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

PRINTED: 05/28/2013
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
	535024	A. BUILDING _____ B. WING _____	C 06/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR 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 staff interview and medical record review, the facility failed to ensure timely treatment related to constipation for 1 of 6 sample residents (#100) with constipation. The findings were: Review of the medical record face sheet for resident #100 showed s/he was admitted to the facility on 5/9/13 for rehabilitation from a leg surgery. Review of the 5/9/13 nursing admission assessment showed the resident was constipated and had not had a bowel movement since 5/1/13. Review of the admission physician orders dated 5/9/13 showed the resident had Colace 100 mg capsule twice daily and Miralax 17 gram powder packet ordered as needed for constipation. Review of the facility bowel protocol dated 10/24/12 showed "If your resident has had no documented bowel movement for three days: 1. administer any PRN [as needed] medications already ordered; If none are ordered, then, 2. Notify physician and obtain order to begin bowel protocol. 3. Give 30 ml Milk of Magnesia, by mouth, at bedtime on third day with no bowel movement. If no bowel movement the next day	F 309	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 the 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. This plan of correction is the facility's allegation of compliance. F 309 It is the practice of the facility to ensure each resident receives and the facility provides 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. Corrective Action Resident #100 was discharged from the facility. No immediate corrective action could be taken. Identification of Others Current residents with a history of constipation have the potential to be affected.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa J. Ralph — TITLE: Administrator — (X6) DATE: 7/2/2013

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. Call to Teresa Ralph, Administrator on 7/5/13 @ 1:54 p.m.

Janice Sorlie, ONEL

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING _____ B. WING _____	C 06/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4805 S POPLAR CASPER, WY 82601

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F 309	Continued From page 1 then, 4, Give Dulcolax (Bisacodyl) 5 mg by mouth. If no bowel movement by the next day then, 5, Give Dulcolax (bisacodyl) 10 mg per rectum. If still no bowel movement, notify physician." The following concerns were identified with treatment of the resident's condition: a. Review of the May 2013 medication administration record (MAR) showed the resident did not have any orders for or receive any Milk of Magnesia, also the resident had orders for Miralax as needed; however, the MAR showed it was not administered. b. Review of the nurse's notes on 5/9/13 timed at 8:10 PM showed the resident had constipation, had not had a bowel movement since 5/1/13, and had hypoactive bowel sounds and had passed gas. The daily 5/11/13, 5/12/13, 5/13/13 at 11:40 PM, 5/13/13 at 7 PM, nursing notes showed a check marked box indicating the resident had bowel movements at least every three days. These notes failed to address the resident's unresolved constipation. c. Review of the electronic bowel tracking flow sheet for this resident showed there were no bowel movements from 5/9/13 to 5/14/13. d. Review of the May 2013 MAR showed on 5/14/13 there was an order received and administered for a Fleets enema and Senna-S (a laxative) two daily. Review of nursing notes showed there was not a nursing note documented for 5/14/13; however, the 5/15/13 timed at 7 PM note showed the resident was given the Fleets enema and this did not resolve the condition. The note further showed digital removal of the bowel movement was done, and the resident was medicated for pain and anxiety with good effect.	F 309	**Systemic Changes** Implementation and education on facility bowel protocol done with all licensed nursing staff by Staff Development Coordinator/designee. DON/designee will monitor Care Tracker documentation to determine Residents at risk for constipation. DON/designee will conduct five random chart audits per week to assure nursing staff is following facility bowel protocols. Based on outcomes of review, additional in-service and corrective action will be taken as needed. **Monitoring** The DON/designee will report results of audits to the QAPI Committee each month for three months.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 309	Continued From page 2 e. Interview with the director of nursing on 6/12/13 at 10:40 AM revealed she was unsure why the bowel protocol was not followed and further verified the nursing documentation should have better addressed the constipation issues.	F 309		7/31/2013