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

FORM APPROVED
OMB NO. 0938-0391

RECEIVED
Wyoming Dept of Health
OCT 19 2009
Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING _____ B. WING _____	09/24/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

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F 241 SS=E	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, review of resident council meeting minutes, and staff and resident interviews, the facility failed to provide a dignified and timely meal service for 2 of 2 meals observed. The findings were: 1. Preparation and serving of the evening meal was observed on 9/21/09 from 4:10 PM to 6:30 PM. Interview with the dietary manager on 9/21/09 at 4:15 PM established the serving time for residents in the main dining room as 5 PM. Continued observation and associated interviews revealed the following: a. The evening cook was the only staff member observed in the kitchen on 9/21/09 at 4:20 PM; she prepared room trays for acute care patients (the long-term care facility was co-located with a critical access hospital) as well as preparing food for the resident dining room. The cook stated in interview on 9/21/09 at 4:45 PM she was responsible for "...all the food tonight: hospital and nursing home..." b. The cook left the kitchen at 5:25 PM with a food cart heading to the nursing home; she arrived at the residents' dining room at 5:32 PM. c. Food was transferred from the holding cart to a steam table in an ancillary kitchen area adjacent to the main dining room. The first plate of food was prepared and served at 5:41 PM. d. The last resident was served at 6:19 PM in the	F 241	WCHS will promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This will be accomplished by: A) The facility has selected a new dietary manager, and is conducting interviews to hire two additional dietary aides. These three positions will bring the dietary department to full staffing levels which will improve food preparation and delivery times. B) A log has been implemented to track food delivery and serving times at every meal. Meals will be served at 7:15 AM, 12:15 PM, and 5:15 PM. This log will be reviewed randomly by the dietary manager to ensure the facility attains the appropriate time lines. C) The Director of Support Services will educate dietary staff on the policy for meal service including time to start serving and duration of meal delivery	10/30/9 The cook will fill in the log at the beginning of each meal service.

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10/15/09

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that
ır safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days
ıwing 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
s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued
ıram participation.

This POC accepted with agreed to changes on 10/21/09 between JoAnn Farnsworth and Tony Madden

GM

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F 241	Continued From page 1 main dining room, 79 minutes after the establish meal time of 5 PM. e. Non-sample resident #39, was observed on 9/21/09 at 6:08 complaining to the evening cook. The resident wanted to know why s/he had not been served dinner. In a subsequent interview on 9/21/09 at 6:15 PM, the resident stated s/he did not understand why s/he had to sit at the table for so long watching the other residents eat while s/he waited for her/his food to be served. On-going observation of the resident's table showed one of four residents had been served at 5:50 PM while the remaining residents waited for their food to be served. The last of the remaining residents was served at 6:15 PM. f. The evening cook stated in interview on 9/21/09 at 6:45 PM that meals were "...late on occasion..." and attributed late food service to a lack of kitchen staff. She added the kitchen staff was "...short three or four people..." and stated that providing timely service was difficult when understaffed. The cook was not sure how often meal service was late. 2. The breakfast meal was observed on 9/22/09 from 6:30 AM to 8:20 AM; the established time for breakfast was 7 AM. Observation and interviews revealed the following: a. The food cart left the kitchen at 6:55 AM and arrived in the main dining room at 7:02 AM. b. At 7 AM, eighteen residents were in the dining room waiting for breakfast. The first of these residents was served at 7:15 AM, and the last was served at 7:45 AM. c. The morning cook stated meals were "...late sometimes..." and attributed the delay to insufficient staffing. 3. Interview with the dietary manager on 9/21/09 at 3:10 PM and again on 9/23/09 at 11:30 AM revealed staffing was a problem in the kitchen,	F 241	D) Meal delivery and serving times will be tracked for resident #39 and all residents as a performance improvement project by the Director of Support Services and reported to the QA Committee monthly.	

