

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		RECEIVED WY Dept of Health SEP 11 2013		PRINTED: 09/04/2013 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 835021		(X2) MULTIPLE CONSTRUCTION ambulatory and surveys	
NAME OF PROVIDER OR SUPPLIER WYOMING RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 890 US HWY 20 SOUTH BASIN, WY 82410			
(X4) IO PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	
F 271 85-D		483.20(a) ADMISSION PHYSICIAN ORDERS FOR IMMEDIATE CARE At the time each resident is admitted, the facility must have physician orders for the resident's immediate care. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure physician orders were available at the time of admission for 3 of 5 sample residents (#66, #70, #50). The findings were: 1. Review of the medical record showed resident #66 was admitted on 7/19/13. Review of the "physician's order sheet" dated 7/19/13 showed documentation related to admission, diet, therapy services, labs, and a handwritten note by a registered nurse (RN) regarding medications. However, further review showed there was no notation to indicate it was a telephone order from a physician, nor was there a physician signature on the page. 2. Review of the medical record showed resident #70 was admitted on 2/6/13. Review of the "physician's order sheet" dated 2/6/13 revealed information related to diet, code status, therapy, labs, and medications. However, further review showed no documentation to indicate it was a telephone order, nor was there a physician's signature on the page. 3. Review of the medical record revealed resident #50 was admitted on 2/12/13 at 11:40 AM. Review of a fax showed the facility faxed the physician orders to review on 2/12/13 at 12:00		F 271 The facility will have physician orders upon admission for the residents immediate care. <i>Res #66, #70, and #50 have current physician orders.</i> Prior to/at time of admission, the Charge nurse will complete admit orders per physician and discharging facilities instructions. The orders will be documented with the physician's acceptance of care at the time of admission. The facility will in-service our licensed nurses on the proper completion of physician admission orders on September 17th and 18th to make sure each nurse understands our procedures. The Nurse Manager, or designee will monitor the admissions orders to make sure the acceptance of care and new orders have been documented properly. The Nurse Manager, or designee will report to the Quality Assurance Committee compliance with this requirement monthly until compliance is demonstrated.	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>					
TITLE <i>Admission</i>					
DATE 9/11/2013					

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.

NOHA CMS-2567 (02-99) Previous Versions Obsolete

Event ID: XSFU11

Facility ID: WY0030

If continuation sheet Page 1 of 2

Changed note per phone call with Richard Dorkley, Administrator

on 9/13/13 @ 9:39am. POC accepted.

James Cati, OPLC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/04/2013
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/20/2013
NAME OF PROVIDER OR SUPPLIER WYOMING RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 800 US HWY 20 SOUTH BASIN, WY 82410		
(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 271	Continued From page 1 PM. Further review showed the physician signed the orders and faxed them back to the facility at 4:54 PM (6 hours 14 minutes after admission). 4. During an interview on 8/20/13 at 3:50 PM, the director of nursing (DON) stated the facility did not always have written physician orders at the time of admission. She further agreed that the physician order sheets for residents #66 and #70 were technically not orders because it was not documented that they were telephone orders, not was there a physician signature. In addition, she confirmed the facility did not have orders at the time of admission for resident #60.	F 271	Continued from page 1 The QA Committee will determine future frequency of audits as compliance is demonstrated.	10/15/13	