STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535039	A. BUILDING _____ B. WING _____	C 03/14/2014

RECEIVED WY Dept of Health APR 09 2014 Healthcare Licensing

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW HEALTH CARE CENTER	1990 WEST LOUCKS STREET SHERIDAN, WY 82801

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F 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: CNA - Certified Nurse Aide DON - Director of Nursing MDS - Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and medical record review, the facility failed to ensure the care plan was followed for 1 of 3 sample residents (#10). The findings were: Review of the 11/25/13 significant change MDS assessment, and the 2/18/14 MDS quarterly assessment, showed resident #10 was frequently incontinent of urine. Review of the 11/25/14 MDS assessment further showed the resident was occasionally incontinent of bowel. The 2/18/14 MDS assessment showed the resident's bowel continence declined from occasionally to frequent incontinent. Review of both MDS assessments revealed the resident required total assistance of staff for toileting and personal hygiene. Review of the 2/11/14 care plan showed the resident	F 282	**F282**-Care Plans, Services by qualified persons. The services provide or arranged by the facility will be provided by qualified persons in accordance with each resident's written plan of care. 1) Care plans for resident # 10 and all residents will be utilized by nurses and CNA's. The care plans will include interventions that are specific to resident needs. 2) The DON will re-educate nursing staff where to locate care plans and their interventions and how to follow them. This education will occur on or before April 28, 2014. 3) SDC and /or Unit Manager will audit by observation for CNA and nursing compliance with care planned interventions related to toileting weekly for three months. 4) The results of these audits will be presented at the monthly Performance Improvement meeting for a period of at least three months or until substantial compliance is achieved. Any problems or trends will be identified and acted upon.	4-28-14

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Donya M	Executive Director	4-4-14

ıy deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ıer safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ɔgram participation.

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F 282	Continued From page 1 required toileting before and after meals, at bedtime, and as needed. However, continuous observation on 3/13/14 from 10:05 AM through 1:20 PM, 3 hours 15 minutes, showed the resident was not checked or changed prior to the noon meal. Observation after the noon meal, at 1:20 PM, showed the resident's incontinence brief was wet with urine. Interview with CNA #3 on 3/13/14 at 1:45 PM revealed she was aware the resident should be checked and changed prior to and after meals.	F 282		
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 the appropriate treatment and services were provided to restore as much normal bladder function as possible for 1 of 2 sample residents (#10) with urinary incontinence. The findings were: Review of the 11/25/13 significant change MDS assessment, and the 2/18/14 MDS quarterly	F 315	**F 315**- Quality of Care- Urinary Incontinence and Catheters. Based on the residents comprehensive assessment, the facility will ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the residents' clinical condition demonstrates the 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. 1) Resident # 10 has care plan interventions for urinary incontinence with a toileting schedule. The SDC and/or Unit Manager will observe care for resident #10 to ensure the CNA's and nursing staff are offering to toilet him/her in accordance with care plan. 2) A review of care plans for incontinent residents will be completed by April 28, 2014 to ensure that residents have appropriate care plan interventions to promote possible continence.	4-28-14

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F 315	Continued From page 2 assessment, showed resident #10 was frequently incontinent of urine. Review of the 11/25/14 MDS assessment further showed the resident was occasionally incontinent of bowel. The 2/18/14 MDS assessment showed the resident's bowel continence declined from occasionally to frequent incontinent. Review of both MDS assessments revealed the resident required total assistance of staff for toileting and personal hygiene. Review of the 2/11/14 care plan showed the resident required toileting before and after meals, at bedtime, and as needed. However, continuous observation on 3/13/14 from 10:05 AM through 1:20 PM, 3 hours 15 minutes, showed the resident was not checked or changed prior to the noon meal. Observation after the noon meal, at 1:20 PM, showed the resident's incontinence brief was wet with urine. Interview with CNA #3 on 3/13/14 at 1:45 PM revealed the resident required the assistance of 2 staff because s/he was very difficult and fragile to move.	F 315	3) The SDC and/or the Unit Manager will re-educate the nursing staff regarding appropriate treatment and services for residents to restore as much urinary continence as possible. This re-education will take place before April 28, 2014. 4) Weekly observation audits of a random sample of residents will be completed by the DON to ensure compliance with toileting schedules. If any problems are noted immediate re-education and/or corrective action will occur. These weekly audits will include resident #10. 5) The results of these audits will be presented at the monthly Performance Improvement meeting for a period of three months or until substantial compliance is achieved. Any problems or trends will be acted upon.	
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this	F 353	**F353**- The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practical physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.	4-28-14

