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| SOUTH LINCOLN NURSING CENTER | 711 ONYX STREET KEMMERER, WY 83101 |

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| F 159 SS=D | 483.10(c)(2)-(5) PROTECTION OF RESIDENT FUNDS<br><br>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.<br><br>The facility must deposit any resident's personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)<br><br>The facility must maintain a resident's personal funds that do not exceed $50 in a non-interest bearing account, interest-bearing account, or petty cash fund.<br><br>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.<br><br>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.<br><br>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.<br><br>The facility must notify each resident that receives Medicaid benefits when the amount in the | F 159 | | 4/25/06 |

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

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 159 | Continued From page 1<br>resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on review of resident trust account information, staff interview, and family interview, the facility failed to ensure quarterly statement information was given to residents and/or the resident's representative for two (#15, #18) of two residents with trust accounts. In addition, one resident's (#15) family was not informed the trust account amount was over the social security insurance (SSI) resource limit. The findings were:<br><br>Interview on 3/7/06 at 7:30 PM with a family member for resident #15 revealed the resident had a trust account. Further interview revealed the family never received a quarterly statement and had no knowledge of the amount in the account. The family member confirmed that he/she was the responsible party to receive the statement information. Review of resident account information was done on 3/8/06 at 9:50 AM. Interview at that time with the chief financial officer (CFO) revealed only two residents, #15 and #18 had trust accounts. The CFO stated quarterly statements were not sent to anyone. Further review of the account information revealed resident #15 had funds totaling $2,223.27 which was over the current SSI resource limit of $2000.00. The CFO confirmed | F 159 | | |

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| F 159 | Continued From page 2<br>resident #15 was a Medicaid recipient and the limit applied to the resident. | F 159 | | |
| F 278 SS=E | 483.20(g) - (j) RESIDENT ASSESSMENT<br><br>The assessment must accurately reflect the resident's status.<br><br>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.<br><br>A registered nurse must sign and certify that the assessment is completed.<br><br>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.<br><br>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.<br><br>Clinical disagreement does not constitute a material and false statement.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and staff interview, the facility failed to ensure all resident assessments occurred within the observation | F 278 | | 4/13/06 |

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| F 278 | Continued From page 3<br>period for the assessment reference date (ARD) for three (#3, #12, #16,) of nine open sample residents. In addition, four (#7, #8, #9, and #15) of nine open sample residents had assessments completed prior to the assessment reference date. The findings were:<br><br>According to the instruction manual, titled "Long-Term Care Facility Resident Assessment Instrument [RAI] User's Manual, Version 2.0," facilities are required to assess residents at admission, quarterly, annually and whenever the resident experiences a significant change in status or the facility identifies a significant error in the prior status of a resident (pg. 2-1). The manual instructs users to set an observation period with an end date, an ARD, to provide an end point for all team members participating in the assessment. The ARD is the last day of the observation period and controls what care and services are captured on the minimum data set assessments (MDS). The manual further instructs that the ARD is the reference date used for those assessment sections which require longer look back periods than seven days; but, for those sections that require the 7-day period, the ARD is the seventh day of the the observation period (pg. 3-29). The manual cited section K, oral/nutritional status, as a section that only requires a seven day look back period for oral problems, nutritional problems and approaches, and parenteral/enteral intake. The section does permit a 30 day look back period for height and weight and specific instructions for review of weigh gain/loss over time (pg. 3-149). Review of resident medical records revealed section K was completed prior to the end of the observational period for some residents, and some residents | F 278 | | |

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| F 278 | Continued From page 4<br>had assessments completed prior to the established observation assessment period.<br><br>The following residents had assessments completed prior to the established seven day assessment period for section K:<br>1. Review of the medical record for resident #16 revealed an annual RAI with a completion signature date, section 'Vb2', of 2/3/06. The ARD listed for the end of the assessment period was 1/29/06. Review of section AA9 revealed the signatures of the staff completing each section of the annual assessment. Further review revealed section K, oral/nutritional status, was completed on 1/16/06, six days prior to start of the seven day assessment period. Further review of the medical record revealed nurses' notes which document the resident had tooth extractions on 1/19/06, which was information not captured in the dietary assessment information completed on 1/16/06. In addition, nurses' notes documented that on 1/23/06 and 1/24/06 the resident experienced severe constipation related to pain medications he/she received for the tooth extractions. The notes also documented a decrease in oral intake. The dietary assessment did not capture this information even though it occurred during the seven day assessment period and prior to the ARD date of 1/29/06.<br>2. Review of the medical record for resident #3 revealed an annual assessment with a 'Vb2' of 12/20/05 and ARD of 12/19/05. Review of section AA9 revealed section K, oral/nutritional status, was completed on 12/7/05, five days prior to the beginning of the seven day assessment period.<br>3. Review of the medical record for resident #12 revealed a 1/17/06 annual MDS assessment, with an ARD of 1/15/06. Review of section AA9 | F 278 | | |

