services director on 2/24/11 at 10:37 AM revealed the resident usually understands and is usually understood. However, she stated she felt the resident would not be able to understand the	F 278	Education is provided to the IDT regarding the MDS process, including dating, upon hire and as needed. The DNS or designee will audit the MDS Assessments monthly to determine if completion signature dates follow the RAI Manual guidelines. Based on the results of the audits, additional training for the IDT will be done. These audits will be done for three months and reported to the PI Committee for further review and commendations. The PI Committee will determine the frequency for ongoing monitoring. → all other sections SH F 282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN LPN #1 has been educated on the need to check physician orders and resident care plan prior to performing wound care by the DNS/SDC on 2/25/11 including resident #30. The Nursing staff was educated on 3/17/11 regarding same. The SDC and DNS have observed completion of dressing changes for residents in the facility (including resident #30) to determine if physician orders and Care Plan were followed. Based on these observations, education was done if needed. The results of the observations and any corrective actions were reported to the PI Committee at the meeting on 3/16/11. No further corrective actions was recommended.	3/20/11

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F 278	Continued From page 2 Interview questions in section D. Therefore, she stated that she had coded the resident as rarely/never understood, and a staff assessment was completed. In addition, according to the 9/2/10 admission MDS assessment, the resident weighed 160 pounds. Review of the "Resident Care System Weight History" showed the resident's weight was 149.1 pounds on 8/31/10. Interview with the MDS coordinator on 2/24/11 at 2:40 PM confirmed there was no documented weight of 160 pounds for the resident. On 2/24/11 at 2:49 PM the corporate registered dietitian said the 160 pounds "must have been entered wrong."	F 278	Dressing changes and treatment regimens are ordered by the resident's physician. The nurse checks the order and Care Plan prior to providing treatment. The treatment is administered per the physician order and matching Care Plan. Education regarding following physician orders and Care Plans for treatments and observations of dressing changes are done for nurses upon hire and as needed.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure staff followed the care plan for 1 of 11 sample residents (#30). The findings were: Review of the 1/14/11 care plan for resident #30 showed an intervention to "Perform wound treatment per physician orders...." Refer to Federal citation F309 for details regarding the observation on 2/23/11 at 3 PM, which showed staff did not follow the physician's orders as instructed on the care plan.	F 282	The SDC or designee will observe four nursing staff during completion of wound care monthly (including resident #30) for three months to verify the care plan and physician orders are being followed. Based on the results of the observations, additional training will be done. The results and any corrective actions will be presented to PI Committee for review and further recommendations. This will be done monthly for three months and the re-evaluated. The PI Committee will determine the frequency of ongoing monitoring.	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	F 309	F 309 PROVIDE CARE/ SERVICES FOR HIGHEST WELL BEING LPN #1 has been educated on the need to check physician orders and resident care plan prior to performing wound care by the DNS/SDC on 2/25/11. The Nursing staff was educated on 3/17/11 regarding same.	3/20/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Continued From page 3 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 observation, staff interview, and medical record review, the facility failed to ensure staff provided the prescribed wound care for 1 of 2 (#30) sample residents who required wound care. The findings were: Review of the physician and nursing notes for resident #30 showed s/he had a wound on his/her left ankle. Observation of the dressing change by LPN #1 on 2/23/11 at 3 PM showed she removed the dry dressing and then placed a new dressing on the ankle. Review of the physician's orders written on 2/22/11 showed directions to cleanse the wound with "Sea Cleanse" and apply a dry 2 X 2 dressing daily and as needed. Observation showed the LPN did not cleanse the wound as ordered. Interview with the infection control nurse and DON on 2/24/11 at 4:20 PM and with LPN #1 on 2/24/11 at 4 PM, confirmed the wound needed to be cleansed as ordered. The LPN also stated she was unaware of the change in the physician's orders, but should have known.	F 309	The SDC and DNS have observed completion of dressing changes for residents in the facility (including resident #30) to determine if physician orders followed. Based on these observations, education was done if needed. The results of the observations and any corrective actions were reported to the PI Committee at the meeting on 3/16/11. No further corrective actions was recommended. Dressing changes and treatment regimens are ordered by the resident's physician. The nurse checks the order prior to providing treatment to review the order. The treatment is administered per the physician order. Education regarding following physician orders for treatments and observations of dressing changes are done for nurses upon hire and as needed. The SDC or designee will observe four nursing staff during completion of wound care (including resident #30) monthly for three months to verify the care plan and physician orders are being followed. Based on the results of the observations, additional training will be done. The results and any corrective actions will be presented to PI Committee for review and further recommendations. This will be done monthly for three months and the re-evaluated. The PI Committee will determine the frequency of ongoing monitoring.	