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

PRINTED: 10/09/2013
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 _____ | 09/26/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST JOHN'S NURSING HOME | 625 EAST BROADWAY JACKSON, WY 83001 |

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| F 000 | INITIAL COMMENTS<br><br>The following common abbreviations are used throughout this document:<br><br>DON- Director of Nursing<br>MDS- Minimum Data Set<br>RD- Registered Dietitian<br><br>Less commonly used abbreviations will be annotated in each deficiency. | F 000 | | |
| F 241 SS=D | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY<br><br>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, menu review, and staff interview, the facility failed to maintain dignity during meals for 1 of 1 resident (#21) who received a pureed diet. The findings were:<br><br>Review of the menu for lunch on 9/25/13 revealed chicken enchiladas and a Baja vegetable mix was to be served. The following concerns were identified:<br>a. Observation in the kitchen during meal preparation on 9/25/13 from 10:50 AM until 11:40 AM revealed the vegetables were pureed for resident #21. However, the main meal (chicken enchiladas) was not prepared for the resident. Instead, cook #1 heated up a commercially packaged pre-formed plain chicken puree for the resident. During interviews on 9/25/13 at 11:26 | F 241 | 483.15(a) Dignity and respect of individuality. The facility will promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This will be accomplished by:<br>A. Resident #21 will, if possible, receive a similar meal that is pureed as residents on a regular diet.<br>B. The Registered Dietician and Food Service Manager will in-service the dietary staff to serve residents on puree diet the same or similar menu as the residents on a regular diet.<br>C. The RD and the restorative aides will monitor that residents who receive pureed diets have a similar meal as residents on a regular diet. If the resident does not get a similar meal, feedback will be given to the diet aide. | 11-10-13 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Weber RN MSN NHA | TITLE: Administrator | (X6) DATE: 10/18/13

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. Message left for Pat Weber, NHA on 10/25/13 @ 1:45 pm Janice Gorby RDLC

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| F 241 | Continued From page 1<br>AM and 11:26 AM cook #1 and dietary aide #1 both stated the facility usually used the commercially packaged pre-formed pureed meat for the main meal for resident #21.<br>b. Observation during the meal in the Central dining room on 9/25/13 at 11:55 AM revealed plates were dished up from the steam table in the dining room. There was a strong smell of enchiladas in the room. At 12:11 PM resident #21 was served his/her plate, which included the plain chicken puree with gravy on top.<br>c. During interviews on 9/25/13 at 3:25 PM and 9/26/13 at 8:30 AM the RD stated residents on a pureed diet should have a similar meal as residents on a regular diet. She stated the facility used to puree the main dish, but lately staff were using the commercially packaged pureed meats. She agreed the resident was missing out on the flavors and variety when the plain commercially packaged meat was routinely used. | F 241 | D. The RD and RA's will monitor and document compliance at a minimum of 7 per week for the next two months. This will be reported at the Living Center quarterly Performance Improvement Committee meeting by the RD. | |
| F 280 BS=D | 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP<br><br>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.<br><br>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's | F 280 | 483.20 (d) (3), 483.10(k) (2) Right to participate in planning care-revision of care plan. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the residents, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment. This will be accomplished by: | 11-10-13 |

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| F 280 | Continued From page 2<br>legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and staff interview, the facility failed to revise care plan interventions for 3 of 9 sample residents (#15, #36, #39). The findings were:<br><br>1. Review of the care plan for resident #39 showed the care plan interventions were last revised on 10/18/12. The care plan included interventions for nutritional deficits, pressure ulcer treatment, daily oxygen saturation rates, applying a toe guard, pre-surgery cataract care and specific urinary tract infection treatment. Observation of staff providing care for the resident on 9/23/13 from 3:30 PM to 6:30 PM and review of the medical record revealed staff did not implement these interventions. During an interview on 9/26/13 at 9:20 AM, DON #1 verified the care plan had not been revised since October 2012 and the above interventions were no longer effective and applicable for the resident's needs and condition. At that time she stated she had not done the care plan revisions as needed.<br><br>2. According to the 9/4/13 care plan for resident #36, the resident wore anti-embolus hose, staff were to monitor a wound on the resident's leg and apply a dressing every three days, staff were to instruct the resident to eat slowly and chew thoroughly, and staff were to provide smaller, more frequent meals. Intermittent observations of | F 280 | A. Residents # 15, #36, and #39 will have their care plans revised as needed by the interdisciplinary team to reflect the changes in the resident's condition.<br>B. The interdisciplinary team members are aware that care plans need to be reviewed and revised in a timely manner to reflect changes in the resident condition.<br>C. An audit will be completed on all Living Center residents to ensure that care plans have been revised to reflect changes in the resident condition. Care plans that do not reflect the resident's condition will be reported to the Director of Nursing and the care plan will be revised in a timely manner to reflect the resident's condition.<br>D. An audit will be conducted concurrently at the quarterly care conference to ensure that care plans are revised to reflect the resident's current condition. The results of this audit will be reported at the Living Center quarterly Performance Improvement Committee by the Directors of Nursing. | |

