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
	535042	A. BUILDING _____ B. WING _____	C 02/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

(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 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 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, review of facility records	F 431	F 431 The facility will establish and maintain a facility-wide system accounting for controlled substances in sufficient detail to enable an accurate reconciliation and to facilitate the timely detection of controlled substance diversion. This will be accomplished by: 1. Nursing Personnel will be inserviced to the above deficient practice. 2. Narcotic management system/protocol will be revised and implemented facility wide addressing all residents who may receive narcotic medications. 3. The Narcotic Management Process will address procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the quality, potency, and purity of the emergency drug supply. Copies of the revised policy and procedure manual shall be on file at both the facility and the pharmacy servicing the facility. 4. Narcotic Management Process will include a systematic way to identify when cards have been added or taken from the medication cart or E-Kit.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: David Conaway — TITLE: administrator — (X6) DATE: 3/3/2014

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.

Accepted by Coralee Kuers, RD on 3/14/14

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F 431	Continued From page 1 and policies, and staff interview, the facilty failed to establish and maintain a facility-wide system accounting for controlled substances in sufficient detail to enable an accurate reconciliation and to facilitate the timely detection of controlled substance diversion. The findings were: 1. Observation of a shift change count of controlled substances on 2/6/14 at 3:10 PM showed registered nurse (RN) #1 and certified medication aide (CMA) #1 verified the controlled substances count for the medication cart on the secure unit. The following concerns were identified: a. The count was accomplished by matching the cards of controlled medications with their individual sign out sheets. There was no overall count of the cards, or any other way for nursing to identify when cards had been added to, or taken from, the drawer. Interview with RN #1 at that time revealed there was no systematic way to identify when cards had been added to or taken from the drawer. b. Continued observation of the shift change count revealed when RN #1 and CMA #1 signed for the emergency medication kit (E-Kit), the numbers on the tabs locking the E-Kit did not match the tab numbers noted on the log. RN #1 and CMA #1 were observed to write the new tab numbers on the log. They did not open the E-Kit at that time and verify its contents. RN #1 stated the tab numbers likely did not match because the E-Kit had been opened, and the nurses opening the E-Kit had failed to note the new tab numbers on the log. RN #1 further stated that she could not be certain of the E-Kit's contents, and she enlisted another nurse to count the E-Kit and verify its contents.	F 431	5. Unit managers will conduct random weekly audits making immediate corrections, education and adjustments as needed. 6. Results of the above audits will be reported to the monthly QA committee for a minimum of 3 months at which point the team will determine appropriate reporting until ongoing compliance is established.	3/14/14

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F 431	Continued From page 2 Review of the facility policy entitled "Narcotic Medication Manangement" dated 11/7/12 revealed, "Back-up Emergency Medication boxes will be counted per Wyoming State Board of Pharmacy guidelines." State of Wyoming Pharmacy Act Rules and Regulations Chapter 2, Section 26 (c), page 2-32 shows Board of Pharmacy guidelines to be as follows: "The facility and the pharmacy servicing the facility shall develop and implement written policies and procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the quality, potency, and purity of the emergency drug supply. Copies of the most recent policy and procedure manual shall be on file at both the facility and the pharmacy servicing the facility." 2. Review of facility documentation of shift change controlled substance counts from 1/1/14 to 2/5/14 revealed the facility "Narcotic Count Sheets" did not document from which of the facility's multiple medication carts they came. There were different styles of form in use, and the use of the forms was inconsistent, with some nurses documenting both sign in and sign out times on the same line, and others documenting sign in and sign out on different lines, making it difficult to follow the chain of custody of the keys. Signatures were missing on 114 occasions. Review of the facility policy entitled "Narcotic Medication Management" dated 11/7/12 showed "All Scheduled drug inventory will be counted, reconciled and verified by a Licensed, Registered Nurse or Certified Medication Aide through affixing their signature to the narcotic count record." Additionally, "Each change of shift,	F 431		

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F 431	Continued From page 3 patient assignment of change of custody of the keys, the narcotic count will be conducted by two nurses; LPN, RN or Medication Aide, (out-going nurse and in-coming nurse)." Interview with RN #2 on 2/7/14 at 10:55 AM confirmed the missing signatures in the logs, and revealed when the narcotic count sheets were full, they were sent to medical records for storage. RN #2 further revealed these sheets were not reviewed for accuracy and completeness. 3. Observation of the discontinued controlled substance storage area in te Director of Nursing's office on 2/7/14 at 12:35 PM revealed so many cards of controlled substances awaiting destruction they were spilling over the back of the file drawer into the drawer below. Interview with RN #2 at that time revealed the facility did not maintain a log of the controlled medications awaiting destruction, did not regularly reconcile the cards, and had no process in place that would detect any diversion of these cards from the storage area.	F 431		