5/17/16

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

PRINTED: 05/06/2016
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
	535040	A. BUILDING _____ B. WING _____	C 04/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

(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 complaint survey was conducted by the Office of Healthcare Licensing and Surveys on 4/21/16. The survey was prompted by complaint intake WY000002229. The following common abbreviations are used throughout this document: CNA- Certified nurse aide DON- Director of nursing services LPN- Licensed practical nurse RN- Registered nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law	F 225	F225 The facility will have evidence that all alleged violations are thoroughly investigated, and will prevent further potential abuse while the investigation is in process. a) Future alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property will be addressed with an immediate investigation started, including suspension of all employee(s) in question. If a CNA is involved, the HLS/CNA-105 will be completed in addition to	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 5/17/16

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.

Accepted w/no changes. Kelli Rose NHA

notified on 5/17/16 by Jordan Rasso
DOC = 5/31/16

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F 225	Continued From page 1 through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on investigation review and staff interview, the facility failed to ensure 1 of 2 abuse/neglect investigations reviewed were reported and investigated as required. The findings were: Review of the 4/11/16 incident report showed the facility reported an issue related to CNA students and their perception of how care and services were provided to residents. According to the report, the 2 CNAs involved were provided education, and the CNA student instructor re-educated her students. The following concerns were identified: a. Interview on 4/21/16 at 3 PM with the DON, social service director, and the administrator revealed one of the students brought forth concerns related to the way CNAs #1 and #2 treated residents during the clinical training. The DON stated the issues were brought	F 225	Douglas Care Center (DCC) Resident Abuse Investigation report. b) All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property will be included in future incident reports to state survey agency. Allegations will be reported to the survey agency immediately (within 24 hours). c) Future investigations of alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property will include names of all parties involved and a detailed list of all allegations. The investigation will include the HLS/CNA-105 form if a CNA is involved; the investigation will include the seven components that are required in the guidelines of F226. The seven components are, screening of potential employees, training of employees, prevention, identification, investigation, protection and reporting/response.	

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F 225	Continued From page 2 to her by the instructor and the student. Review of these concerns included "...transferring [resident's name] too roughly...cussing in front of residents...throwing a french fry at resident..." b. Review of the incident report showed these allegations were not included in the report to the state survey agency. c. Review of the facility documentation failed to show a thorough investigation. The investigation consisted of asking the CNAs in question if these allegations were true. The aides denied the allegations and it was concluded the student misunderstood what s/he observed.	F 225	QAPI to monitor that abuse allegations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are being handled properly per policy for one month or until resolved.	05/31/2016
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on policy and procedure review and staff interview, the facility failed to develop a written procedure with required elements for reporting. The findings were: Review of the "Reporting Resident Abuse" policy dated February 2010 showed incidents of resident neglect, abuse, or misappropriation of resident property "...will be investigated and any findings of abuse will be reported to the state agency responsible for recording such data in the abuse registry." The policy failed to include procedures to report allegations of abuse, neglect	F 226	F226 The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. DCC Resident Abuse policy to include the procedure to report allegations of abuse, neglect, or misappropriation of resident property. The policy will also include the required 5-day follow-up report of investigation findings to be turned into the state survey agency. the investigation will include the seven components that are required in the guidelines of F226. The seven components are, screening of potential employees, training of employees, prevention, identification, investigation, protection and reporting/response.	

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F 226	Continued From page 3 or misappropriation of resident property prior to the investigation. Further, the policy did not address the required 5 day reporting of investigation findings to the state survey agency. Interview with the DON and administrator on 4/21/16 at 3 PM verified the policy did not address the reporting requirements.	F 226	QAPI to monitor that allegations of mistreatment, neglect, and abuse of residents and misappropriation of resident property are being handled properly per updated policy for one month or until resolved.	05/31/2016
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	F 441	F441 The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. 1. The CNA #6 will be given education about the hand hygiene police. 2. All staff to be educated about the Infection Control Program and the hand hygiene policy at the monthly staff meeting. 3. In addition, DCC will provide hand hygiene education quarterly and continue with annual audits for all staff about the Infection Control Program.	

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F 441	Continued From page 4 professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure proper hand hygiene was performed during 2 random observations. The findings were: 1. Observation on 4/21/16 at 10:30 AM, showed CNA #2 and CNA #6 transfer resident #44 from the wheelchair to the bed with the use of a full body lift. The soiled incontinence pad was removed, and CNA #6 provided perineum care. The CNA then removed her gloves and continued to assist the resident adjusting clothing, repositioning the pillow and blanket and removing the lift from the room. The CNA did not cleanse her hands after removing her gloves and before continuing with resident care. 2. Observation on 4/21/16 at 11:20 AM, showed LPN #1 and physical therapist #1 reposition resident #19 for a dressing change and incontinence care. With gloved hands, the therapist removed the wound dressing, cleansed the wound and prepared the dressing to be reapplied. She removed her gloves, and donned a second pair and applied the new dressing. The therapist did not cleanse her hands after removing the gloves and applying the clean dressing. In addition, after completing the	F 441	4. The LPN #1 and Physical Therapist #1 will be counseled about the hand hygiene policy. 5. DCC will provide hand hygiene education quarterly as well as annual audits. New hire/rehire employees will be provided education during orientation about the Infection Control Program and the hand hygiene policy; will be audited within the first 30 days of hire as well as quarterly education and annual audits. 6. QAPI to monitor the orientation process on the Infection Control Program and hand hygiene policy for one month or until resolved. 7. QAPI to monitor education and audits on the Infection Control Program and hand hygiene policy on all staff for one month or until resolved. 5/31/16	

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F 441	Continued From page 5 dressing change, the LPN completed perineum care with gloved hands. She removed her gloves and continued to assist the resident with adjusting the pillow and blanket and assisting with the reading glasses. During an interview with the LPN and therapist following the observation, they acknowledged the need to cleanse their hands after removing their gloves before continuing with resident care and treatment. 3. According to Wolters, Kluwer; Lippincott Nursing Procedures, 7th edition, 2015, "Hand Hygiene... The hands are the conduits for almost every transfer of potential pathogens from one patient to another, from a contaminated object to the patient, or from a staff member to the patient. Because of this, hand hygiene is the single most important procedure in preventing infection...Using an alcohol-based hand sanitizer is appropriate for decontaminating the hands...when moving from a contaminated-body site to a clean body site during patient care; ...after removing gloves..."	F 441		