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

PRINTED: 07/17/2015
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
	535042	A. BUILDING _____ B. WING _____	C 07/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

(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 A survey was conducted by Healthcare Licensing and Surveys on 7/1/15 through 7/2/15. The survey was prompted by complaint intake WY00002046. The following common abbreviations are used throughout this document: ADLs- Activities of daily living CAA- Care area assessment CNA- Certified nurse aide DON- Director of Nursing LPN- Licensed Practical Nurse MDS- Minimum Data Set RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000	1. Resident #1 no longer resides within the facility. Resident #4 has been assessed by nursing orders and care plan have been updated to reflect current needs. Resident #5 has been assessed by nursing orders and care plan have been updated to reflect current needs. Res #4 & #5 have O2 in place per current MD order. 2. All residents requiring treatment/care for special needs have been identified through review of the care plan and physician orders. Physician orders and care plan have been updated to reflect current needs 3. Education has been provided to nursing staff in regards to residents requiring treatment/care for special needs. 4. IDT will monitor residents requiring treatment/care for special needs, through random daily audits. The DON/designee will audit systematic changes through weekly audits on residents with treatment/care for special needs. Any deficiencies will be corrected on the spot, and the findings of daily and weekly audits will be submitted to the QA/PI committee for review. 5. The QA/PI committee will review finding for trending for a minimum of 3 months making recommendations as needed, then quarterly thereafter. *Date Certain 8/14/2015*	
F 328 SS=G	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review,	F 328		

Monitoring will identify appropriate use of O2 therapy

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

Administration 7/27/15

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.

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WY Dept of Health
AUG 12 2015
Healthcare Licensing and Surveys

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: XECW11 Facility ID: WY0027 If continuation sheet Page 1 of 5

8/14/15 8:41 AM spoke with Carly Applegate NHA. Plan accepted & agreed upon changes 8/14/15

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F 328	Continued From page 1	F 328		

staff interview and policy review, the facility failed to provide oxygen to 3 of 6 sample residents (#1, #4, #5) that utilized oxygen. This failure resulted in actual harm for resident #1 who required cardiopulmonary resuscitation (CPR) and transport by emergency medical services (EMS) to the hospital. The findings were:

1. Review of the 6/4/15 quarterly MDS assessment for resident #1 showed the resident utilized oxygen and had diagnosis that included acute and Chronic respiratory failure, pulmonary collapse, chronic airway obstruction, obstructive sleep apnea, congenital central alveoli hypoventilation syndrome, and morbid obesity. The following concerns were identified:

a. Review of a facility incident report for 6/10/15 showed at 6:35 AM there was a power surge that appeared to last "momentarily." Continued review of the incident report showed a CNA entered resident #1's room and found the resident unresponsive and the oxygen concentrators were not operating. The nurse was notified, CPR was initiated, and the resident was transported to the hospital via EMS at 7:44 AM.

b. Review of nurse's note for resident #1 dated 6/10/15 at 8:27 AM showed the resident was found cyanotic at 7:10 AM by a CNA who reported to the nurse. Continued review of the nurse's note showed the nurse had previously assisted the resident to switch from "O2" (oxygen) to BiPAP (Bilevel positive airway pressure) at 6:30 AM.

c. Review of physician orders dated 5/4/15 showed the resident required "oxygen per facility protocol. Titrate O2 sats to 89% or greater PRN [as needed] related to acute and chronic respiratory failure. "

d. Review of a "Physician Record of Visit"

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F 328	Continued From page 2 dated 5/14/15 showed the nurse communicated that "o2 needs decrease when patient is compliant/uses BiPAP (15L/min [liters per minute] with BiPAP/20L/min without BiPAP)." Further review of the "Physicians Record of Visit" showed the nurse requested specific parameters for titration in regard to the O2 saturation and the physician gave parameters of 90-94%. e. Interview with resident #1's physician on 7/8/15 at 4:57 PM revealed the resident experienced hypoxia (a deficiency in the amount of oxygen reaching the tissue) and decreased oxygen saturation levels without continuous oxygen. Further interview at that time revealed the hypoxia and decreased oxygen saturation levels could result in death. Continued interview revealed the resident could be without oxygen "maybe 30 minutes" because the resident had returned to the facility on 6/9/15 after being hospitalized for tracheitis. f. Interview with the maintenance director on 7/2/15 at 9:30 AM revealed backup generators supply power to the facility in case of power interruption. All generators were running at the time of the incident. Further interview at that time revealed the generators only supply power to hall lights, heating and cooling systems, call systems, fire alarm systems, and red outlets that are throughout the facility. However, no red outlets are located in resident rooms. g. Interview with the NHA on 7/2/15 at 10:45 AM revealed the oxygen for resident #1 was a lifesaving piece of equipment and s/he required it continuously. 2. Review of the 6/30/15 quarterly MDS assessment for resident #5 showed the resident utilized oxygen and had diagnoses that included senile dementia. The following concerns were	F 328		

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F 328	Continued From page 3 identified: a. Observation on 7/1/15 at 4:50 PM showed the resident was in the dining room awaiting meal service. The resident did not have oxygen being used at the time and no oxygen tank or concentrator was available for use. The nurse attempted to obtain an oxygen saturation level and was unable to get the machine to register. The nurse instructed a CNA to locate the resident's oxygen. The CNA returned to the dining room at 4:58 PM and applied the oxygen to the resident. At 5:00 PM according to the oxygen saturation monitor the resident had an oxygen saturation of 85%. b. Review of physician order dated 1/9/15 showed resident #5 was to receive oxygen at 3 liters per minute by nasal cannula at all times. 3. Review of the 6/9/15 quarterly MDS assessment for resident #4 showed the resident utilized oxygen and had diagnoses that included pneumonia. the following concerns were identified: a. Observation on 7/1/15 at 4:30 PM until 4:37 PM showed the resident was sitting in his/her room in the wheelchair. The oxygen concentrator was running and the wrapped tubing was hanging on the concentrator. The resident did not have a portable oxygen unit on the wheelchair and was not receiving oxygen at that time. b. Review of physician orders for resident #4 dated 6/24/15 showed the resident was to "receive oxygen per facility protocol. Titrate O2 sats to 89% or greater PRN. Currently on 4L PER nasal cannula every shift for health maintenance." 4. Review of facility policy "Oxygen Usage"	F 328		

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F 328	Continued From page 4 revised July 2013 showed "Procedures... 3. It will be administered under a physician's order unless of an emergency nature where immediate application is necessary, as per standing orders..." 5. Interview with the NHA on 7/2/15 at 10:45 AM revealed staff should assist residents with oxygen utilization and O2 should be administered per the physician orders.	F 328		