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

PRINTED: 12/15/2015
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
	53A002	A. BUILDING _____ B. WING _____	12/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

(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 The following common abbreviations are used throughout this document: DON- Director of Nursing MAR- Medication Administration Record MDS- Minimum Data Set mg- milligrams Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 309 SS=E	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 policies and procedures, the facility failed to ensure PRN (as needed) medication was effective to treat symptoms for 5 of 5 sample residents (#14, #16, #20, #24, #40) who received PRN medication. The findings were: 1. Review of the 8/27/15 significant change MDS assessment for resident #16 revealed s/he exhibited indicators of pain daily, including non-verbal signs, vocal complaints, facial expressions, and protective body movements. Review of the care plan (printed 12/1/15)	F 309	F309 The facility will ensure PRN medication is effective to treat symptoms for each resident who receives PRN medication. This will be accomplished by: A) Residents #16, #14, #40, #20 and #24 will be evaluated within an hour of receiving PRN medication by a nurse or medication aide, who will then document findings in the resident's legal record. B) All residents who receive PRN medications have the potential to be affected. A nurse or medication aide will evaluate effectiveness of PRN medications within an hour of the time they are given and document findings in the resident's legal record. C) The DON will educate all nurses and medication aides on evaluating and documenting effectiveness of PRN medications. D) A performance improvement tool will be implemented to ensure PRN medications are evaluated for effectiveness and findings are documented appropriately. This will be completed monthly by the DON or designee and reported quarterly to the Performance Improvement Committee.	01/17/2016

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

CEO 12/14/15

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.

RECEIVED
WYOMING DEPARTMENT OF HEALTH
DEC 21 2015
Healthcare Licensing and Surveys

POC received. Msgd. left for Sandy what. WHA 12/22/15 @ 1:48pm. Janice Call, DON/LC

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F 309	Continued From page 1 revealed the resident had pain. Review of physician orders showed the resident had orders for hydrocodone/acetaminophen 10 mg/325 mg (an opiod pain medication) routinely three times per day and also PRN twice per day. Review of the MAR for 11/1/15 to 12/1/15 showed the resident was administered the PRN medication 25 times. Further review of the MAR and the medical record showed no evidence the effectiveness of the medication was documented for any of the 25 administrations. 2. Review of the 11/23/15 significant change MDS assessment showed resident #14 had moderate pain frequently. Review of a physician's note dated 11/17/15 revealed the resident had metastatic cancer, was on a Fentanyl patch (an opiod pain medication) and had PRN pain medications for breakthrough pain. Review of the care plan (printed 12/1/15) showed the resident had pain. The goal for pain was: "will have decreased pain, to a level acceptable to res [resident] within 30 to 45 minutes of administration of pain-relieving med [medication]." Review of physician's orders showed the resident had orders for, 5 mg to 20 mg of Morphine oral concentrate 20 mg/mL PRN every one to two hours. Review of the MAR for 11/1/15 to 12/1/15 revealed the following: a. The resident received 5 mg of Morphine oral concentrate 20 mg/mL PRN 30 times. Of the 30 times, the effectiveness of the pain medication was only documented 9 times. b. The resident was administered PRN 10 mg of Morphine oral concentrate 20 mg/mL 46 times. The effectiveness of the medication was only documented for 14 of the 46 administrations. 3. Review of the 9/2/15 annual MDS assessment	F 309	(continued from Page 1 of 6)	

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AMIE HOLT CARE CENTER	487 W LOYT BUFFALO, WY 82834

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F 309	Continued From page 2 revealed resident #40 had moderate pain frequently. Review of the medical record showed the resident had Rheumatoid arthritis. Review of the care plan (printed 12/1/15) showed the resident had pain. The goal for pain was "will have decreased pain, to a level acceptable to res (resident) within 30 to 45 minutes of administration of pain-relieving med (medication)." Review of physician orders showed the resident had orders for Ultram 50 mg every 6 hours PRN for pain. Review of the MAR for 11/1/15 to 12/1/15 showed the resident received the PRN Ultram 58 times. Of the 58 times, the effectiveness of the medication was only documented 26 times. 4. Review of the medical record showed resident #20 had diagnoses which included cerebral vascular accident (stroke) and restless leg syndrome. Review of the 1/7/15 annual MDS assessment showed the resident received pain medications both on a schedule and as needed, and his/her pain frequency was occasional. Review of physician orders showed the resident had orders for hydrocodone/acetaminophen (an opiod pain medication) 10mg/325mg every 6 hours as needed for pain. Review of the November 2015 MAR showed the resident received hydrocodone/acetaminophen 10mg/325mg as needed for pain 13 times. However, the review showed the effectiveness of the medication was documented only once. 5. Review of the medical record showed resident #24 had diagnoses which included arthritis, paraplegia, and anxiety disorder. Review of the 10/8/15 significant change MDS assessment showed the resident had pain frequently, and had routine and as needed pain medications. Review	F 309	(continued from Page 2 of 6)	

