PRINTED: 04/28/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535031	A. BUILDING ______ B. WING ______	04/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER HEALTHCARE & REHABILITATION CENTER	1002 FOREST DRIVE RIVERTON, WY 82501

(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 RN - Registered Nurse MAR- Medication administration record RD - Registered Dietitian Less commonly used abbreviations will be annotated in each deficiency where used.	F 000	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.*	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS 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, staff interview, and medical record review, the facility failed to ensure physician's orders were followed for 1 non-sample resident (#48) during 1 of 2 medication pass observations. The findings were: According to the Wyoming Nurse Practice Act, revised July 2010, Section 3, pages 3-8 of the Wyoming State Board of Nursing's Administrative Rules and Regulations, nursing staff must function under the direction of a licensed physician. Refer to Federal citation F309 for details regarding RN #1 not following physician's orders regarding the administration of blood pressure medications to resident #48	F 281	F281 This will be met as evidenced by: *Resident #48 will be placed on the vital sign daily list by the charge nurse for the CNA to take vital signs routinely prior to administration of anti-hypertensive medications. Medication will be held if indicated, per physician's order. * Unit manager (or designee) will complete audit of all MAR's to assure vital signs are being taken on all indicated residents and physician orders are being followed for all resident on antihypertensive medication. *SDC will in-service SN#1 regarding professional standards as related to administration of antihypertensive medications and following of physician orders related to same. SDC will in-service all licensed nurses to assure awareness of need for compliance with correct protocols related to administration of anti-hypertension medications. Unit manager (or designee) will complete routine random audits to assure compliance with taking of vital signs prior	5/25/2011
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE ED (X6) DATE 05/25/2011

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 Dept of Health
JUN 16 2011
Office of Healthcare Licensing and Surveys

This POC accepted on 6/22/11 by fax from Mallory and Debbie Gallardo, DON with agreed to changes 6/22/11

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F 309	Continued From page 1 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 observation, staff interview and medical record review, the facility failed to ensure staff appropriately assessed the vital signs for 1 non-sample resident (#48) prior to administering anti-hypertensive medications. The findings were: Review of the April 2011 physician's recapitulation of orders for non-sample resident #48 showed the resident had diagnoses including hypertension, syncope and collapse, and paroxysmal ventricular tachycardia. Further review of this document showed a 4/28/09 order for Metoprolol Tartrate 25 milligram (mg) and Enalapril Maleate 10 mg (both used to treat high blood pressure) daily. In addition, the physician established the following parameters for both medications: If the resident's blood pressure (B/P) was less than 90/60 or the pulse was less than 60, the medications should not be administered. The following concerns were identified: a. Observation on 4/13/11 at 11:40 AM showed RN #1 administered both Metoprolol and Enalapril to the resident without first measuring his/her B/P or taking a pulse. Interview with the RN on 4/13/11 at 12:22 PM revealed she did not take vital signs prior to passing medications, rather she checked the vital signs clipboard. However, review of the vital signs clipboard showed the resident had not had any vital signs	F 309	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.* F281 (Cont.) to administration of anti-hypertensive and compliance with physician orders. *DNS will review any areas of concern at PI meeting for further corrective action. F309 This will be met as evidenced by: *Resident #48 will be placed on the vital sign daily list by the charge nurse for the CNA to take vital signs routinely prior to administration of anti-hypertensive medications. Medication will be held if indicated, per physician's order. * Unit manager (or designee) will complete audit of all MAR's to assure vital signs are being taken on all indicated residents and physician orders are being followed for all resident on antihypertensive medication. *SDC will in-service SN#1 regarding professional standards as related to administration of antihypertensive medications and following of physician orders related to same. SDC will in-service all licensed nurses to assure awareness of need for compliance with correct protocols related to administration of anti-hypertension medications. Unit	5/25/2011

