POC accepted 5/15/14 Janice

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WY Dept of Health
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Healthcare Licensing

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

PRINTED: 04/25/2014
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
	53A050	A. BUILDING _____ B. WING _____	04/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LANE AFTON, WY 83110

(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 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's instructions, staff interview, and review of logs, the facility failed to ensure ice machines were cleaned and sanitized per manufacturer's instructions for 2 of 2 ice machines. In addition, the facility failed to ensure a sanitary environment in the main kitchen. The findings were: 1. Observation in the main kitchen on 4/14/14 at 5:45 PM revealed an ice machine. Review of the posted log revealed the ice machine was last cleaned and sanitized on 8/20/13. Observation of the same ice machine on 4/16/14 at 10:03 AM revealed the log was updated to show the ice machine was cleaned and sanitized on 4/15/14 (almost 8 months since the last cleaning/sanitization). Observation in the "Nourishment" room near the nursing station on 4/16/14 at 11:40 AM revealed a water and ice dispenser. Review of the posted log showed the machine was cleaned and sanitized on 9/13/13 and again on 4/12/14 (7 months between). The following concerns were identified: a. Review of the manufacturer's instructions	F 371	The facility will store, prepare and serve food under sanitary conditions. This will be accomplished by: a) Ice machines are cleaned and sanitized per manufacturer's instructions. The bottom shelf of the food preparation table are cleaned and sanitized, and pots and pans stored on this shelf are cleaned and sanitized as well. The 3 mentioned drawers in the food preparation table, as well as the utensils stored inside are cleaned and sanitized. The front of both ovens as well as the handles are cleaned and sanitized.	04/19/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cindy Stevenson, RN, BSN	UHA	5-8-14

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.

POC accepted. message left for Amy Johnson, UHA on 5/15/14 @ 3:55pm. JL

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F 371	Continued From page 1 for the Manitowoc S model ice machine (in the main kitchen) revealed it should be cleaned and sanitized every 6 months. b. Review of the manufacturer's instructions for the Symphony ice and water dispenser (located in the "Nourishment" room) showed it should be cleaned and sanitized semi-annually. c. During an interview on 4/17/14 at 8:30 AM the maintenance director verified the ice machines had not been cleaned and sanitized every 6 months. Reference: FDA, US Public Health Service Food Code 2013. Cleaning of Equipment and Utensils. 4-602.11 Equipment Food-Contact Surfaces and Utensils; (A) In equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold. 2. Observation in the main kitchen on 4/14/14 at 5:45 PM and again on 4/16/14 at 10:03 AM revealed the following concerns: a. The bottom shelf of the food preparation table had an accumulation of crumbs and dirt. Clean pots and pans were stored on the shelf. In addition, the 3 drawers in the food preparation table, which contained clean utensils, had visible residue and drips on the front surface. b. The front of both ovens, including the handles, had numerous drips and residue visible. The above concerns were confirmed by the	F 371	b) Ice machines will be checked to ensure they are cleaned and sanitized per manufacturer's instructions. All shelves, drawers and appliances in the kitchen area will be checked to ensure they are clean and sanitary. c) Maintenance and dietary will have education regarding proper cleaning and sanitization of ice machines. Dietary staff will have education on proper storage of clean pots, pans and utensils, as well as proper cleaning and sanitization of shelves, drawers and appliances in the kitchen. d) The dietary manager or designee will perform audits 3x/week for 2 weeks, then weekly for 1 month, then monthly on storage of clean utensils and pots/pans, as well as cleanliness of all shelves, drawers and appliances in the kitchen. Audits will be conducted by both dietary and maintenance monthly to ensure timely completion of cleaning and sanitizing of ice machines. The results will be included in the facility-wide continuous quality improvement program. e) The Dietary Manager and DON will monitor monthly for on-going compliance to ensure facility stores, prepares and serves food under sanitary conditions. The results will be recorded on the quality calendar and reported to the Quality Advisory Committee. The results will be included in the facility-wide continuous quality improvement program.	05/21/14 05/21/14 06/01/14 06/01/14

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 371	Continued From page 2 dietary supervisor on 4/16/14 at 10:40 AM. Reference: FDA, US Public Health Service Food Code 2013. 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.	F 371		
F 431 SS=D	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	F 431		

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F 431	Continued From page 3 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 narcotic records, review of medication administration records, staff interview, and policy and procedure review, the facility failed to ensure a controlled substance management program that enabled reconciliation and accounting of all controlled medications in a timely manner for 2 of 3 random residents (#19, #21). The findings were: A random narcotic count (controlled medications) was performed with licensed practical nurse (LPN) #1 on 4/16/14 at 4 PM. The following issues were identified: a. LPN #1 stated resident #19 had 30 Xanax 0.25 mg tablets available. Review of the corresponding narcotic record confirmed the nurse's statement. However, observation of the corresponding bubble pack for the medication revealed there were only 28 Xanax 0.25 mg available for resident use. b. LPN #1 stated resident #21 had 26 Xanax 0.25 mg tablets available. Review of the corresponding narcotic record confirmed the nurse's statement. However, observation of the corresponding bubble pack for the medication revealed there were only 24 Xanax 0.25 mg available for resident use. c. Review of the April 2014 MAR for residents	F 431	The facility will ensure a controlled substance management program that enables reconciliation and accounting of all controlled drugs. This will be accomplished by: a) Residents #19 and #21's narcotic records have been updated to coincide with their MAR records. This has also been verified by the nurses during each shift change narcotic count. b) All residents' narcotic records have been checked and verified that they are correct and also coincide with the residents' MAR. Facility policy will be updated to coincide with electronic medical record. c) Education to all nurses regarding documentation of all narcotics on the narcotic log prior to administration of the narcotic per facility policy. d) Pharmacist, DON or designee will perform audits 3x/week for 2 weeks, then weekly for 1 month, then monthly on documentation of narcotic administration in the narcotic log. The results will be included in the facility-wide continuous quality improvement program. e) The DON will monitor monthly for on-going compliance to ensure reconciliation and accounting for all controlled substances. The results will be recorded on the quality calendar and reported to the Quality Advisory Committee. The results will be included in the facility-wide continuous quality improvement program.	~~04/19/14~~ ~~05/21/14~~ ~~05/21/14~~ 06/01/14 06/01/14

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F 431	Continued From page 4 #19 and #21 confirmed each resident had received Xanax 0.5 mg on the morning medication pass. d. Interview with LPN #1 on 4/16/14 at 4 PM confirmed the proper procedure was to sign out controlled medications on the narcotic record prior to administration. However, she routinely failed to follow that procedure in order to administer medications faster. The nurse was then observed to sign out the Xanax tablets that were administered during the morning medication pass for residents #19 and #21, which made the count correct. e. Interview with the DON on 4/16/14 at 5:10 PM showed he never worried about the controlled medication counts if nurses failed to sign those medications out at the time of administration, as long as they signed them out before their shift ended. He further acknowledged the Narcotic Record referred to in the policy and procedure was the record nurses signed controlled substances out on. f. According to the facility policy titled, Medication Management/Administration last revised 3/12, " Before the controlled substance is dispensed the Narcotic Record ... is completed and signed."	F 431		