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 _____	C 02/26/2015

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

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F 000	INITIAL COMMENTS A complaint survey was conducted in conjunction with the recertification survey by Healthcare Licensing and Surveys on 2/23/15 through 2/26/15. The complaint survey was prompted by complaint intakes WY00001896 and WY00001925. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide DON- Director of Nursing LPN- Licensed Practical Nurse MDS- Minimum Data Set	F 000		
F 354 SS=C	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to ensure a registered nurse was designated as the	F 354		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Amy Johnson RN BSN NHA — 3-18-15

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.

FORM CMS-2567(02-99) Previous Versions Obsolete — Event ID: 59164I — Facility ID: WY0039 — If continuation sheet Page 1 of 9

MAR 0 9 2015
Healthcare Licensing and Surveys

Changed per phone call with Amy Johnson, NHA on 3/19/15 @ 3:35pm - POC received.

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F 354	Continued From page 1 DON on a full-time basis. The census was 23. The findings were: Upon entering the facility on 2/23/15 at 4 PM, the social services director stated the facility did not have a full-time DON. She stated the previous DON was now also working at the hospital. During an interview on 2/23/15 at 4:15 PM the DON stated he was also the DON at the attached hospital. He stated he started at the hospital around the end of November 2014. When asked how many hours a week he spent in this facility, he stated "about 10 to 15 hours." He stated the MDS coordinator helped with some of the DON duties, but was not formally sharing the role of DON. The DON further stated the facility had hired a full-time DON who would start the end of March 2014.	F 354	The facility will designate a registered nurse to serve as the director of nursing on a full time basis. This will be accomplished by: a) Gloria Prince, RN, will begin her role as full time Director of Nursing at Star Valley Care Center. Ongoing Compliance will be monitored via facility wide QA program. jhc	03/30/15
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, review of the menu and recipes, and staff interview, the facility failed to ensure the planned menu was followed for 1 of 1 meals. The findings were: Review of the menu for the lunch meal on 2/25/15 revealed the alternate meal was eggplant	F 363		

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F 363	Continued From page 2 parmesan, spaghetti and marinara sauce, parslied cauliflower, and garlic french bread. The following concerns were identified: a. Observation of cook #1 in the kitchen on 2/25/15 from 11:25 AM until 12:20 PM revealed she placed cooked spaghetti noodles in the steam table. She did not have marinara sauce mixed in with the noodles, nor was there marinara sauce on the steam table. Observation of tray line service from 12:33 PM until 1:07 PM revealed 6 residents (#5, #12, #15, #17, #21, #22) received the alternate meal. The residents received plain spaghetti noodles without marinara sauce. b. Review of the daily spreadsheet for the alternate lunch meal for 2/25/15 showed the puree meal was to include puree eggplant parmesan, puree spaghetti & marinara, puree parslied cauliflower, and puree garlic french bread. Observation on 2/25/15 at 11:40 AM revealed cook #2 pureed the eggplant parmesan. At 11:45 AM cook #1 pureed the cabbage. The observations revealed only hot water was added during the puree process. At 12:33 PM resident #19 was served his/her meal from the steam table; the resident received pureed eggplant parmesan and pureed cabbage, but did not received pureed spaghetti & marinara or pureed garlic french bread. c. The recipe book and menu was reviewed with the dietary manager on 2/25/15 at 1:17 PM. He agreed that the recipe called for marinara sauce in the spaghetti. He also stated that the pureed meal should have included spaghetti and marinara and french bread.	F 363	The facility will ensure planned menus are served to the residents. This will be accomplished by: a) The Dietary Manager will conduct monthly staff training to ensure regular menus are correctly followed and served. The training will be recorded on the quality calendar and reported to the Quality Advisory Committee. b) The Dietary Manager will conduct monthly staff training to ensure alternate and specific diet menus are correctly followed and serviced. The training will be recorded on the quality calendar and reported to the Quality Advisory Committee. c) The Dietary Manager or designee will perform audits 3x/week for 2 weeks, then weekly to ensure menus are correctly followed and served. 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. d) The Dietician will monitor monthly for on-going compliance to ensure menus are correctly followed and served. 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.	04/12/15 04/12/15 04/12/15 04/12/15
F 368 SS=E	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at	F 368		

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F 368	Continued From page 3 least three meals daily, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below. The facility must offer snacks at bedtime daily When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. This REQUIREMENT is not met as evidenced by: Based on observation, and staff and resident interviews, the facility failed to ensure snacks were offered at bedtime daily. The census was 23. The findings were: 1. During a confidential group meeting on 2/24/15 at 1:30 PM, 4 residents stated they were not offered bedtime snacks. The residents stated some residents were on a "snack list" and received snacks, but the rest of the residents would need to ask for a snack. 2. Observation on 2/25/15 at 6:40 PM revealed 15 residents were seated in the commons area for an activity. At that time, CNA #1 was taking a cart around to each resident room. The CNA was providing fresh water for each resident and was passing snacks out to certain residents. Review of the snack tray on the cart showed there were	F 368	The facility will provide and offer each resident a snack at bedtime. This will be accomplished by: a) The Dietary Manager will provide a daily snack basket for the nursing staff to offer to all residents at bedtime b) The nursing staff will offer each resident a snack at bedtime. The acceptance or refusal of the snack offering will be documented on the Snack Record. c) During weekly InterDisciplinary Team meeting, the Snack Record will be reviewed and compliance assessed. The results will be included in the facility-wide continuous quality improvement program.	04/12/15 04/12/15 04/12/15