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F 353	Continued From page 3 section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and resident and staff interview, the facility failed to ensure there was a sufficient number of staff members to provide the needed care for 1 of 3 sample residents (#10) and for an additional 8 non-sample residents (#1, #6, #15, #25, #38, #41, #42, #47). The findings were: 1. Review of the 11/25/13 significant change MDS assessment, and the 2/18/14 MDS quarterly assessment, showed resident #10 was frequently incontinent of urine. Review of the 11/25/14 MDS assessment further showed the resident was occasionally incontinent of bowel. The 2/18/14 MDS assessment showed the resident's bowel continence declined from occasionally to frequent incontinent. Review of both MDS assessments revealed the resident required total assistance of staff for toileting and personal hygiene. Review of the 2/11/14 care plan showed the resident required toileting before and after meals, at bedtime, and as needed. However, continuous observation on 3/13/14 from 10:05 AM through 1:20 PM, 3 hours 15 minutes, showed the resident was not checked or changed prior to the noon meal. Observation after the noon meal, at 1:20 PM, showed the resident's incontinence brief was wet with urine. During an interview with CNA	F 353	1)All residents, including residents #10, #1, #6, #15, #25, #38, #41, #42, and #47 will receive sufficient number of showers and/or baths on a weekly basis. An adequate number of staffing will be scheduled to ensure quality care is provided. 2) DON will review staffing sign in sheets daily for one month and monthly schedule for three months to ensure that adequate staffing is scheduled to provide needed care for all residents. 3) SDC and/or Unit Manager will re-educate direct care staff by April 28, 2014, on the importance of compliance with each residents' shower and/or bathing schedule. 4) Results of these audits will be presented at the monthly Performance Improvement meeting for a period of three months or until substantial compliance is achieved. Any problems or trends will be acted upon.	

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F 353	Continued From page 4 #3 on 3/13/14 at 1:45 PM, she acknowledged the resident was to be toileted before and after meals. 2. Review of the shower/bath schedule revealed resident #1 was scheduled for a shower on Sundays and Wednesdays during the day shift. However, review of the shower documentation in the medical record showed the resident received only one shower during the week of 2/2/14. There was no evidence the resident refused a shower during that week. Review of the 2/21/14 significant change MDS assessment showed the resident had severe cognitive impairment and was unable to be interviewed. 3. Review of the shower/bath schedule revealed resident #15 was scheduled for showers on Tuesdays and Saturdays during the day shift. Review of the shower documentation in the medical record showed, during the week of 2/2/14, the resident received only one shower. There was no evidence the resident refused a shower during that week. Review of the 12/11/13 significant change MDS assessment showed the resident had severe cognitive impairment and was unable to be interviewed. 4. Review of the shower/bath schedule revealed resident #42 was scheduled for a shower on Tuesdays and Saturdays on the day shift. However, review of the shower documentation in the medical record showed the resident received only one shower per week during the weeks of 2/2/14 and 2/16/14. There was no evidence the resident refused a shower during those weeks. Review of the 2/18/14 significant change MDS assessment showed the resident had severe cognitive impairment and was unable to be	F 353		

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F 353	Continued From page 5 interviewed. 5. Review of the shower/bath schedule showed resident #38 was scheduled for showers each week on Tuesdays and Fridays during the day shift. Review of the shower documentation in the medical record showed during the weeks of 2/9/14 and 2/16/14 the resident received only one shower during those weeks. There was no evidence the resident refused a shower during those weeks. Review of the 12/11/13 annual MDS assessment showed the resident had severe cognitive impairment and was unable to be interviewed. 6. Review of the shower/bath schedule revealed resident #25 was scheduled for showers on Sundays and Wednesdays on the day shift. Review of the shower documentation in the medical record showed during the week of 2/9/14, the resident received only one shower during the week. There was no evidence the resident refused a shower during that week. Review of the 2/12/14 quarterly MDS assessment showed the resident had severe cognitive impairment and was unable to be interviewed. 7. Review of the shower/bath schedule showed resident #6 was scheduled for a shower on Mondays and Fridays on the day shift. However, review of the shower documentation in the medical record showed during February 2014 the resident received only one shower per week during the weeks of 2/2/14 and 2/16/14. There was no evidence the resident refused a shower during those weeks. Review of the 1/3/14 quarterly MDS assessment showed the resident had severe cognitive impairment and was unable to be interviewed.	F 353		

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F 353	Continued From page 6 8. Review of the shower/bath schedule revealed resident #41 was scheduled for a shower on Sundays and Wednesdays on the day shift. However, review of the shower documentation in the medical record showed during February 2014 the resident received only one shower during the week of 2/23/14. There was no evidence the resident refused a shower during that week. Review of the 12/9/13 quarterly MDS assessment showed the resident had severe cognitive impairment and was unable to be interviewed. 9. Interview with resident #47 on 3/14/14 at 12:35 PM revealed when s/he had completed his/her shower yesterday evening, s/he asked for assistance in pulling his/her shirt down and also with getting into bed. The resident said the CNA (name unknown) said she did not have time because it was the end of her shift and she just left the room. The resident said s/he had to call for assistance from another staff member before s/he could go to bed for the night and it took 30 minutes for someone to answer the light. The resident said there was "Not enough staff. They make one person do the job of two." 10. Interview with CNA #1 and CNA #2 on 3/13/14 at 11:10 AM verified there were times when there was not enough staff to provide for the needs of residents. CNA #2 stated when the facility was short staffed, it was usually the showers and shaving that was not provided. CNA #1 added staff had notified administration and the company that more staff was needed but they were just told to "stay until the work gets done." 11. Interview with the DON on 3/13/14 at 8:45 AM revealed the staffing pattern was based upon ratio, not acuity.	F 353		

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