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| F 280 | Continued From page 3<br>staff providing care for the resident on 9/24/13 from 8 AM to 4 PM revealed the resident did not wear anti-embolus hose, did not have a wound on the leg, staff did not give verbal cues about eating and chewing, and smaller more frequent meals were not provided for this resident. Review of the medical record and interview on 9/26/13 at 9:20 AM with DON #1 revealed the care plan interventions were not appropriate and needed to be revised to reflect the changes in the resident's condition.<br><br>3. Review of the 9/10/13 care plan of resident #16 showed the resident had a wound vac and a peripherally inserted central catheter (PICC) for intravenous infusion. This review also showed the resident received intravenous antibiotic therapy and prescribed dressing changes for a surgery site. Review of the medical record and observations of staff performing dressing changes on the resident's surgery site on 9/26/13 at 7 AM revealed the above care plan interventions were not applicable to resident's current needs and condition. On 9/26/13 at 9:20 AM DON #1 verified the wound vac, PICC, intravenous antibiotic therapy, and the surgery site treatment as written in the care plan were past interventions that were no longer applicable. | F 280 | | |
| F 282 SS=D | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br><br>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br><br>This REQUIREMENT is not met as evidenced | F 282 | 483.20(k) (3) (ii) Services by Qualified Persons/per Care Plan. The services provided by qualified persons in accordance with each resident's written plan of care. This will be accomplished by: | 11-10-13 |

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| F 282 | Continued From page 4<br>by:<br>Based on medical record review and staff interview, the facility failed to ensure staff followed the care plan for 2 of 9 sample residents (#15, #29). The findings were:<br><br>1. Review of the 9/9/13 care plan for resident #15 revealed staff were to evaluate the effectiveness of pain interventions. Interview with DONs #1 and #2 on 9/25/13 at 4 PM revealed the facility's system for following this part of the care plan was to document the information on the PRN (as needed) medications administered and medications not administered form each time a PRN pain medication was administered. Review of the form for October and September 2013 showed the lack of documentation regarding the effectiveness of the following pain medications:<br>a. Lortab 5/325 milligrams (mg) administered on 8/20/13 at 1:30 PM, on 8/21/13 at 9:30 AM, and on 8/22/13 at 4:40 AM and 9 PM.<br>b. Tylenol 650 mg administered on 9/14/13 at 4:35 AM and on 9/18/13 at 9 AM.<br>c. Vicodin 5/325 mg administered on 9/13/13 at 6:30 AM, on 9/19/13 at 2:55 PM, and on 9/22/13 at 1:30 PM.<br><br>2. Review of the 9/24/13 care plan for resident #29 revealed staff were to assess the characteristic of the resident's pain, location, severity on a scale of 1 to 10, the type and frequency of the pain, precipitating factors, and relief factors. Interview with DONs #1 and #2 on 9/25/13 at 4 PM revealed the facility's system for following this part of the care plan was to document the information on the PRN (as needed) medications administered and medications not administered form each time a PRN pain medication was administered. Review | F 282 | A. Residents #2 and #29 will have effectiveness of pain medications documented on the Medication Administration Record (MAR).<br>B. All nurses received a communication from the NHA about the standards to document the effectiveness of pain medications on the MAR. The nurses will also be required to review the policy on pain management and documentation.<br>C. A monthly audit will be completed on a minimum of 15 residents each month to determine compliance with documentation of the effectiveness of pain medications on the MAR. Feedback will be given to individual nurses as appropriate if a trend is noted.<br>D. The results of these chart audits will be reviewed at the Living Center quarterly PI committee meeting by the NHA. | |