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F 241	Continued From page 2 with three positions currently vacant. She added her staff worked hard, but acknowledged meal service was late on occasion. The manager did not know how often meals were served late and did not routinely monitor serving times. 4. On 9/22/09 at 9:30 AM the Resident Council meeting minutes for January through September 2009 were reviewed. These documents showed the resident council complained of late meal service in August and September. In a group interview on 9/22/09 at 1:15 PM, nine of nine residents agreed that meal service was "...slow...and annoying because nothing ever gets done about it [late meals]..." One resident further stated s/he had complained to the staff about late meals last summer, but quit complaining because the situation did not improve, and s/he "...might as well just save my breath..."	F 241		
F 244 SS=E	483.15(c)(6) PARTICIPATION IN RESIDENT & FAMILY GROUPS When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, Resident Council meeting minutes, and interviews with residents and staff, the facility failed to act upon and provide feedback to the Resident Council regarding late meal service for the last two months. The findings were: 1. Resident Council meeting minutes for August	F 244	WCHS will listen to the views and act upon the grievances and recommendations of residents, resident groups, and families concerning proposed policy and operation decisions affecting resident care and life in the facility. This will be accomplished by: A) Administrator will update the grievance policy to include a notification and tracking process for acting upon grievances. A grievance form will be included in this process	10/30/9

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F 244	Continued From page 3 and September of 2009 revealed the Council voiced a complaint about late meal service in the main dining room. These same documents failed to show evidence the facility replied to the Council's concern. A group of residents were interviewed on 9/22/09 at 1:15 PM; all nine residents in the group voiced dissatisfaction with late meals. One resident, asking to remain anonymous, stated s/he had complained to the staff about late meals in the past, but quit complaining because the situation did not improved and s/he "...might as well just save my breath..." The group further stated that staff "...took lots of notes...", but did not correct the timeliness of meal service. In addition, staff had not provided feedback to residents on actions to address the on-going complaint. 2. Interview with the activity director (who assisted with resident council) on 9/23/09 at 4:40 PM confirmed meal service was a significant concern for residents. She further acknowledged she was aware of the problem, but was not sure how the dietary department was addressing the residents' concerns. 3. Two meal observations, dinner on 9/21/09 and breakfast on 9/22/09, revealed both meals were served late. Refer to F 241 for details on timing of these observed meals.	F 244	B) Administrator will educate staff and residents regarding the Grievance policy. C)Activities Director will initiate grievance process when grievances are identified at Resident Council meetings. D) Activities director will monitor compliance of following the above policy and report to QA Committee monthly.	
F 281 SS=E	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to administer medications in a timely manner for 2 of 4 sample	F 281	The services provided by the facility will meet professional standards of quality. This will be accomplished by:	10/16/9

10/1-1/09

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F 281	Continued From page 4 residents (#23, #31)whose medications were administered with applesauce. The findings were: Observation on 9/23/09 at 1:45 PM, revealed medications were prepared in the medication cart for resident #23 and #31. During an interview with licensed practical nurse (LPN) #1 at that time revealed she mixed applesauce with crushed digoxin and aspirin at 11:30 AM that day for resident #23, but the resident was not available for the scheduled noon dose of medications. The nurse said she also prepared apresoline, multivitamins and coumadin in the same way for resident #31. She said resident #31 had visitors and the nurse decided to administer the medications later. Observation on 9/23/09 at 1:55 PM revealed the nurse administered the medication to resident #23 that had been prepared at 11:30 AM (elapsed time: two hours and twenty-five minutes). Observation at 2:05 PM revealed the same nurse administered medication to resident #31 that had been prepared at 11:30 (elapsed time: two hours and thirty-five minutes). Review of the facility's policy and procedures revealed the facility did not have a policy or nursing instructions regarding the length of time that pre- poured medications could be set aside prior to administration. Interview with the facility's pharmacist on 10/2/09 at 2:45 PM revealed the pharmacist consulted with the pharmaceutical manufacturer and received instructions that medications that were crushed and mixed with applesauce should be administered within an hour of preparation.	F 281	A) Residents #23 and #31 and all residents who have pre-poured medications will have their medications administered within one hour of preparation. B) Director of Nursing will update the medication administration policy. Additional verbage will include medication administration protocols when crushing medications and mixing them with applesauce or other foods. C) Director of Nursing will educate all nurses about the medication administration policy. D) Director of Nursing will randomly monitor compliance of the medication administration policy and report to QA monthly.	
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain	F 309		