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F 309	Continued From page 3 of physician orders showed the resident had a 9/25/15 order for diazepam 2mg (anti-anxiety, muscle relaxant) twice daily as needed for anxiety. Review of the November 2015 MAR showed the resident received diazepam 13 times as a muscle relaxant, 4 times for anxiety, and 2 times for pain. The review showed the effectiveness of the medication was documented only twice. Interview with RN #1 on 12/2/15 at 4 PM showed staff administered diazepam as needed to the resident in an effort to reduce pain caused by muscle spasms. 6. On 12/2/15 at 10 AM the DON stated the facility also had a PRN medication monitoring sheet in a folder in the medication room. Review of this additional documentation for resident #14 showed PRN pain medication administrations on 11/8/15, 11/9/15, and 11/10/15 were not located in the documentation (no effectiveness documented). At 10:15 AM, the DON confirmed there were gaps, and stated the system was not perfect. At 10:23 AM, the DON further stated the information in the folder was not part of the medical record, and acknowledged there was a problem with the effectiveness of PRN pain medications not being documented. 7. Review of the facility's policy "Pain Management" (12/2010) showed: "A monitor form will be used for each resident to evaluate the effectiveness of the pain management program using the pain rating scale."	F 309	(continued from Page 3 of 6)	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a	F 315		

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ANNIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

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F 315	Continued From page 4 resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, and staff and family interviews, the facility failed to obtain a urine sample in a timely manner to identify and treat a suspected urinary tract infection (UTI) for 1 of 1 sample resident (#43) treated for a UTI. The findings were: 1. Review of a nursing note dated 10/22/15 for resident #43 revealed the resident's daughter told the nurse the resident was acting like s/he did the last time s/he had a UTI. The nurse noted the resident had a fever the previous night and stated s/he didn't feel well. The daughter requested a UA (urinalysis). The nurse documented a UA would be done in the morning. The following concerns were identified: a. Further review of the medical record showed the urine sample was not collected until 10/27/15 (5 days later) via catheterization. b. The only nursing note between 10/22/15 and 10/27/15 was made on 10/26/15 and indicated the nurse was unable to collect a sample list because the resident was not feeling well. c. Review of the 10/27/15 UA results showed the urine was "cloudy" and "many bacilli" were present.	F 315	(continued from Page 4 of 6) F315 The facility will ensure that urine samples are obtained in a timely manner. This will be accomplished by: A) If it is determined that a UA is warranted for resident #43, a urine sample will be obtained within 24 hours by the nursing staff, using a mini-cath if necessary. B) All residents have the potential to be affected if a resident has symptoms of a UTI and it is determined that a urinalysis should be done, nursing staff will obtain a urine sample within 24 hours. C) The Infection Control Nurse will review with all nurses the standing physician's orders, which indicate a mini-cath should be done if a clean catch procedure is not possible. She will also educate all nurses on the need to get a urine sample within 24 hours from the time it is determined that a urinalysis is needed. D) A performance improvement tool will be implemented to ensure urine samples are obtained in a timely manner. This will be completed monthly by the Infection Control Nurse or designee and reported quarterly to the Performance Improvement Committee.	01/17/2016

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F 315	Continued From page 6 d. Review of physician orders showed Bactrim DS (antibiotic) for 10 days was ordered. The physician also ordered a culture. Review of the culture dated 10/29/15 showed "Alpha strep. present- no further workup." A nursing note dated 10/29/15 showed the physician received the results of the culture and wished to continue the antibiotic. e. During an interview on 12/2/15 at 10:35 AM the resident's family member stated "it shouldn't take 6 days to get a sample." f. On 12/2/15 at 4:15 PM team leader #1 stated the facility had a difficult time getting a clean catch urine sample on the resident, and finally got a sample via catheterization on 10/27/15. She also stated this occurred over a weekend, and lab was not always available. g. Review of standing physician orders for the resident showed "UA for symptomatic residents. Mini catheterization procedure on residents who unable to do a clean catch procedure." h. During an interview on 12/3/15 at 8:34 AM the infection control coordinator stated she was upset the UA took that long for resident #43. She stated if the staff couldn't get a clean catch urine sample, they could have done a mini catheterization that day, or the following day.	F 315	(continued from Page 5 of 6)	