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

PRINTED: 12/17/2014
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
	535017	A. BUILDING ______ B. WING ______	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

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F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and 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 the facility was clean and well maintained for 2 of 3 shower rooms (north, west) and 2 resident rooms (#205, #206). The findings were: 1. Observation of the west shower room on 12/4/14 at 8:05 AM showed 3 (1 inch by 1 inch) tiles were missing on the floor by the far side of the tub that was visibly dirty and was an uncleanable surface. Observation of the north shower room on 12/4/14 at 8:15 AM showed 7 areas on the floor with missing 1 inch by 1 inch tiles which showed visibly dirty areas with uncleanable surfaces: area #1 had 67 missing tiles, #2 had 1 missing tile, #3 had 6 missing tiles, #4 had 3 missing tiles, #5 had 3 missing tiles, #6 had 18 missing tiles, and a floor drain had multiple tiles missing over 10 inch by 12 inch area around the drain. 2. Observation on 12/4/14 at 8:20 AM in room #205 showed a 7 inch by 2.5 inch cracked floor tile that was visibly dirty and had an uncleanable surface. Observation at that time in the bathroom of room #206 showed a 4 inch crescent shaped area missing from one tile that was visibly dirty and had an uncleanable surface. 3. Interview on 12/4/14 at 9 AM with the		**F253: HOUSEKEEPING & MAINTENANCE SERVICES** The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. The facility will ensure cleanliness and updated maintenance by: A) **For west shower room:** New tile were ordered 12/10/2014 and will be installed on or before 01/05/2015. **For north shower room:** New tile were ordered 12/10/2015 for intended install 01/05/2015. Sublette Center met with King Contracting on 12/22/2014 and requested a bid for renovation on the floor as it is likely the concrete in the floor will need to be re-done to ensure complete correction of North Bath tile issues. Once new tile are installed 01/05/2015, monitoring for broken tiles will take place monthly and reported on, by maintenance, as a function of QA. B) **For rooms #205 and #206 (bathroom):** Floor tiles were replaced on 12/04/2014. Floor tiles will be monitored by housekeeping according to the housekeeping weekly "deep clean" schedule. They will also be monitored by the maintenance supervisor quarterly and reported as a function of QA.	1/6/2015 12/4/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wendy L. Friend RN DON — TITLE — (X6) DATE: 1/12/15

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 per phone call with Wendy Friend, DON on 1/12/15 @ 1049 am. POC accepted. DOC = 1/15/15. Jancie Cont, OPHC

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WY Dept of Health
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Healthcare Licensing and Surveys

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F 253	Continued From page 1 maintenance director revealed he was aware of the damaged tiles in the showers and resident rooms. However, he acknowledged the facility failed to have a specific plan with a timeframe to complete those repairs.	F 253		
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, staff interview, review of facility logs, and interview with contract staff, the facility failed to ensure the dish machine was working properly in order to sanitize contaminated equipment, dishes, and utensils. The findings were: The following concerns were identified regarding the dish machine; a. Observation during the initial tour on 12/1/14 at 4 PM revealed the facility had a dish machine that used high water temperature to sanitize. Review of the December 2014 log book showed the facility used temperature test strips to monitor the dish machine water temperature, to ensure the rinse cycle reached at least 180		**F371: FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY** The facility will 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. The facility will ensure sanitized contaminated equipment, dishes, and utensils by: A) **For the dish machine located in the kitchen:** On 12/02/2014, the dishes began being sanitized in a chemical fashion instead of the high water temperature method. 12/2/2014 B) **On 12/09/2014** it was determined that the high temperature wash component was beyond repair and a new component was ordered. It will arrive after the first of the year and be installed. 1/7/2014 C) Dietary staff were in-serviced on new strips on 12/04/2014 and monitor the new strips on a weekly basis. 12/4/14	

