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

PRINTED: 08/28/2013
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
	535048	A. BUILDING ____ B. WING ____	C 08/15/2013

RECEIVED
WY Dept of Health
SEP 0 5 2013
Healthcare Licensing and Surveys

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

(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 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and medical record review, the facility failed to ensure 1 of 3 (#38) sample residents with catheters had a comprehensive assessment to show the catheter was necessary. The findings were: Review of the medical record for resident #38 showed s/he was admitted on 5/15/13 with diagnoses that included cerebrovascular accident (CVA), transient ischemic attack (TIA), and intracerebral hemorrhage. The resident was being cared for by both the facility staff and Hospice care staff. Review of the 5/15/13 physician admission orders did not show orders for an indwelling catheter; however, the physician included the diagnosis of urinary retention. In addition, the admission orders showed the resident was being treated with amoxicillin following diagnosis of an urinary tract infection, this treatment was completed on 5/20/13. The following concerns were identified: a. Observation on 8/12/13 at 3:50 PM confirmed the resident had an indwelling catheter.	F 315	F 315 The facility will ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. a. Resident #38 did have an indwelling catheter and has had it since 2011, well before admission to DCC in 2012. b. Resident #38 and all other residents with indwelling catheters will have comprehensive assessment(s) for the continued use of indwelling catheter(s) as well deciding if the indwelling catheter should be continued or discontinued. c. Nursing staff will be in-serviced on the importance of comprehensive assessments and the continued use of indwelling catheters.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Admin. (X6) DATE 8/30/13

Changes made per phone call with Kelli Poffe, Administrator on 9/11/13 @ 3:30p.

POC accepted. [signature], OHLS

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F 315	Continued From page 1	F 315		
	b. Review of the medical record failed to show a comprehensive assessment for the continued use of the indwelling catheter. Review of the 6/18/13 physician progress notes showed the resident had the indwelling Foley catheter since 11/2011. However, there was no further rationale for continued use of the catheter. c. Interview with the DON on 8/16/13 at 9:30 AM verified the resident had the catheter on admission, and she was not aware of any attempts to discontinue the catheter for this resident.		F315 cont. d. All residents with indwelling catheters will be monitored on a quarterly basis to ensure that the comprehensive assessment has been done and reviewed to decide if the indwelling catheter should continue to be used or discontinued. Findings will be brought to QA on a monthly basis until resolved. jc	9/15/13
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to ensure staff consistently provided care in a safe manner for 1 of 4 sample residents (#51) who required assistance with transfers. The findings were: Review of the medical record for resident #51 revealed the resident fell at the facility on 7/29/13, was admitted to the hospital as a result of the fall and returned to the facility on 8/1/13. Review of the 7/29/13 diagnostic imaging report showed the resident had a "slightly displaced, subcapital, left	F 323	F 323 The facility will ensure that our resident's environment remains as free of accident hazards as is possible; and each of our residents receives adequate supervision and assistance devices to prevent accidents. a. CNA's 1 & 2 have been in-serviced on the correct way to transfer resident #51 by physical therapy. All nursing was in-serviced on the correct way to transfer resident #51 by physical therapy. All nursing staff will be in-serviced on all residents who have specific post-fall transfers.	

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F 323	Continued From page 2	F 323		

proximal femoral fracture." Review of the 8/1/13 facility readmission nursing notes showed the resident returned from the hospital with an "unrepaired" left hip fracture because the family and physician determined surgical intervention was not the best treatment. Review of the 8/1/13 physician's readmission orders revealed orders for pain medication, but additional instructions regarding therapy, positioning, and mobility were lacking. Review of the August 2013 medication administration records and nursing assessments showed the resident's pain was adequately managed with pain medications. However, the following concerns were identified regarding post-fall injury care and lack of consistent efforts to prevent additional injury and pain to the resident's injured hip during transfers.

a. On 8/13/13 at 9:15 AM, CNAs #1 & #2 were observed providing toileting assistance for the resident. During the observation the CNAs used a gait belt and instructed the resident to move himself/herself from the wheelchair to the bathroom commode by bearing weight on his/her left leg. The resident acknowledged s/he understood the instructions but continued to position his/her leg in a manner that avoided contact with the floor. The CNAs repeated the instructions, and the resident grimaced as s/he placed both feet on the floor but was unable to bear weight on the left leg. Later, the CNAs transferred the resident from the bathroom commode to the wheelchair and from the wheelchair to the bed. During observations of these transfers, the CNAs physically assisted and directed the resident in movements that did not lessen the risk of additional injury and pain to the resident's fractured hip.

b. Review of the August 2013 care plan showed it had not been revised to address

b. Resident #51 will have her care plan reviewed to address the post-fall injury care. All residents will have their care plans reviewed to address any post-fall injury that may be needed.

c. DCC will monitor all new admissions and re-admissions that we have the correct orders in a timely manner from admitting hospital and physician. This will be monitored monthly and brought to QA on a quarterly basis until resolved.

