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

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Healthcare Licensing
Survey & Certification

PRINTED: 10/31/2013
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
	53A002	A. BUILDING _____ B. WING _____	pp 10/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.	F 272	Amie Holt Care Center will ensure that all residents have an initial and periodic comprehensive, accurate, standardized, reproducible assessment conducted of each resident's functional capacity. This will be accomplished by: A) The Nurse Team Leader for resident #13 has completed CAAs for nutritional status and psychotropic drug use for this resident. B) All residents could potentially be affected by incomplete comprehensive assessments. The facility's two Nurse Team Leaders will use copies of each resident's most recent full MDS's Section V Care Area Assessment Summary form to check that each care area triggered has a corresponding CAA completed. These nurses will check each other's work; the DON will assist with this process. C) The DON will review this deficiency with the two Nurse Team Leaders, as they are responsible for the completion of the CAAs. The MDS coordinator will check that all future full MDS's have corresponding CAAs for each triggered care area, also utilizing the Section V form. D) A performance improvement tool will be developed to ensure that CAAs are completed as required. This monitor will be completed monthly and reported quarterly to the Performance Improvement Committee. Nurse Team Leaders will be responsible for compliance.	11/30/2013

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

Administrator 11/6/13

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 via telephone call with Brenda Gonw 3:15 pm 11/7/13.
PPinw, RN

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F 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure comprehensive assessments were completed in required areas for 1 of 11 sample residents (#13). The finding were: Review of section V (care area assessment summary) for the 9/30/13 annual Minimum Data Set (MDS) assessment showed resident #13 triggered for nutritional status and psychotropic drug use, requiring further assessment. However, review of the typed care area assessments (CAAs) revealed the following concerns: a. There lacked a CAA for nutritional status. b. The psychotropic drug use CAA was a duplicate of the pressure ulcer CAA; it was not an assessment for the use of psychotropic medications. c. During an interview on 10/16/13 at 11:30 AM the person who completed the MDS, RN #1, confirmed the assessment for nutritional status was not completed. In addition, she stated she cut and pasted the wrong information for the psychotropic drug use CAA.	F 272		