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| F 278 | Continued From page 5<br>showed section K. oral/nutritional status, was completed on 1/4/06, one week prior to the beginning of the seven day observation period for items K1, K4, K5 and K6. In addition, the documented weight in section K2B was 131 pounds; however, the resident's most recent weight prior to the ARD was 131.8 pounds on 1/9/06. Therefore, the rounded weight of 132 pounds should have been coded on the MDS.<br><br>In addition, review of the medical records revealed the following residents had assessments completed prior to the end of the seven day ARD observation period for section K:<br>1. Review of the medical record for resident #7 revealed the resident's most recent assessment was a quarterly assessment with a completion signature date, section R2b, of 1/3/06. Assessment review revealed the ARD was 1/1/06. Yet, review of section AA9 showed the signed completion of section K occurred on 12/22/05, two days prior to the start of the assessment period. Further review revealed the most recent full RAI was a significant change assessment completed on 10/10/05. Review of the assessment revealed an ARD of 10/5/05. Review of the signatures for staff completing each section revealed section K was completed on 10/4/05, one day prior to the end of the assessment observation period.<br>2. Review of the medical record for resident #8 revealed a 11/14/05 quarterly MDS assessment, with an ARD of 11/13/05. Review of section AA9 showed section K oral/nutritional status, was completed on 11/9/05, five days prior to the end of the ARD.<br>3. Review of the medical record for resident #9 revealed a 11/9/05 significant change MDS | F 278 | | |

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| F 278 | Continued From page 6<br>assessment, with an ARD of 11/6/05. Review of section AA9 showed section K oral/nutritional status, was completed on 11/2/05, five days prior to the end of the ARD.<br>4. Review of the medical record for resident #15 revealed the resident's most recent assessment was a annual RAI assessment with a completion signature date, section 'Vb2', of 1/10/06. Further assessment review revealed the ARD was 1/9/06. Review of the signature section, AA9, revealed section K was signed as completed on 1/4/06, five days prior to the end of the assessment observation period.<br><br>Interview on 3/7/06 at 11:30 AM with the registered dietitian who completed section K oral/nutritional status on the MDS confirmed the dates in section AA9 were the actual dates she completed the assessments. Interview with the MDS assessment coordinator on 3/8/06 at 2:45 PM revealed that any resident changes in the areas captured in section K that may occur after the dietitian completed the assessment, but prior to the ARD, would not be coded on the MDS assessment. | F 278 | | |
| F 363 SS=D | 483.35(c) MENUS AND NUTRITIONAL ADEQUACY<br><br>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.<br><br>This REQUIREMENT is not met as evidenced by: | F 363 | | 4/13/06 |

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| F 363 | Continued From page 7<br>Based on medical record review, observation, menu review, and staff interview, the facility failed to follow the menu for one of one resident (#15) who received a pureed diet. The findings were:<br><br>Medical record review for resident #15 showed a 6/8/05 physician's order for pureed foods. Review of the lunch menu for 3/8/06 revealed the the following items were to be pureed and served: ham, sweet potatoes, Italian vegetables, and banana split cheesecake. Observation on 3/8/06 at 11:55 AM revealed the resident was served pureed ham and vegetables. When questioned, cook #1 commented the sweet potatoes were not pureed because the resident refused food items orange in color. The cook further stated she forgot to puree the cheesecake.<br>Interview with the dietary manager on 3/8/06 at 4:05 PM confirmed the pureed menu should be followed. The dietary manager further commented that if a resident does not like a particular food item, a substitute should be pureed and served. | F 363 | | |
| F 371 SS=F | 483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE<br><br>The facility must store, prepare, distribute, and serve food under sanitary conditions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and policy and procedure review, the facility failed to assure food was prepared and stored under sanitary conditions. In addition, utensils were not correctly sanitized. The findings were: | F 371 | | |

