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 04/29/2015

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}		
{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 the policy and procedure, the facility failed to ensure neurological assessments were completed as necessary for 4 of 6 sample residents (#20, #34, #36, #39) who experienced falls. The findings were: Review of the facility's "Assessing Falls and Their Causes" policy revised on 4/17/15 revealed a neurological assessment will be performed on all unwitnessed falls and falls with known head injuries. However, the policy failed to address specific time parameters for neurological assessment completion. The following concerns were identified: 1. Review of a progress note for resident #20 dated 4/26/15 at 5:38 AM showed the resident was found on the floor with his/her back against the chair. A neurological check, head, and neck assessment was done at that time. Review of the neurological assessment record showed that no	{F 309}	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.	

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

Administrator 5/13/15

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.

WY Dept of Health

MAY 13 2015

Healthcare Licensing and Surveys

spoke with Shane Filipi on 5/14/15 at 10:00 AM. Plan of Correction accepted with agreed changes documented on page 2 of 3. Date of Compliance 5/14/15. Tm Cox

05-13-15;04:52PM;

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{F 309}	Continued From page 1 further neurological assessment was performed. 2. Review of a late entry progress note for resident #36 dated 4/29/15 at 10:40 AM showed the resident had a fall that occurred on 4/24/15 at 11:55 PM. Review of the incident report dated 4/24/15 at 11:55 PM indicated the fall was unwitnessed and a neurological assessment was completed at the time of the fall. Review of the neurological assessment record showed no further neurological assessment was performed. 3. Review of a progress note for resident #39 dated 4/26/15 at 3:06 AM showed the resident had fallen in the hall and it was not witnessed. Review of the neurological assessment record showed an assessment was completed at the time of the fall, however, no further neurological assessment was performed. 4. Review of a progress note for resident #34 dated 4/25/15 at 10:04 PM showed the resident was found sitting on the floor next to his/her recliner. Review of the neurological assessment record showed an assessment was completed at the time of the fall, however, no further neurological assessment was performed. 5. Interview with the DON on 4/29/15 at 11:15 AM verified a neurological assessment was completed once at the time of initial assessment. 6. According to Walters and Kluwar, Lippincott's Nursing Procedures, 5th Edition, 2009, pages 66-67 stated, "Managing Falls ... Provide first aid for minor injuries as needed. Monitor the patient's status for the next 24 hours. Even if the patient shows no signs of distress or has sustained only minor injuries, monitor vital signs every 15	{F 309}	F309- The facility fall policy was revised on 4/29/15. Nursing staff was re-educated on the necessity of neurological assessments after any un-witnessed fall and witnessed falls with a head injury on 4/29/15. Resident #20, #34, #36, and #39 were assessed by the medical director to rule out any neurological deficits post un-witnessed falls on 4/29/15. An audit was completed by D.O.N. of all falls from 4/20/15 to 5/13/15 with head injuries and un-witnessed falls to ensure neurological assessments were completed. 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 for one month, and monthly thereafter for one year. All results will be brought to QA&A for further review and analysis. Neurological assessment will be completed for 24 hours.	5/14/15

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{F 309}	Continued From page 2 minutes for 1 hour, then every 30 minutes for 1 hour, then every 1 hour for 2 hours, or until his condition stabilizes. Monitor neurological assessments with vital signs ..."	{F 309}		