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F 368	Continued From page 4 snacks labeled with some residents' names; there were no other snacks on the cart. Interview with the CNA at 6:45 PM revealed only certain residents received snacks before bed. When asked about the other residents, the CNA replied that snacks were offered after breakfast and after lunch. When asked about snacks after supper or before bed, the CNA again stated that only certain residents received snacks. She stated the other residents were not offered snacks, but could receive one if they asked.	F 368		
F 371 SS=E	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 and staff interview, the facility failed to ensure hot food was held at the proper holding temperature on the steam table for 1 of 1 meals observed. The findings were: Observation on 2/25/15 at 12:25 PM revealed cook #1 took the food items off of the steam table in the kitchen and took the items into the dining room. The cook had difficulty finding places for all of the food items on the steam table in the dining room. Therefore, some of the food items.	F 371		

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F 371	Continued From page 5 including a pan of sliced turkey, sat out of the steam table while she made adjustments. Once all of the food items were in the steam table, the cook took temperatures of the hot food using a thermometer. At 12:35 PM, the thermometer in the pan of sliced turkey read 118 degrees Fahrenheit (F). When the surveyor asked the cook about the temperature, and confirmed the temperature was 118 degrees, the cook stated the turkey "must have sat out of the steam table too long." The cook made no move to reheat the turkey, and instead, started getting plates ready to serve residents. At 12:37 PM the dietary manager entered the dining room and came to the steam table. The cook did not mention the low temperature of the turkey, so the surveyor informed the dietary manager of the temperature. The dietary manager took the turkey back into the kitchen for reheating. During an interview on 2/26/15 at 1:17 PM, the dietary manager confirmed the cook should have reheated the turkey since the temperature was too low. According to the Food Code 2013, U.S. Public Health Service, 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding, "(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under 3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) at 57 degrees C (135 degrees F) or above, except that roasts cooked to a temperature and for time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54 degrees C (130 degrees F) or above..."	F 371	The facility will ensure hot food is held at the proper holding temperature on the steam table. This will be accomplished by: a) The Dietary Manager will train the dietary staff regarding proper holding temperatures. A record of the low temperatures will be documented in the food services temperature record book. b) The Dietary Manager will train the dietary staff regarding the procedure for re-warming foods that are below the proper holding temperatures. c) The Dietary Manager or designee will perform audits 3x/week for 2 weeks, then weekly to ensure proper holding temperatures are being recorded, documented and maintained. 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. d) The Dietician will monitor monthly for on-going compliance to ensure proper holding temperatures are being recorded, documented and maintained. 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.	04/12/15 04/12/15 04/12/15 04/12/15
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		

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F 441 SS=D	Continued From page 6 SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441		

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F 441	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation, policy review, and staff interview, the facility failed to ensure staff followed appropriate infection control practices during 1 of 3 observations of wound care. The findings were: Observation on 2/24/15 at 11:20 AM revealed LPN #1 performed wound care for resident #15. The LPN put on gloves, and then removed the resident's shoes and socks. The LPN removed a soiled bandage from the 4th toe on the resident's right foot. The LPN stated there was an open area between the 4th and 5th toes. Then, using the same gloves, the LPN cleansed the wound with a wound cleanser, and then applied a new dressing to the toe. During an interview on 2/25/15 at 3:30 PM, LPN #1 stated she should have changed her gloves before applying the clean dressing. On 2/26/15 at 8:35 AM the administrator and DON stated during an interview that the expectation was for staff to change gloves after removing the old dressing, and to perform hand hygiene before putting new gloves on. Review of the facility policy titled "Isolation Precautions," revised October 2012, showed "3. Use Standard Precautions for the care of all residents...D. Wear gloves when touching blood, body fluids, secretions, excretions and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same residents after contact with materials that contain a high concentration of microorganisms. Remove gloves	F 441	The facility will ensure staff follow appropriate infection control practices during wound care. This will be accomplished by: a) Wound care for Resident #15 will be completed according to appropriate infection control practices. Gloves will be changed between removing contaminated dressing and placing the clean dressing. b) Wound care for all residents will be completed according to appropriate infection control practices. Gloves will be changed between removing contaminated dressing and placing the clean dressing. c) Education to all nurses regarding appropriate infection control practices for wound care. Gloves will be changed between removing contaminated dressing and placing the clean dressing according to facility policy. d) DON or designee will perform audits weekly for 1 month, then monthly regarding wound care being performed according to appropriate infection control practices and according to facility policy. The results will be included in the facility-wide continuous quality improvement program.	03/18/15 04/12/15 04/12/15 04/12/15

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F 441	Continued From page 8 promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident, and wash hands immediately to avoid transfer of microorganisms to other residents or environments."	F 441		