10/21/09

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F 309	Continued From page 5 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 and staff interview, the facility failed to ensure a physician-ordered dietary supplement was procured and administered to 1 of 4 residents (#37) identified as needing additional protein to aid wound healing. The findings were: 1. According to the medical record, resident #37 had a diabetic ulcer on his/her foot that healed and reoccurred on at least three seperate occasions during a twelve month period. Review of the 6/3/09 annual Minimum Data Set (MDS) Assessment showed he/she did not have an ulcer at that time. Review of the 6/4/09 physician's order sheet revealed the physician discontinued Prostat (a protein supplement to aid wound healing) for the resident. Review of the 7/15/09 nursing notes revealed staff again noted a stage II ulcer on the resident's foot. Staff documented the size of the ulcer on the resident's foot as "2 centimeters, open, with thick yellow drainage." a. Review of the physician's orders revealed Prostat was reordered for the resident on 7/16/09. According to the 7/16/09 nursing notes, Prostat was to be given twice daily to promote wound healing. Review of the MDS coordinator's note, dated 8/13/09, showed the Prostat had been discontinued, but was then restarted when the nurses noted the resident's newly developed ulcer.	F 309	Each resident will receive and the facility will 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 will be accomplished by: A) Resident #37 and all residents will receive Prostat when so ordered by their physician. B) Director of Nursing will implement a process for ordering Prostat to avoid running out, giving ample time for possible back orders due to unavailability. C) A purchase order will be placed in front of the last 6 bottles on the shelf in the medication room reminding staff to place the order.	10/16/9

10/21/09

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F 309	Continued From page 6 b. Review of the 8/27/09 nutritional assessment documented the resident's had an increased need for protein to aid in wound healing and because his/her laboratory results revealed low albumin and protein levels. c. Review of the August and September 2009 medication administration record (MAR) for the resident revealed the resident did not receive Prostat from 8/22 -9/19/09. d. Review of the 8/25/09 physician's note revealed, "right heal area was healed, Prostat protein drink not available, now it [skin integrity] has broken down again." e. Interview on 9/24/09 at 9:30 AM with licensed practical nurse (LPN) #1 revealed the facility was unable to get Prostat, and the ulcer began to deteriorate when the resident did not receive the protein supplement as ordered. The LPN acknowledged that resident #37 refused other protein supplements and would not increase his/her intake of food or liquids. f. Interview with the physician on 9/24/09 at 11:45 AM revealed there were many factors that impacted the healing process for the resident and receiving Prostat was one of them. g. Observation on 9/24/09 at 1 PM of the ulcer on the resident's right foot showed a dime-sized, open, moist stage II wound was present under the small toe. 2. The dietary manager stated in interview on 9/23/09 at 2:15 PM that she was responsible for ordering Prostat when requested by the nursing staff. She further stated the product was a special order item that required "...at least two weeks to get" from a regional distributor. a. She stated it was her assumption that nursing staff would order Prostat when the last case (6 bottles) was opened, as this provided her time to place and receive an order.	F 309	D) Director of Nursing will educate all nurses about the ordering process. E) Director of Nursing will monitor compliance of the ordering process and report to QA monthly	

10/14/09

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F 309	Continued From page 7 b. She did not recall the date of the nursing staff's most recent Prostat request, but stated it was not until the last bottle was opened making prompt resupply difficult. 3. The administrator stated in an interview on 9/24/09 at 9:45 AM that facility staff did not have an established reorder point for Prostat, as receiving the product in the past had not been a problem. It was the administrator's expectation that nursing staff would monitor the protein supplement and request additional Prostat from the dietary department as needed for resident use. a. The administrator stated her recollection, as documentation did not exist, that staff reordered Prostat on or about 8/18/09. She further noted the product was received on 9/16/09. b. The administrator acknowledged the lack of a system for tracking the consumption or reordering of Prostat. 4. Interview with the registered dietitian (RD) on 9/24/09 at 11:10 AM revealed he was aware Prostat was out of stock and made alternate recommendations to increase protein in the diet of residents with healing wounds. His recommendations were to offer other amounts of liquid supplements to the residents. The RD further stated he was informed by nursing staff that resident #37 generally refused other supplements and, as a result, was not receiving additional protein in his/her diet.	F 309		
F 362 SS=E	483.35(b) DIETARY SERVICES - SUFFICIENT STAFF The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.	F 362	WCHS will employ sufficient support personnel competent to carry out the functions of the dietary service. This will be accomplished by:	10/30/9