9/15/2013

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F 323	Continued From page 3	F 323		
	post-fall injury care. c. During an interview on 8/14/13 at 10:45 AM the physical therapy assistant acknowledge staff did not use the proper technique during the above observed transfers. She stated a therapy consult should have been completed when the resident was readmitted on 8/1/13, but it was not done until 8/9/13. She stated this evaluation included weight bearing restrictions and specific instructions on how to transfer the resident in a manner that decreased the risk of added injury and pain. She further stated there was a lack of communication among the physicians, hospital staff, and facility that resulted in the delayed therapy evaluation and subsequent delay in providing direct care staff with instructions on safe transfer techniques.			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and review of sanitation logs, the facility failed to ensure dish washing sanitation levels were effective during 1 of 3 observations. In addition, 1 of 1 ice machines were not maintained in a sanitary condition. The	F 371		

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F 371	Continued From page 4 findings were: 1. Observation of the dish machine sanitation log on 8/12/13 at 2:06 PM showed sanitation effectiveness was not consistently being recorded. Review of the log showed from 8/6/13 to 8/11/13 the machine was being tested once a day at the "dinner" meal. The last date the machine was tested for chemical concentration, as shown on the log, was 8/8/13. On that date, the machine was shown to be effective with the required sanitation concentration. The dish machine was a chlorine chemical sanitizing unit that used a 50 parts per million (ppm) chlorine solution to sanitize the dishware. At the time of observation, dietary aide #1 was beginning to do dishes from the lunch meal. She stated she had not tested the machine that day to see if it was sanitizing the dishes. The machine was run through a cycle and when tested the chlorine test strip showed less than 50 ppm. The test was re-done and verified by the dietary manager showing the chlorine concentration was approximately 10 ppm based on the test strips. At that time the dietary manager instructed the staff to use the 3 compartment sink until she could get the machine serviced. In addition, the dishes that had been already run through the machine were re-washed in the 3 compartment sink per the managers instructions. Interview with the dietary manager on 8/12/13 at 3:50 PM verified the chemical supplier was contacted and per their recommendation, the bucket of sanitizer was changed. Observation at that time showed the machine was sanitizing at an appropriate concentration of 50 ppm when tested. Additional review of the sanitizing log on 8/13/13 at 2:45 PM showed the machine was now	F 371	F 371 The facility will procure food from sources approved or considered satisfactory by Federal, State or local authorities and store, prepare, distribute and serve food under sanitary conditions. 1. The dish machine will be tested at the beginning of each cycle and recorded on the dish sanitation log to ensure that there is the 50 PPM chlorine solution to sanitize the dishware. a. Kitchen staff will be in-serviced on the importance of maintaining the log as well as ensuring that the dish machine is testing at 50 PPM. The dietary manager or designee will monitor the log on a weekly basis and bring to QA monthly until resolved. 2. The ice machine will be cleaned on a quarterly basis by Dietary Manager or designee. Kitchen staff will be in-serviced on the importance of cleaning equipment food-contact surfaces and utensils being cleaned to sight and touch. The cleaning of the ice machine will be documented on a quarterly basis and brought to QA on a quarterly basis until resolved.	9/15/13

of as needed to maintain cleanliness

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F 371	Continued From page 5	F 371		

being tested at each meal and a sanitizer test at that time confirmed the machine was operating effectively. Interview with the dietary manager on 8/14/13 at 10:50 AM verified the need to monitor the logs more closely and re-educate staff regarding the importance of testing the concentration of the dish machine.

2. Observation on 8/12/13 at 2:12 PM and on 8/14/13 at 10:50 PM showed the ice machine located in the main dining room was in need of cleaning. On the inside of the ice machine there was a white plastic piece where the ice, once made, fell down into the holding container. This white piece was soiled with an off-white/brownish substance. Interview with the dietary manager on 8/14/13 at 10:50 AM verified the machine needed to be cleaned and sanitized. She stated it was usually done on a quarterly schedule. Review of the ice machine cleaning and maintenance log showed it was last cleaned on 7/12/13. Previous to that the cleaning was done: 4/12/13, 9/16/11, 3/31/11. According to Food Code 2009, U.S. Public Health Service: 4-601.11 "(A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. 4-701.10 "Equipment food-contact surfaces and utensils shall be sanitized."