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F 309	Continued From page 2 taken on that day. Furthermore, the resident was not on the list to have vital signs taken on a regular basis. b. Review of the March 2011 and April 2011 MARs showed no evidence staff checked the resident's B/P or pulse prior to administration of these medications which were administered daily. c. Review of the vital sign flow sheet history showed the resident's B/P and pulse were measured once on 3/17/11 and the diastolic reading was 58 (less than 60 as required). Both B/P medications were administered anyway. Review of the April 2011 vital sign flow sheet showed no B/P or pulse readings were recorded as measured as of 4/12/11.	F 309	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.* F309 (Cont.) manager (or designee) will complete routine random audits to assure compliance with taking of vital signs prior to administration of anti-hypertensive and compliance with physician orders. *DNS will review any areas of concern at PI meeting for further corrective action.	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and review of the cleaning schedule, the facility failed to ensure food storage carts and the kitchen ventilation hood were maintained in a sanitary manner. The findings were: 1. Observation on 4/11/11 at 3:20 PM and on 4/12/11 at 4:45 PM showed the baffles in the	F 371	F371 This will be met as evidenced by: *a. Hood system baffles will be thoroughly cleaned by assigned dietary staff. b. All food transport carts will be thoroughly cleaned by assigned dietary staff prior to further use. *DSM will place hood system baffle cleaning on weekly cleaning list for completion by assigned dietary staff. DSM will place transport carts on daily cleaning schedule for completion by assigned dietary staff. Drinks will be poured from iced cart in dining room to reduce spillage in carts. *DSM/designee will complete routine random audits of cleaning schedules and cleaning areas to assure thorough cleaning	5/25/2011 5/15/2011 5/25/2011

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F 371	Continued From page 3 hood system located above the range had a visible accumulation of grease. Interview with the corporate RD on 4/13/11 at 10:50 AM revealed the hood system was cleaned every six months by an outside service. Review of the April 2011 cleaning schedule showed the hood system was last cleaned on 4/10/11. However, based on observation this may have been inaccurate. During the interview the RD verified that the baffles were greasy and needed to be cleaned more frequently. According to Food Code 2009, U.S. Public Health Service: 4-601.11 "... (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris." 2. Observation on 4/11/11 at 3:20 PM and on 4/12/11 at 5:25 PM, revealed the four carts used to store and transport food trays to the resident dining areas were not clean. The interior of the carts had spilled food and splatters of food on the sides and the floor of the carts. On 4/12/11 at 5:25 PM observation showed the small cart that remained uncleaned was loaded with resident food trays for the evening meal. At that time, the dietary manager revealed they were to be cleaned daily according to the cleaning schedule. Review of the cleaning schedule for April 2011 showed the food carts were not cleaned on 4/10/11 or 4/11/11. According to Food Code 2009, U.S. Public Health Service: 4-601.11 "... (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris."	F 371	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.* F371 (Cont.) has been completed. Deficient areas will be noted and correct cleaning will be completed. *Repeat areas of concern noted in audit process will be presented to the PI committee by the DSM for implementation of further corrective action if indicated.	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain	F 425	F425 This requirement will be met as evidenced by: Nurses will be educated on dating vials when opened. Monitoring vial dates and discarding after 30 days. They will be provided a list of	

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F 425	Continued From page 4 them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure medications were dated when they were opened and used prior to expiration on 1 of 1 medication carts (front hall). The findings were: Observation on 4/14/11 at 8:40 AM of the medication cart on the front hall showed the following medications were available for administration: a. Novalin R, a stock insulin, had been on opened 3/10/11 and was past the thirty day expiration window. b. Novolog Insulin for sample resident #4 had been opened on 3/5/11, which was past the thirty day expiration window. c. Lantus Insulin for sample resident #4 was	F 425	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.* F425 (Cont.) meds and length they can be used. Random audits will be completed by DNS or designee. Any discrepancies will be reviewed and discussed at PI.	5/25/11

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F 425	Continued From page 5 undated as to when it was opened so the expiration window was unknown. d. Interview with the DON on 4/14/11 at 8:40 AM confirmed all the above medications should have been discarded.	F 425	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.*	
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON 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. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure irregularities identified during the pharmacist's monthly medication review were acted upon by the physician for 1 of 13 sample residents (#39). The findings were: Review of the 1/6/11 physician's orders for resident #39 revealed an order for Ditropan 5 milligrams (mg) for the diagnosis of urinary incontinence. Review of the 2/2/11, 3/2/11 and 4/6/11 pharmacist's drug regimen reviews showed the pharmacist recommended the physician consider discontinuing the Ditropan because of the resident's diagnoses including urinary retention and benign prostatic hypertrophy. Review of the physician's orders and	F 428	F428 The requirement will be met as evidenced by: Pharmacy consult will provide DNS a written copy of anything that requires attention. Nurse on duty will write a progress noted to the same. If consult notifies physician a copy is to be provided to nurse for follow up. If no response from physician within 3 days DNS will be notified. DNS will ensure response is given.	5/23/11

