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

PRINTED: 02/09/2016
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
	535033	A. BUILDING _____ B. WING _____	01/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT CASTLE ROCK REHABILITATION CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

(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 re-certification survey was conducted at the facility from 1/25/16 through 1/28/16. The following common abbreviations are used throughout this document: DON- Director of Nursing Services MDS- Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000	**Reference Tag F 253** **The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.** 1. The dining room floor with the 44 cracked tiles were immediately sealed with a clear calking in order to allow for proper cleaning until which time an outside contractor can replace the damaged tiles. The tiles will be replaced by an outside contractor and the raised concrete causing the crack will be ground down in the process to aide in preventing further cracking of tile. 2. Rooms #2, #14, #15, #30, #31, #19, #22 will be repaired with an FRP material which will provide a non-porous finish for cleaning and infection control purposes. The FRP will be placed behind the toilet and along each side of the toilet. This work will be performed by an outside contractor. Room #5 will be patched, textured and painted to ensure adequate cleaning surface.	
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 1 dining area floor was maintained in a condition that would allow for adequate cleaning. In addition, the facility failed to ensure resident bathroom walls in 4 of 4 resident areas (north hallway, south hallway, east hallway, west hallway) were maintained in a condition that would allow for adequate cleaning. The findings were: 1. Observation on 1/26/16 at 10:35 AM showed 44 floor tiles (each measured 12 inches by 12 inches) in the dining room area had darkened cracks through the tiles that collected dirt and debris and created an uncleanable surface. Observation on 1/28/16 at 8:25 AM showed the	F 253		

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

2/10/16

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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F 253	Continued From page 1 dining room floor tiles remained damaged. 2. Observation on 1/28/16 from 8:25 AM through 8:50 AM showed the following concerns with resident bathroom walls: a. Room #2 had wallpaper separated from the wall behind the toilet from the floor to 18 inches up, which created an inadequate cleaning surface. b. Room #5 had 2 gouges on the bathroom wall opposite the bathroom door that started at 18 inches above the floor. Each gouge was 38 inches long and exposed the material which made up the sheetrock beneath the wallpaper, which made the surface uncleanable. c. Room #14 had wallpaper separated from the wall to the right and behind the toilet from the floor to 15 inches up, which created an inadequate cleaning surface. d. Room #15 had wallpaper separated from the wall to the right and behind the toilet from the floor to 16 inches up, which created an inadequate cleaning surface. e. Room #30 had wallpaper separated from the wall to the right and behind the toilet from the floor to 17 inches up, which created an inadequate cleaning surface. f. Room #31 had wallpaper separated from the wall to the left and behind the toilet from the floor to 4 inches up, which created an inadequate cleaning surface. g. Room #19 had wallpaper separated from the wall to the left and behind the toilet from the floor to 7 inches up, which created an inadequate cleaning surface. h. Room #22 had wallpaper separated from the wall to the center and behind the toilet from the floor to 12 inches up, which created an inadequate cleaning surface.	F 253	All resident rooms and common areas have a possibility of being affected. The Maintenance Supervisor or designee will do monthly audits to address repairs. In addition all staff will be educated regarding the importance of reporting findings to the Maintenance Supervisor immediately. All audit findings will be reported to the Safety Committee quarterly. The Maintenance Supervisor is responsible for the compliance of this tag and reporting.	~~4-20-16~~ 3/13/16 g

2/29/16 This POC accepted with agreed to POC changes between Debbie Dodd, Administrator and Tony Madden, Surveyor

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F 253	Continued From page 2 Interview with the maintenance director on 1/28/16 at 10 AM confirmed he was aware of the damage to the tiles in the dining area, and the damage to the resident bathroom walls. However, the facility failed to have a plan with a specific timeframe to address those issues.	F 253	**Reference Tag F 329** **Drug regimen is free from unnecessary drugs.** Immediate corrective action: Resident #19 The resident's physician was notified of the 7 of 13 times that the resident's medication effectiveness was not documented.	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by:	F 329	How the facility will identify other residents having the potential to be affected: All of the residents with PRN (as needed) medications have the potential to be affected. Measures put in place or system changes to ensure correction in this area include: The Quality Assurance Performance Improvement Committee has reviewed and amended the medication policy to clearly state that nurses must document the effectiveness of PRN (as needed) medications. An audit of all residents PRN (as needed) medications has been completed by the DNS /designee and corrections made if needed.	

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F 329	Continued From page 3 Based on medical record review and staff interview, the facility failed to ensure adequate monitoring of as-needed medications for 1 of 12 sample residents (#19). The findings were: Review of the 1/14/16 quarterly MDS assessment showed resident #19 had diagnoses that included non-Alzheimer's dementia and anxiety disorder. Review of active physician orders showed the resident had a 12/17/15 order for Seroquel (an anti-psychotic medication) 12.5 mg by mouth twice daily as needed. The following concerns were identified: a. Review of medication administration records showed Seroquel was administered to the resident on 13 occasions between 12/17/15 and 1/25/16. On 7 of those occasions (54%), the effectiveness of the medication was not documented, or was not documented in a timely manner. b. Interview with the DON on 1/28/16 beginning at 1:50 PM confirmed the effectiveness of the as-needed medication was not documented or was not documented in a timely manner.	F 329	All nurses have been educated on the requirement to document the effectiveness of PRN (as needed) medications if used. Ongoing each week the DNS / designee will audit the documented effectiveness of PRN (as needed) medications to ensure compliance Who will monitor the new system: The DNS / designee How frequently will we monitor: Weekly ongoing How will we incorporate the new system into our Quality Assurance Performance Improvement system: The DNS /designee will report at the monthly QAPI meeting on the results of the weekly audits and any needed actions, for 6 months, and then at a frequency to be determined by the QAPI Committee	~~3-24-16~~ 2/22/16 S

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