F 514 SS=E	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	F 514		

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

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F 514	Continued From page 6 The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on staff interview, medical record review and review of additional documents, the facility failed to ensure 4 of 14 sample residents (#32, #38, #42, #57) and 2 non-sample residents (#14, #22) records were complete and accessible. The findings were: 1. Review of the medical records for sample residents #32, #38, #42, and #57 and non-sample residents #14 and #22 revealed information was lacking which related to physician communications, orders, and updates. Interview with the DON on 8/13/13 at 4:30 PM revealed she and two of the physicians used phone text messaging to communicate resident specific information. The DON stated she transcribed the text communications into a electronic file for each of the residents. She verified these files were only accessible on her computer and not reviewed or authenticated by the physicians. Review of the DON's electronic files showed they contained information about the residents' medical care, and communications regarding the residents between herself and the physicians. The DON stated she shared the information with other nursing staff in meetings as needed, and the typed information had not been included in these residents' medical records.	F 514	F 514 The facility will maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible and systematically organized. The clinical record will contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the state; and progress notes. 1. Resident #32, #38, #42, #14, #22 and all other residents will have complete and accessible records. 2. DON will be in-serviced on the importance of communication with physician and documenting in the proper area of the chart and communicated to other nursing staff. 3. Any communication that is communicated through texts will be typed and placed in all residents records at the time of the texts. This will be reviewed on a monthly basis and brought to QA on a monthly basis until resolved.	9/15/13

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F 514	Continued From page 7	F 514		
	2. Telephone texts between the DON and two physician of the facility's provider staff, as transcribed by the DON, were reviewed on 8/14/13 and 8/15/13. A transcript concerning resident #57 included a note dated 8/1/13 attributed to the resident's attending physician. The note showed a decision to delay treatment for a positive screening test until "...the resident is symptomatic with pain or discomfort." However, there were no further notes, explanations, or criteria to clarify the symptomatic presentations that should trigger further communication with the physician, or prompt diagnosis and treatment for a UTI. The DON stated in interview on 8/14/13 at 3:20 PM her expectation that staff contact the physician if the resident's condition worsened. She acknowledged the text transcribe failed to include criteria to prompt intervention and confirmed there was no additional information in the resident's medical records or treatment documents to clarify for staff the physician's intent. The DON further acknowledged that the text transcripts were not included in the resident's medical record and there was no other documentation to confirm the physician's instructions.			
F 616 SS=E	483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS A facility may not release information that is resident-identifiable to the public. The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information	F 616		

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F 516	Continued From page 8	F 516	F 516	

except to the extent the facility itself is permitted to do so.

The facility must safeguard clinical record information against loss, destruction, or unauthorized use.

This REQUIREMENT is not met as evidenced by:
Based on staff interview, observation, medical record review, and review of additional documents, the facility failed to ensure 4 of 14 sample residents (#32, #38, #42, #67) and 2 non-sample resident (#14, #22) records were safeguarded against loss or unauthorized use. The findings were:

Review of the medical records for sample residents #32, #38, #42, and #67 and non sample residents #14, and #22 revealed information was lacking which related to physician communications, orders and various updates on conditions. Interview with the DON and administrator on 8/13/13 at 4:30 PM revealed the DON and two of the physicians used phone text messaging to relate resident specific information. The DON stated resident names were used in the text messages, and she transcribed the text communications into electronic files for each of the residents. She verified these files were only accessible on her computer and were not reviewed or authenticated by the physicians. The following concerns were identified with security:

a. In the interview, the DON and administrator were unaware of any policies and procedures related to this method of communication and security of the resident specific information.

b. During the interview on 8/13/13 at 4:30 PM

Douglas Care Center will not release information that is resident-identifiable to the public. The facility will release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent that DCC itself is permitted to do. DCC will safeguard clinical record information against loss, destruction or unauthorized use.

1. All residents including resident #'s 32, 38, 42, 57, 14 and 22 will be safeguarded against loss or unauthorized use.

a. There will be policies and procedures put in place regarding the method of communication and security of the resident specific information. Staff will be in serviced on the new policy and procedure.

b. DON and administrator will both have phones that are smart phone technology. The smart phone technology is automatically encrypted. The smart phones will be password protected and the passwords will not be known by any other person. The phones will also be put onto a separate business account through DCC.

9/15/13

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the DON's phone was observed and she verified the phone had no installed security applications. She further stated it was not the type of phone that could be equipped with web-based applications to ensure security when transmitting electronic protected health information.

c. Interview with the facility owner, administrator, and the DON on 8/14/13 at 9:30 AM verified the texting communications needed to be better safeguarded against loss or unauthorized use. The owner stated when he discussed security issues with the phone provider, they verified a different style of phone enabled with a password lock and smart technology for security applications would protect the information that may be stored on the phone. In addition, the owner verified the need to establish a procedure related to the sharing of resident's information in this manor.