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F 428	Continued From page 6 progress notes showed no evidence the physician had ever responded to the pharmacist's recommendation. Interview with the DON on 4/14/11 at 10:50 AM confirmed there was no written response to the pharmacist's recommendation by the physician.	F 428	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.*	
F 441 SS=E	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 professional practice.	F 441	F441 Requirements will be met by: Education of the nurse was completed immediately by the SDC: 1) Appropriate hand-hygiene 2) Not to punch medication out into her hand, but in cup 3) Not to remove coating from medication with fingernails 4) Importance of timely medication passes Random audits will be completed by SDC or designee to ensure compliance. Concerns will be addressed and taken to the PI committee. All nurses will be educated by SDC or designee on appropriate Nurse procedures. Complete 05/25/2011	

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F 441	Continued From page 7 (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 staff complied with recognized guidelines for hand-hygiene while preparing and administering medications during 1 of 2 medication pass observations. The findings were: The following concerns were identified during observation of the medication pass on 4/13/11 from 11:20 AM through 11:58 AM: a. RN #1 used hand sanitizer on her hands then touched the drawer handles, bubble packs, medication bottles, MARs, the top of the medication cart, and touched her pen prior to placing pills in the medication cup with her bare hands. The RN punched the pills out of the bubble packs into her bare hands or poured the pills out of a bottle into her bare hands then placed the pills into a medication cup for administration. This process occurred for 4 non-sample residents #46, #48, #50, and #52 with a total number of pills touched being 34. According to Elkin, Perry, & Potter in "Nursing Interventions and Clinical Skills," Fourth Edition, 2004, page 374: "Use good hand-hygiene technique for nonparenteral medications. Avoid touching tablets and capsules." b. RN (#1) did not cleanse her hands at all between non-sample residents #48 and #50. c. Interview with RN #1 on 4/13/11 at 11:58	F 441	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.* F441 To ensure Med Pass compliance random audits on residents #46, #48, #50, and #52 will be completed to ensure appropriate guidelines are followed.	

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F 441	Continued From page 8 AM revealed she always used her bare hands to place medications in the pill cup. She further stated she was unaware using her bare hands to prepare medications was not appropriate. d. Observation on 4/13/11 at 11:58 AM showed RN #1 used her fingernail to remove the coating on a Fibercon tablet for non-sample resident #52. Interview at the time revealed she removed the coating because it had to be crushed and the resident did not like the flecks of coating. The RN did not cleanse or sanitize her hands before or after removing the coating with her fingernail, nor did she wear gloves.	F 441	*This Plan of Correction is the Center's credible allegation compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.*	
F 467 S6=D	483.70(h)(2) ADEQUATE OUTSIDE VENTILATION-WINDOW/MECHANIC The facility must have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide outside ventilation in 3 of 3 interior resident bathrooms and 2 of 2 public restrooms on the front unit. The findings were: During the facility tour on 4/13/11 between 11:30 AM and 2:10 PM, observations showed the bathrooms in resident rooms 16, 26 and 29 as well as the men and women's public restrooms across from the front nurse's station did not have operating ceiling air vent fans. All restrooms were in the front hallway and all were interior rooms and, therefore, lacked exterior windows. Interview with the maintenance manager on 4/13/11 at 1:48 PM revealed he did not know why	F 467	F467 This will be as evidenced by: *Ventilation system to bathrooms in resident rooms #16, 26, and 29 as well as the men and women's public restrooms (across from front nurse's station) will be restored by Maintenance Director. *Maintenance Director/designee will check all bathrooms to assure ventilation system is working. *Maintenance Director/designee will complete routine random audits to assure ongoing adequate ventilation is provided to all restrooms. *Any issues needing repair will be addressed by the MD and concerns will be forward to the PI committee for further corrective action as indicated.	5/25/2011

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F 467	Continued From page 9 the ventilation system did not work, but he suspected "a telephone maintenance man must have caused a short in the ventilation system while recently working in the attic."	F 467		

6/24/11