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| F 282 | Continued From page 5<br>of the form for September 2013 showed the lack of documentation regarding the effectiveness of two Lortab pills that were administered for pain on the following dates:<br>a. On 9/2/13 at 1 AM<br>b. On 9/3/13 at 2:45 AM<br>c. On 9/4/13 at 3:50 AM<br>d. On 9/8/13 at 2:10 PM<br>e. On 9/11/13 at 6:40 AM<br>f. On 9/12/13 at 6 AM<br>g. On 9/22/13 at 4:30 AM<br>h. On 9/25/13 at 10 AM. | F 282 | | |
| F 325 SS=D | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, medical record review and staff interview, the facility failed to ensure 1 of 2 (#36) residents with weight loss received the monitoring and assistance needed to maintain stable weight. The findings were:<br><br>Review of the 9/1/13 quarterly MDS assessment for resident #36 showed the resident had severe | F 325 | 483.25(i) Maintain nutrition status unless unavoidable. Based on a resident's comprehensive assessment, the facility must ensure that a resident- (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.<br>This will be accomplished by:<br>A. Resident #36 will receive the verbal cuing and supplements as noted on the resident's plan of care. All supplements will be documented on the diet intake form or on the CNA charting form. | 11-10-13 |

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| F 325 | Continued From page 6<br>cognitive impairment, required assistance with eating and had weight loss. Review of the 9/4/13 care plan showed staff were directed to monitor overall intake at mealtime, provide verbal cues every meal, provide supplements as ordered, and weigh monthly. Review of the 2013 weight graphic chart showed the resident's weight was documented weekly during the months of March and April 2013, then the interval for weighing the resident changed to monthly due to weight stabilization. This review showed the resident's weight was recorded as follows: 94.4 pounds on 3/21/13, 94.4 pounds on 3/26/13, 96.2 pounds on 3/31/13, 86.6 pounds on 4/8/13, 84.6 pounds on 4/16/13, 84.4 pounds on 4/21/13, 86.7 pounds on 4/30/13, 86.6 pounds on 5/2/13, 84 pounds on 6/7/13, 83 pounds on 7/7/13, 83 pounds on 8/7/13 and 82.9 pounds on 9/11/13.<br><br>Observation on 9/23/13 from 5 PM to 6:40 PM during the evening meal revealed the resident did not receive a supplement. Observation of lunch on 9/26/13 from 11:30 AM to 12:35 PM showed the resident did not receive a supplement, nor did staff provide verbal cues. Review of the daily intake record showed the resident received protein supplements every meal in August 2013, but not for every meal in September 2013. Review of the September 2013 daily intake records showed the resident received the supplements each day with breakfast, one time with the evening meal, and at no time during lunch. Review of the food consumption records, CNA activities of daily living documentation and treatment records showed no evidence the resident received additional nutritional supplements during that time. Interview with the DONs #1 and #2 on 9/26/13 at 4:15 PM revealed the resident should receive a nutritional | F 325 | B. The Nutrition at Risk Committee (NAR) will review all resident care plans for maintaining nutritional status. Changes in the plan of care will be made based on the comprehensive assessment.<br>C. The Staff Development nurse will provide a staff in-service on following the care plan; offering assistance at meals; and documentation of supplements.<br>D. The Staff Development nurse will monitor that staff are following the care plan to ensure that residents are receiving the assistance and dietary supplements as appropriate.<br>E. The Staff Development Nurse and the Registered Dietician will audit the records of residents receiving supplements to ensure that supplements are given and are documented.<br>F. The results of the dining room observations and the chart audit for supplements will be reviewed at the Living Center quarterly PI meeting by the Registered Dietician. | |

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| F 325 | Continued From page 7<br>supplement with every meal and a protein powdered milkshake every afternoon. During an interview on 9/26/13 at 4:30 PM, the DON stated staff had been directed to document this on the daily intake form. She stated because staff had not done this, it was difficult to determine whether the resident received the supplements as ordered. She further stated the resident continued to need staff cueing for every meal in addition to the supplements. | F 325 | | |