PRINTED: 11/14/2014
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
	53A051	A. BUILDING _____ B. WING _____	10/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

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F 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: CDM- Certified Dietary Manager CNA- Certified Nurse Aide DON- Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the	F 225	South Lincoln Medical Center will not not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have a finding entered into the State nurse aide registry. 1. Upon hiring a CNA, human resources will have the CNA complete the Certified Nurse Aide Registry request and will fax it to Health Care Licensing and Surveys. 12/14/2014 2. A new policy will be implemented that requires the DON to check the State nurse aide registry on a monthly basis so the DON can confirm no findings. The DON will print a copy of the findings for the personnel file. 12/14/2014 3. CNA#1 will complete the Certified Nurse Aide Registry request and it will be faxed to Health Care Licensing and Surveys. The DON will also check the registry to confirm no findings. 12/14/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dallas Carmichael — TITLE: Nursing Home Administrate — (X6) DATE: 11/21/2014

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.

Changes made per phone call with Dallas Carmichael, NHA on 11/24/14 @ 3:36pm. POC accpt'd. Janice Colin, RN

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F 225	Continued From page 1 investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of personnel files, staff interview, and review of policies and procedures, the facility failed to ensure the nurse aide registry was checked prior to hire for 1 of 1 CNAs (#1) reviewed. The findings were: Review of the personnel file for CNA #1 revealed she was hired on 7/1/14. Further review of the file showed no evidence the nurse aide registry was checked to ensure she had no findings of abuse, neglect, or misappropriation of resident property. On 10/29/14 at 2:45 PM DON #1 stated it was the facility's policy to check the registry for newly hired CNAs. However, she stated the registry check for CNA #1 was missed. Review of the facility's policy "Abuse Prohibition" (7/1999) showed "The Personnel Department or the Head with check with the appropriate registries."	F 225	4. A quality monitoring tool will be implemented by the Director of Nursing to ensure newly hired CNA staff are registered and have no findings on the State nurse aide registry. 12/14/2014 5. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is demonstrated. 12/14/2014	
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and	F 253	South Lincoln Nursing Center will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable environment.	

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F 253	Continued From page 2 maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a well-maintained and homelike environment in 1 of 1 resident areas. In addition, the facility failed to ensure resident equipment was maintained and clean in 1 of 15 resident bathrooms (room #108). The findings were: 1. Periodic observation throughout the survey on 10/27/14 through 10/30/14 revealed the nurses' station was located in the center of the common area. Further observation showed three sections of the nursing station where a durable tape was placed to fix peeling laminate, with the largest section measuring 7.7 inches by 8.75 inches. The taped sections were unattractive and presented a non-cleansable surface. Interview with the maintenance supervisor on 10/30/14 at 9:20 AM verified the facility was aware the nursing station needed to be repaired, but there lacked a specific plan with a timeframe for the repairs. 2. Observation on 10/30/14 at 9:30 AM showed the toilet in the restroom in room #108 had a piece of foam attached to the back of the toilet with duct tape. The foam was a non-cleansable surface. Interview with the maintenance director at that time revealed the foam was placed there per a nursing work order to prevent the resident from gouging his/her back. The maintenance director removed the foam and stated "I guess they will need to come up with something different."	F 253	1.The peeling laminate at the nurses station will be repaired and the tape will be removed. 2. The foam that was attached to the back of the toilet in room #108 was removed during the survey. 3. The maintenance staff have been educated on why the foam cannot be used in the Nursing Center. 4. A quality monitoring tool will be implemented by the Director of Plant Operations to ensure the nurses station remains in good repair and no foam is used in the nursing center. 5. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is demonstrated.	12/14/2014 10/30/2014 12/14/2014 12/14/2014 12/14/2014

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F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and resident and staff interviews, the facility failed to provide supportive and comfortable seating for 1 of 7 residents (#3) in a wheelchair. The findings were: Review of the medical record revealed resident #3 was admitted with diagnoses including hemiplegia (paralysis of half of the body). Review of the 8/2/14 Braden skin assessment risk showed although the resident was not at risk for pressure ulcers, the resident was chairfast (spent most of the time in the chair). Periodic observation throughout the survey from 10/27/14 through 10/30/14 showed the resident spent most of the time during the day in the wheelchair. Further observation revealed there was no cushion in the wheelchair, just a piece of Dycem (non-slip surface) on top of the sling seat. On 10/28/14 at 11:34 AM the resident was asked if s/he ever had a cushion in the wheelchair. The resident responded "Not that I remember. But I need one. My butt hurts." An interview on 10/30/14 at 7:30 AM with DON #2 revealed the resident used to have a cushion in the wheelchair, but it got a hole in it, so the previous	F 309	South Lincoln Medical Center will provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. 1. The cushion for resident #3 chair was purchased and placed in the residents chair. 11/13/2014 2. A quality monitoring tool will be implemented by the Director of Nursing to ensure the resident cushion remains in his chair whenever he is it in. 12/14/2014 3. The results of the quality improvement monitoring tool will be reported at the monthly medical director and QA/QI meeting until compliance is demonstrated. 12/14/2014 Staff will evaluate all residents w/c's for need for cushion. jc	

