PRINTED: 04/08/2014
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING _____ B. WING _____	C 03/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

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F 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: ADON - Assistant Director of Nursing DON - Director of Nursing MAR - Medication administration record mcg - microgram mg - milligram ml - milliliter mg/ml - milligram to milliliter Less common abbreviations will be annotated in each deficiency.	F 000	**F431** **The facility will implement the following practices to ensure that the controlled substance management program will enable reconciliation and accounting of all controlled medications and timely detection of loss or diversion with recently discontinued controlled medications.**	**5/9/14**
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions; and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to	F 431	1.All controlled substances, active and discontinued, will be counted on each shift. The lock box that housed controlled substances in the Director of Nursing's office is no longer in use. The lock on the Director of Nursing office door has been changed. At change of shift, two nurses will count and sign on each resident narcotic log. All narcotic containers (bottles, cards, vials, or other) will be counted each shift and the total number recorded on the Controlled Drug Count Record. The exception to this practice is the locked Emergency Narcotic Drug Box that is housed in the Med Room. This will only be counted and recorded when Emissary Pharmacy has given facility nurses permission to access the box	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Natalie Korell — TITLE: Administrator — (X6) DATE: 4/16/14

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.

4/30/14 1530 PoC accepted w/ 5/9/14 date of compliance. Administrator Natalie Korell notified by telephone J. VanDyke, RN

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F 431	Continued From page 1 have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, review of facility destruction logs, review of policy and procedures and staff interview, the facility failed to provide a controlled substance management program that enabled reconciliation and accounting of all controlled medications and the timely detection of loss or diversion for 4 of 6 sample residents (#56, #57, #58, #60) with recently discontinued controlled medications. The findings were: 1. Review of the medical record for resident # 56 showed s/he was admitted to the facility on 3/11/14. Review of physician orders showed an order dated 3/13/14 for morphine sulfate (an opiod pain medication) ER [extended release] 15 mg tablets, with 15 tablets to be dispensed from the pharmacy. Review of the resident's MAR for the month of March 2014 showed s/he received a single dose of this medication before his/her death on 3/13/14. Review of the facility's controlled substance management system failed to account for the resident's remaining doses.	F 431	2. Discontinued medications will be counted until destruction occurs per facility policy. Discontinued controlled substances will be destroyed at least monthly when the consultant pharmacist is in the facility but destruction will occur more often if necessary. 3. Facility destruction logs will be kept in the Director of Nursing office for at least two years, or as mandated by state law governing retention of such records. 4. The residents # 56, 57, 58, and 60 are deceased and these medications have not been found. The investigation into the diversion is taking place internally and with the help of the Lander Police. In order to ensure that no other residents are at risk of diversion of controlled substances from Westward Heights, the facility has put into place the above practices noted in steps 1-3. 5. Audit: Random audits of the narcotic count procedure to be done 2 times per week by the Director of Nursing and the Assistant Director of Nursing or their designee for 90 days. The results will be reported to Quality Assurance Committee monthly.	

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F 431	Continued From page 2 2. Review of the medical record for resident #57 revealed s/he was most recently re-admitted to the facility on 2/28/14. Review of physician orders revealed orders dated 2/28/14 for Roxanol (an opiod pain medication) 20 mg/ml liquid, with 30 ml to be dispensed; Norco (an opiod pain medication) 5/325 mg tablets, with 100 tablets to be dispensed; Ativan (a sedative/hypnotic) 0.5 mg tablets, with 100 tablets to be dispensed; and morphine liquid (an opiod pain medication) 5 mg/ml, with 60 ml to be dispensed. Review of the resident's MAR for the month of March 2014 showed s/he received 6 doses of Roxanol, 3 doses of Norco, 10 doses of Ativan, and 9 doses of morphine liquid before his/her death on 3/19/14. Review of the facility's controlled substance management system failed to account for the resident's remaining doses. 3. Review of the medical record for resident #58 revealed s/he was most recently re-admitted to the facility on 2/20/14. Review of physician orders revealed orders dated 2/20/14 for morphine 20 mg/ml liquid, with a week's supply to be dispensed, and Fentanyl (an opiod pain medication) 25 mcg patches, with 10 patches to be dispensed. Review of the resident's February 2014 MAR showed s/he received 4 doses of morphine, and 1 Fentanyl patch before his/her death on 2/23/14. Review of the facility's controlled substance management system failed to account for the resident's remaining doses. 4. Review of the medical record for resident #60 revealed s/he was admitted to the facility on 9/30/13. Review of physician orders revealed orders dated 1/31/14 for Morphine SA [sustained action] 15 mg tab, with 42 tablets to be	F 431		

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F 431	Continued From page 3 dispensed; and Morphine IR [immediate release] 15 mg tab, with 84 tablets to be dispensed. Review of the resident's MAR for February 2014 revealed s/he received 5 doses of Morphine SA, and 1 dose of Morphine IR before his/her death on 2/3/14. Review of the facility's controlled substance management system failed to account for the resident's remaining doses. 6. Interview regarding the facility's controlled substance management system with the ADON on 3/27/14 at 12:05 PM revealed when controlled substance medications were discontinued due to changes in treatment or resident death, the medications were removed from the medication cart and delivered to the DON for storage in a double-locked cabinet until such time as they were destroyed. Destruction of controlled substances occurred periodically with the participation of both the DON and the consulting pharmacist. Observation of the inside of the double-locked cabinet in the DON's office with the ADON on 3/27/14 at 12:05 PM revealed the cabinet was nearly empty. None of the discontinued medications for residents #56, #57, #58 or #60 were stored in this cabinet. 6. Review of facility documentation revealed recent controlled substance destruction logs were missing. The facility was only able to locate destruction logs dated 1/28/13, 3/13/13,5/15/13, 6/12/13 and 8/7/13. Review of the facility policy and procedure entitled "Discarding and Destroying Medications" revealed "Completed medication disposition records shall be kept on file in the facility for at least two (2) years, or as mandated by state law governing the retention and storage of such records." Interview with the consulting pharmacist on 3/27/14 at 4 PM	F 431		

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F 431	Continued From page 4 revealed the most recent date of controlled substance destruction at the facility was 1/9/14, however, no record of controlled substance destruction on that date was available at the facility. 7. Interview with the DON and facility administrator on 3/27/14 at 2:40 PM confirmed the facility could not account for the controlled substance medications for residents #56, #57, #58 and #60.	F 431		