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F 371	Continued From page 2 degrees Fahrenheit (F). The instructions on the test strip indicated "Pass when blue bar turns orange." Review of the test strip for 12/1/14 in the log book showed the blue bar was not orange, which indicated it failed. The surveyor requested that cook #1 test the water temperature again. The cook used a test strip, which again did not turn orange. b. Interview with the certified dietary manager (CDM) on 12/1/14 at 4:10 PM confirmed the dish machine was a high temperature machine. She further stated a contract staff person was in the facility the previous week, and the report showed the rinse temperature was at least 180 degrees F. The CDM showed the surveyor the previous log books, which also showed failed results on the test strips. c. On 12/1/14 at 6:36 PM the surveyor and CDM used a holding thermometer in the dish machine to test the water temperature. The temperature was 168 degrees F. Further review of the log books with the CDM at that time revealed failed test strips going back to July 2014. The CDM stated "I missed that...that the strip was not orange." The CDM stated staff would use the three compartment sink and disposable plates and utensils until the dish machine was fixed. d. On 12/2/14 at 3:58 PM the contract staff person was in the facility per the request of the facility. He stated he did not look at the logs the facility kept for monitoring the dish machine temperatures because "...the booster is theirs...the rinse temp is their deal." He used his own thermometer to test the water temperature of the rinse cycle in the dish machine and got 170 degrees F, and stated the rinse temperature was not adequate. At 4:15 PM the dish machine had been hooked up to chemicals in order to sanitize.	F 371	D) The CDM will monitor the sanitation logs and report on those as a function of QA. E) Upon installation of the new high temp rinse component, dietary staff will be in-serviced on new hot water monitoring strips as ordered on 12/10/2014 by the CDM. F) The CDM will begin monitoring those logs and report on those as a function of QA.	1/7/2014 1/7/2014 1/7/2014

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F 371	Continued From page 3 He tested the sanitization level with the appropriate test strips and the level was adequate, at between 50 and 100 parts per million (ppm) of hypochlorite. According to Food Code 2013, U.S Public Health Service; 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures, "(A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 90 degrees C (194 degrees F), or less than: (1) For a stationary rack, single temperature machine, 74 degrees C (165 degrees F); or (2) For all other machines, 82 degrees C (180 degrees F)."	F 371		
F 456 SS=E	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's instructions and facility documentation, and staff interview, the facility failed to ensure the wander alert system was maintained in accordance with manufacturer's instructions to ensure proper function for 6 of 6 residents (#4, #11, #18, #25, #35, #36) who utilized the wander alert system. The findings were: 1. Observation on 12/3/14 at 2:15 PM showed the facility had 6 exits which included the interior double doors to the other side of the building,		**F456: ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION** The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This will be accomplished by: A) For residents #4, 11, 18, 25, 35, &36, wanderguards were checked on 12/4/14. All were found to be in working order. B) A change in the Sublette Center policy manual was made to policy "Nursing Policy 1003- Elopement/missing resident plan (Code Grey)" now states under prevention /training, "The nursing staff will test each wander guard code alert bracelet utilized by a resident, each week to determine proper working of the Codewatch transmitter, according to manufacturer's instructions.	12/4/14 12/22/14

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F 456	Continued From page 4 doors at the end of all three wings, in the dining room, and in the activity/sun room. Each exit door had a "Code Alert" control unit, which would alarm when a resident who wore a bracelet (transmitter) went through the door. 2. Review of the "Code Alert Wandering Management Solutions CodeWatch Transmitter User Guide" provided by the facility showed "Transmitters in use must be tested at least weekly...test the operation of transmitters in use weekly using the transmitter tester...verify on a weekly basis that the warranty expiration date stamped on the transmitters in use has not expired...your facility must keep records of test and transmitter inspection completions, as well as transmitter warranty expiration dates." 3. The facility provided evidence that the maintenance department checked the operation of the control units weekly, but failed to provide evidence that each transmitter used by a resident was tested weekly. During an interview on 12/4/14 at 9:10 AM the director of nursing (DON) confirmed the transmitters were not tested weekly. The DON stated there had not been any elopements. 4. Review of the report sheet showed six residents utilized the wander alert system: #4, #11, #18, #26, #35 and #36.	F 456	C) The Director of Nursing will evaluate the med sheets monthly to ensure compliance with wanderguard testing and report as a function of QAPI on an ongoing basis. D) On 12/08/14, The addition of the wanderguard testing by nursing was implemented for testing on or around 12/15/14. Evidence of this test will be located in the Medical books under treatment, where nurses can sign off testing each week. E) On 12/15/14, The nursing staff received specific notification on how to use the wanderguard testor. F) On 12/23/14 all nursing staff received a copy of the policy change.	1/5/2015 12/15/2014 12/15/2014 12/23/2014
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.		F502: ADMINISTRATION 483.75 (J) The facility will provide or obtain laboratory services to meet the needs of its residents. The facility will be responsible for the quality and timeliness of the services.	