10/21/09

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F 362	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to ensure sufficient trained staff were available to ensure prompt meal service for 2 of 2 observed meals. The findings were: 1. Meal observations on 9/21/09 (dinner) and 9/22/09 (breakfast) showed residents were served late on both occasions (refer to F241). 2. Multiple interviews with the dietary manager on 9/21/09 through 9/23/09 revealed her assessment that a shortage in dietary staffing contributed to the late meal preparation and service problems observed. She acknowledged staffing had been worse during the summer months, but now many of the employees were new and still learning. She further stated the kitchen was short three employees, a factor she again said added to the problem of late meals. 3. The facility contracted with a registered dietitian, and he was interviewed on 9/23/09 at 2:40 PM and again on 9/24/09 at 10:15 AM. On both occasions he stated it was his assessment that the kitchen was short staffed, and he believed this staffing shortage contributed to the lack of timely meal service.	F 362	A) Two new employees have completed indoctrination and initial training. A new dietary manager has been selected and will complete indoctrination by October 30. Ongoing interviews for two additional dietary aides will continue until the positions are filled. B) The consulting Registered Dietician will provide training in-services to enhance the initial training of new hires and refresh the training of current staff. The first in-service is tentatively set for October 21. C) A department-specific orientation checklist will be created and implemented by the director of support services. C) The director of support services will monitor staffing levels weekly and report to QA monthly.	
F 428 SS=E	483.60(c) DRUG REGIMEN REVIEW The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.	F 428	The drug regimen of residents #11, #14, #18, #23, and #43 and all residents will be reviewed at least once a month by a licensed pharmacist. Any irregularities will be reported to the attending physician and the director of nursing and these reports will be acted upon. This will be accomplished by:	10/30/9

10/21/09

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F 428	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on staff interview and review of medical records, the facility failed to ensure drug regimen reviews were completed at least monthly for 5of 13 sample residents (#11, #14, #18, #23, and #43) . The findings were: 1. Review of medical records revealed 5 residents (#11, #14, #18, #23, and #43) lacked evidence to show drug regimen reviews were completed at least monthly. The following discrepancies were discovered: a. Residents #11, #14, and #23 each lacked evidence of a drug regiment review for May 2009. Further, reviews conducted for January through June 2009 were incomplete, lacking any documentation by the reviewing pharmacist to note if irregularities were found. The incomplete reviews were signed and dated, but lacked any additional information or declaration by the pharmacist. b. In addition to missing a drug regimen review for the month of May 2009, resident #18 lacked complete reviews for January, February, March, April, and September 2009. c. Resident # 43 had a drug regimen review for September 2009 signed by the reviewing pharmacist, but lacked any additional information concerning irregularities or physician inquiries. 2. The administrator stated in interview on 9/23/09 at 4:20 PM the facility replaced the consulting pharmacist in July 2009. She was unaware that there continued to be problems documenting the outcome of the monthly drug	F 428	A) The adminsitrator will educate Pharmacist, physicians, and nursing staff on the drug regimen review procedure. B) The pharmacist will perform drug regimen reviews on residents #11, #14, #18, #23, and #43 and all residents monthly and make recommendations on the *Monthly Drug Regimen Review* form. C) Physicians will review the recommendations on the *Monthly Drug Regimen Review* and sign acknowledgement of those recommendations while doing physician visits. D) Resident Care Coordinator will monitor and report to QA monthly	

10/1/09

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F 428	Continued From page 10 regimen review.	F 428		

10/4/09