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F 309	Continued From page 4 DON ordered a new one. However, the new one was not the right size, so the previous DON was going to order another one. The DON then left the facility in May 2014, and staff did not follow up with the cushion. According to Radomski and Latham in Occupational Therapy for Physical Dysfunction, Sixth Edition, 2008, "...Effective seating has several broad goals, including (1) enhanced posture, comfort, physiological maintenance, and skin protection...The sling seat, common to folding and unlocked wheelchair cross-brace frames, is the seating element most often criticized because it tends to promote pelvic instability and malalignment of the thighs..."	F 309		
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 dish machine temperature logs, and staff interview, the facility failed to ensure sanitary conditions related to 2 of 2 microwaves, 1 of 4 ceiling vents, and 1 of 1 kitchen fans. In addition, the facility failed to ensure the dish machine wash cycle temperature	F 371	South Lincoln Nursing Center will ensure food is procured from sources approved or considered satisfactory by Federal, State, or local authorities and will store, prepare, distribute and serve food under sanitary conditions. 1.The microwaves in the kitchen and the dining room will be cleaned on a daily basis by the dietary staff. 12/14/2014 2.The ceiling vent above the meat slicer will be cleaned weekly by dietary staff. 12/14/2014 3.The portable fan in the dish room will be cleaned weekly by the dietary staff. 12/14/2014	

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F 371	Continued From page 5 was adequate in accordance with manufacturer's specifications. The findings were: 1. The following concerns with cleanliness were identified: a. Observation during the initial tour on 10/27/14 at 4:03 PM revealed the interior of the microwaves in the kitchen and the dining room were splattered with grease and food particles. Observation on 10/28/14 at 9 AM and 4:20 PM showed the microwaves were in the same condition. b. Observation during the initial tour on 10/27/14 at 4:03 PM and again on 10/28/14 at 4:30 PM revealed the ceiling vent above the meat slicer in the kitchen had an accumulation of dust visible. c. Observation on 10/28/14 at 4:30 PM in the dish machine room revealed a portable fan located on a shelf, near the three compartment sink. The fan was visibly dirty and dusty. d. During an interview on 10/30/14 at 9 AM with the CDM revealed dietary staff were responsible for cleaning the microwave, the fan and the ceiling vents in the kitchen. She acknowledged the dirty condition of the items. On 10/30/14 at 9:06 AM DON #2 stated nursing staff were responsible for cleaning the microwave in the dining room, but there was not a schedule for cleaning. According to Food Code 2013, U.S Public Health Service: 4-601.11, "(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." 2. Observation during the initial tour on 10/27/14	F 371	2. A quality monitoring tool will be implemented by the Director of Dietary Services to ensure the microwave, vents and fan are cleaned on a weekly basis. 3. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is demonstrated.	12/14/2014 12/14/2014

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F 371	Continued From page 6 at 4:03 PM and again on 10/29/14 at 10:39 AM revealed the facility had a Hobart hot water sanitizing dish machine. Information posted on the front of the dish machine indicated that the wash cycle temperature should be a minimum of 150 degrees, and the rinse cycle a minimum of 180 degrees. Review of the dish machine temperature logs for August, September and October 2014 revealed that although the rinse cycle temperature was above 180 degrees, the wash cycle temperature was always below the minimum of 150 degrees; most temperatures were recorded in the 130's. During an interview on 10/30/14 at 9 AM, the CDM stated she had not told the maintenance director about the low wash cycle temperatures. She stated she mentioned it to Ecolab (company who supplied the dish machine soap), who told her to raise the booster. She stated when she raised the booster, the rinse cycle temperatures increased, but the wash cycle temperatures did not. There lacked evidence the facility took appropriate action to ensure the dish machine was working properly. According to Food Code 2013, U.S Public Health Service: 4:501.110 Mechanical Warewashing Equipment, Wash Solution Temperature "(A) The temperature of the wash solution in spray type warewashers that use hot water to sanitize may not be less than: (1) For a stationary rack, single temperature machine, 74 degrees C (165 degrees F); (2) For a stationary rack, dual temperature machine, 66 degrees C (150 degrees F); (3) For a single tank, conveyor, dual temperature machine, 71 degrees C (160 degrees F); or (4) For a multitank, conveyor, multitemperature machine, 66 degrees C (150 degrees F)."	F 371	The dishwasher service person is scheduled to repair the dishwasher. 2. A quality monitoring tool will be implemented by the Director of Dietary Services to ensure the temperature of the wash cycle and rinse cycle are the appropriate temperatures. 3. The results of the quality improvement monitoring tool will be reported at the monthly QA/QI meeting until compliance is demonstrated.	11/28/2014 12/14/2014 12/14/2014

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F 387	Continued From page 7	F 387		
F 387 SS=D	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure timely physician visits for 1 of 7 sample residents (#10). The findings were: Review of the medical record for resident #10 revealed s/he was admitted on 5/15/14. Further review of progress notes showed the only physician visit was on 9/15/14. During an interview on 10/29/14 at 2:53 PM, DON #1 stated the resident was seen in the clinic in July 2014 for a fracture, but that was not a routine physician visit. She confirmed the resident did not have a physician visit monthly for the first 90 days as required by regulations.	F 387	South Lincoln Nursing Center will ensure the residents are seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. 1. At the November medical staff meeting the medical staff were educated on the requirements for residents being seen by the physician. 11/4/2014 2. A quality monitoring tool will be implemented by the Director of Nursing to ensure physician visits are according to COP. 12/14/2014 3. The results of the quality improvement monitoring tool will be reported at the monthly medical director and QA/QI meeting until compliance is demonstrated. 12/14/2014	