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| F 371 | Continued From page 8<br><br>1. Interview with the dietary manager on 3/8/06 at 9:50 AM revealed the facility hosted a monthly family potluck dinner. Both residents and families participated in the event. The facility usually prepared the main dish and family members would bring salads and desserts. The dietary manager further commented that "occasionally" casseroles prepared by family members were brought into the kitchen to be reheated. Review of the 6/11/04 facility policy titled, "Food From Outside Resources" revealed, "Food items brought in by friends or family members will not enter the kitchen for any type of preparation (ie; reheating, or any preparation using kitchen equipment)."<br>When further questioned in regard to food handling, the dietary manager said the facility did not provide examples of food items considered safe to bring to a potluck dinner, or a list of potentially hazardous foods that should not be served. In addition guidelines for safe food handling such as cleanliness, maintaining hot and cold food temperatures, and transportation of food were not provided to the families.<br><br>2. Observation and interview with dietary aide #1 on 3/8/06 at 11:30 AM, revealed she was utilizing the three compartment sink for utensils not washed in the dish machine. On two occasions, the aide briefly submerged the items in the third sink containing a sanitizing solution of quaternary ammonium. Review of the posted instructions above the three compartment sink revealed items must remain in the sanitizer for one minute. Interview with the dietary manager on 3/8/06 at 4:10 PM confirmed the one minute contact time for proper sanitizing. | F 371 | | |

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| F 371 | Continued From page 9<br><br>3. The following concerns were noted with the storage of refrigerated and frozen food:<br>a. Observation on 3/8/06 at 4:05 PM revealed two cartons of milk dated 3/5/06 and three undated plastic bags of sliced cheese in the dining room reach-in refrigerator. Interview with the dietary manager at that time revealed the facility's policy was to discard the milk on the same day as the date on the carton. The dietary manager further commented there should be a date on each of the plastic bags.<br>b. Observation on 3/8/06 at 4:05 PM revealed a cup containing raspberries in the dining room reach-in freezer. The raspberries were not covered, appeared wrinkled and dried-out, and no date was on the cup. Interview with the dietary manager at that time revealed the raspberries should be covered and dated. Observation of the bottom of the freezer revealed multiple pieces of food debris and three areas of frozen, melted ice cream. Further interview with the dietary manager revealed the freezer was scheduled to be cleaned weekly, "but it doesn't look like it was done." According to the facility's 8/25/05 policy titled Refrigerated Storage, "Opened, and unused portions of foods should be stored, in clean reusable containers, labeled and dated to assure they will be used first."<br>c. Observation on 3/8/06 at 9:25 AM revealed a one-half inch build-up of frost and ice on each of the four inside walls of the chest freezer. Interview with the dietary manager on 3/8/06 at 4:55 PM revealed the frost build-up was an ongoing problem, and the unit was defrosted as recently as 2/18/06. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-307-.11: Food Storage. Except | F 371 | | |

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| F 371 | Continued From page 10<br>as specified in (B) and (C) of this section, food shall be protected from contamination from storing the food: (2) where it is not exposed to splash, dust, or other contamination.<br><br>4. Observation on 3/6/06 at 4:18 PM revealed a heavy accumulation of dust beads in the ventilation ducts on both sides of the ice machine. The dust beads were observed to move with the air flow. Periodic observations on 3/8/06 and 3/9/06 revealed a tall metal cart containing resident meal trays stored directly next to the right side of the machine. In addition, a small scoop was attached to the right side of the ice machine immediately below and to the left of the ventilation duct. Interview with the dietary manager on 3/8/06 at 4:30 PM confirmed the cart is always stored next to the ice machine. Further interview with the dietary manager on 3/9/06 at 10:50 AM confirmed the scoop was used by staff to retrieve small quantities of ice. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-307-.11: Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306.<br><br>5. Observation on 3/6/06 at 4:15 PM and 3/8/06 at 9:20 AM revealed a scoop was stored inside each of the sugar and flour bins. The scoop handles were in contact with the flour and sugar. Interview with the dietary manger on 3/8/06 at 4:10 PM revealed the scoops were typically left inside the bins. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-304-.12: In-Use Utensils, Between-Use Storage: During pauses in food | F 371 | | |

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| F 371 | Continued From page 11<br>preparation or dispensing, utensils shall be stored: (B) In food that is not potentially hazardous with their handles above the top of the food within containers that can be closed, such as bins of sugar, four, or cinnamon. | F 371 | | |