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F 502	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure laboratory tests were completed in accordance with physician's orders for 1 of 9 sample residents (#24). The findings were: Review of the medical record showed resident #24 was on digoxin (cardiac medication) for a diagnoses of atrial fibrillation. Review of a pharmacy consult note to the attending physician printed 7/29/14 showed, "Resident is on lanoxin [digoxin] and Lasix. I do not see a recent chem [chemistry] panel or digoxin level in the chart. Would you like to order?" The physician marked the agree box and signed the consultation on 8/6/14. Review of a pharmacy consult note to the attending physician printed on 8/22/14 showed, "MD ordered a chem panel and digoxin level on 8/6. The chem panel was ordered but the digoxin level never got transferred and ordered. Please have the digoxin level done as ordered." The physician marked the agree box and signed the consultation on 8/28/14. Review of the laboratory result from the digoxin level obtained on 9/4/14 showed a result of 0.3 ng/ml (low) on a reference range of 0.8-2.0 ng/ml but last dose information is unknown. A note on the laboratory result stated, "These labs don't tell us much without last dose time." The laboratory result and note was signed by the physician. No documentation of communication regarding laboratory results or medication related to the digoxin level was evident in the record and no follow-up was noted related to the abnormal laboratory results. Interview with the director of nursing on 12/2/14 at	F 502	A) **For resident #24,** the digoxin level was redrawn on 12/5/14 and faxed to the physician on 12/6/14. There was no response so the Director of Nurses follow-up with an email and refax asking for clarification on 12/22/14. B) Starting January 5, 2015, all lab work will go through the Director of Nurses. When labs are drawn, the copy of the requisition sheet will be placed with the Director of Nurses (DON) for surveillance. The DON will track all labs and treatments, delegating documentation and other tasks to specific nurses, However, the DON will be responsible for labwork, it's timely notification of physicians and communication of effectiveness of treatments, in a case management fashion. Findings will be reported as a function of QAPI. C) The CNA manager/Medical Records Manager and MDS Coordinator will meet with the Director of Nurses on a weekly basis at "RISK" to coordinate shift report sheets, care issues, and care plans to avoid missing lab follow up in the future.	12/22/14 01/5/15 12/22/14

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F 502	Continued From page 6 1:15 PM verified the follow-up had not been completed and the original laboratory result for digoxin was not obtained as ordered by the physician.	F 502	D) The Pharmacy Consultant will meet with the DON each month and the DON will coordinate lab requests with him for completion and continuity of care. Results of their meetings will be reported as part of QAPI. E) On 12/12/14, all Sublette Center physicians were given a request to order lab requests for their particular clients, whether labs are ordered on a quarterly, Q. 6 month, or annual basis. F) A new lab protocol will be written by December 23, 2014 and implemented with nursing staff 1/6/14.On January 15, 2015 the DON and Medical Director will establish a standard for all residents who do not have specific labs as ordered by their physician. These labs will be drawn when the physician checks "per lab protocol" on the admission orders. G) A new lab calendar was created on 12/17/14 to track labs for each resident. All prewritten lab sheets will be completed for the month to ensure compliance. These documents will be located in the Medication room.	12/17/14 12/12/14 1/15/15 12/17/14