Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535053	A. Building B. Wing	04/02/2015

Name of Facility	Street Address, City, State, Zip Code
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH STREET WHEATLAND, WY 82201

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 03/06/2015	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 03/06/2015	ID Prefix F0246 Reg. # 483.15(e)(1) LSC	Correction Completed 03/06/2015
ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 03/06/2015	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 03/06/2015	ID Prefix F0328 Reg. # 483.25(k) LSC	Correction Completed 03/06/2015
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 03/06/2015	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 03/06/2015	ID Prefix F0463 Reg. # 483.70(f) LSC	Correction Completed 03/06/2015
ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 03/06/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By 4/13/15	Date:	Signature of Surveyor:	Date: 4/13/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 01/23/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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

PRINTED: 04/14/2015
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
	535053	A. BUILDING _____ B. WING _____	R-C 04/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH STREET WHEATLAND, WY 82201

(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 000}	INITIAL COMMENTS	{F 000}	This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding the deficiencies cited are correctly applied.	
{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 medical record review, staff interview, and review of policy and procedure, the facility failed to ensure neurological assessments were completed as necessary for 2 of 7 sample residents (#10, #38) who experienced falls. The findings were: Review of the 2/17/15 updated "Post Fall Management Guidelines" showed the nurse on duty was to assess residents for injury by performing physical assessments for all falls. Further review revealed neurological (neuro) checks were to be performed on "any fall with known or possible head injury (including un-witnessed falls with potential for head injury)." These neuro checks were to be done "at the time of the fall, Q [every] 15 min x 4 [four times], Q [every] 30 min x 2 [two times], Q [every] 1 hour x 4, and Q [every] 4 hours x 2." The following concerns were identified: 1. Review of an incident report dated 4/1/15 at	{F 309}		

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

Administrator 4/17/15

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.

Plan of Correction accepted, Shane NHA notified on 4/27/15 at 11:00 AM.

4/27/15

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{F 309}	Continued From page 1 7:20 AM showed resident #10 had an unwitnessed fall and was noted to have a "1 mm [millimeter] laceration to right pinky finger, bruise to right elbow 3 cm [centimeter] in diameter, 2 cm in diameter goose egg to right side of head." Review of the neuro assessments showed an assessment was completed at the time of the fall at 7:20 AM and every 15 minutes per the protocol at 7:35 AM, 7:50 AM, and at 8:05 AM. However, the 30 minute checks, the hour checks, and the 4 hour checks were not done. The next documented neuro assessment was done on 4/2/15 at 8:00 AM, an interval of 11 hours and 55 minutes. 2. Review of the 3/26/15 care plan conference summary showed resident #38 was moderately impaired for decision making with a Brief Interview for Mental Status (BIMS) of 11/15. Review of fall incident notes showed the resident had an unwitnessed fall in his/her room on 4/1/15 at 1:30 PM. The resident was assessed by the nurse and did not have any signs or symptoms of head injury; however, the resident sustained a skin tear to the elbow. According to the note, neuro checks were done at the time of the fall and found to be within normal limits. No additional neuro checks were documented. Interview with RN #1 on 4/2/15 at 4:45 PM verified no further neuro checks were completed after this fall. 3. Interview with RN #1 on 4/2/15 at 4:45 PM revealed staff required additional training and the guidelines were expected to be followed related to the frequency of the neuro assessments.	{F 309}	F309- The facility fall policy was revised on 4/17/15. Resident #10 was assessed by the Medical Director on 4/1 with no neurological concerns. Resident #38 received a CT scan on 4/13/15 for continual issues with falls. Results showed improvement from CT scan done prior to his admission. An audit was completed by D.O.N. of all falls from 3/6/15 to 4/2/15 with head injuries and un-witnessed falls to ensure neurological assessments were completed. All nursing staff will be educated on the neurological assessment component of the policy after a fall by 4/20/15. The nurse management team will audit falls with head injuries and un-witnessed falls to ensure that neurological assessments are being completed. Audits will be conducted on all falls with head injuries and un-witnessed falls with suspected head injuries for one month, and monthly thereafter for one year. All results will be brought to QA&A for further review and analysis.	4/20/15

Plan of Correction accepted. Shane NHA notified on 4/27/15 at 11:00 AM.