Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0010	A. BUILDING: ______ B. WING ______	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

(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) COMPLETE DATE
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 . The following common abbreviations are used throughout this document: ADL- Activities of Daily Living BIMS- Brief Interview for Mental Status CAA- Care Area Assessment CNA- Certified Nurse Aide DON- Director of Nursing LPN- Licensed Practical Nurse MDS- Minimum Data Set Assessment Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S2967	Ch 11 Sec 9 (c)(iii) Nursing Services The facility shall have sufficient nursing staff to meet the needs of the residents. (c) Restorative Nursing Care. There shall be an active program of restorative nursing care directed towards assisting each resident to achieve and maintain his/her highest level of self care and independence. This program shall include: (iii) Making every effort to keep residents active and out of bed for reasonable periods of time, except when contraindicated by physician's orders, and encouraging residents to achieve	S2967	S2967 The facility will ensure to have sufficient nursing staff to meet the needs of the resident & provide restorative nursing care. This will be accomplished by: A. 1) Resident #5 was referred for PT consult on 6/19/14. PT evaluated and recommended continuation of restorative care. Restorative care plan in place to	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathryn A. Keane   TITLE: NHA   (X6) DATE: 7-11-14

POC accepted 7/24/14 @ 4:00p Janice Cox, DNC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0010	A. BUILDING: _____ B. WING _____	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

(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) COMPLETE DATE
S2967	Continued From page 1 Independence in activities of daily living by teaching self care, transfer, and ambulation activities; and This State Rule and Regulation is not met as evidenced by: Based on observation, staff and family interview and medical record review the facility failed to ensure restorative nursing was provided for 3 of 10 sample residents (#5, #19, #46) who were identified as needing this service. The findings were: 1. Review of the 5/22/14 quarterly MDS assessment showed resident #5 had diagnoses that included lumbago and non-Alzheimer's dementia. This review showed the resident had limited range of motion in upper and lower extremities, used a wheelchair or walker for locomotion, required extensive assistance with ADLs, and needed assistance to balance during transition and walking. Review of the February 2014 to June 2014 post-fall assessments showed the resident fell 7 times. Review of the 2/4/14 physical therapy evaluation showed the resident required restorative nursing for safety awareness with ambulation. Review of the 2/27/14 physical therapy follow-up evaluation showed a recommendation for restorative nursing to focus on functional mobility, safety awareness, and general strengthening. Review of the 2014 restorative records showed the resident walked 100 to 600 feet two to three times weekly with the restorative aide during February 2014. This review also showed restorative nursing was not provided after February 2014. Review of the care plan, updated on 5/29/14, showed interventions regarding	S2967	reflect interventions to maintain resident's functional mobility and general strength on 7/8/14 2) Resident #19 was referred to PT. PT was ordered 5/27/14, started on 5/29/14 (OT) 6/02/14 (PT). Resident is continuing with PT at this time. 3) Resident # 46 received signed orders for PT on 6/11/14. PT started on 6/23/14. Resident is continuing with PT at this time. B. All residents will receive a mobility assessment at admission. C. Quarterly assessments completed on all residents to identify ADL decline. D. Level One Restorative Therapy Program implemented on 7/18/14 E. All Residents identified as having ADL decline will be evaluated for PT or restorative therapy. Goals and treatment plans will be established on each resident participating in restorative therapy to assist in achieving & maintaining his/her highest level of self-care and independence. F. The Restorative Therapy RN Manager will re-educate nursing staff at CNA & Nurse Meeting on July 15 & 16, 2014: a. Restorative care program and how nursing staff contributes to resident's functional independence. b. Level One Restorative Therapy Program G. A quality improvement monitoring tool will be implemented by the Restorative	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0010	A. BUILDING: _____ B. WING _____	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

(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) COMPLETE DATE
S2967	Continued From page 2 restorative nursing were not developed. During an interview on 6/16/14 at 4:45 PM, CNA #6 stated sometimes staff assisted the resident to the bathroom and s/he used a walker, but mostly the resident used the wheelchair. On 6/18/14 at 3:40 PM, the resident was observed walking approximately 20 feet from the wheelchair to the dining room table. Continued observation revealed staff were not present and the resident used furniture and the fireplace wall for support. At 3:58 PM, LPN #1 saw the resident standing while using a chair for support. At that time the LPN got a wheelchair and directed the resident to sit in the wheelchair. During an interview on 6/19/14 at 11:35 AM nursing unit manager #1 stated staff education was needed to make staff aware that positioning the resident in the wheelchair was not the best approach on 6/18/14 when the resident demonstrated the desire to walk. The unit manager also verified restorative nursing had not been provided for the resident since February 2014 and she did not know why it was not continued after that time. 2. Review of the 8/8/13 admission MDS assessment showed resident #46 had diagnoses that included non-Alzheimer's dementia and s/he performed all ADLs independently, including walking with a walker. This review also showed the resident did not have functional limitations in range of motion. Review of the 5/4/14 quarterly MDS assessment showed the resident declined in the following areas; range of motion in the lower extremities was limited, used a wheelchair for locomotion, required supervision with ADLs, and had an unsteady gait. Review of the March 2014 to June 2014 post-fall assessments showed the resident fell on 3/20/14, 5/6/14, 5/12/14, 5/13/14, 5/15/14, twice on 5/23/14, 5/30/14, 6/01/14, 6/03/14, and 6/17/14. This review	S2967	Therapy RN manager to ensure that all resident restorative needs are being met. This audit will be reviewed at QAPI until 90% compliance has been achieved for 3 consecutive months	7/31/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0010	A. BUILDING: _____ B. WING _____	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

(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) COMPLETE DATE
S2967	Continued From page 3 revealed three of the falls resulted in skin tears, bruises, and/or abrasions. Review of the physician orders showed a physical therapy evaluation was requested on 5/13/14. During an interview on 6/19/14 at 4:05 PM unit manager #2 stated the order for the evaluation had not been signed until the week of 6/16/14 and the evaluation was scheduled 6/23/14. The unit manager stated he did not know why it wasn't done timely, nor did he know why the resident had not been evaluated for restorative nursing. During an interview on 6/18/14 at 4:09 PM a family member stated s/he visited the resident daily and noted the resident had gotten weaker and fell more often. The family member stated s/he had requested therapy or some type of exercise strengthening program for the resident over a month ago, but staff had not responded to the request. 3. Review of the medical record for resident #19 showed the care plan dated 5/29/13 that identified the resident as having the potential for decline in strength. Interventions included restorative nursing 3-5 times weekly. Review of the restorative log calendar 4/1/14 through 5/20/14 showed the resident received restorative nursing 10 times in April and 5 times in May prior to sustaining a fall which resulted in a fractured hip on 5/20/14. There was no documentation available to clarify why the resident had not received restorative nursing 3 to 5 times weekly.	S2967	This page left blank intentionally	