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

PRINTED: 05/11/2017
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 |
|---|---|---|---|
| | 535056 | A. BUILDING _____ B. WING _____ | C 04/28/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAGE VIEW CARE CENTER | 1325 SAGE STREET ROCK SPRINGS, WY 82901 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>A complaint survey was conducted by Healthcare Licensing and Surveys from 4/27/17 through 4/28/17. Complaints reviewed in the course of this survey were complaint intakes WY000002376 and WY000002397.<br><br>The following common abbreviations are used throughout this document:<br><br>DON: Director of Nursing<br>MDS: Minimum Data Set<br>RN: Registered Nurse<br>LPN: Licensed Practical Nurse<br>CNA: Certified Nursing Assistant<br><br>Less commonly used abbreviations will be annotated in each deficiency. | F 000 | | |
| F 157 SS=D | 483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)<br><br>(g)(14) Notification of Changes.<br><br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br><br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br><br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); | F 157 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Elliott | TITLE: Executive Director | (X6) DATE: 6/1/17

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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JUN 01 2017
Licensing and Surveys

6/1/17 - 4:16 PM - Spoke with Melissa Elliott the administrator. The plan of correction was accepted with agreed upon changes.

Tim Lowe

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| F 157 | Continued From page 1<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br><br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br><br>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.<br><br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br><br>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br><br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br><br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure residents' physician and/or family was notified for 2 of 5 sample residents (#38, #48) who had a change in condition. The findings were:<br><br>1. Review of the April 2017 medication | F 157 | | |

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| F 157 | Continued From page 2<br>administration record (MAR) showed resident #48 had diagnoses which included type 2 diabetes with hyperglycemia (high blood glucose). The resident received fingerstick blood glucose tests every morning and Januvia (antidiabetic) 25 mg by mouth at bedtime. The following concerns were identified:<br>a. Further review of the April 2017 MAR showed there were no blood glucose test parameters listed to determine when a physician should be notified. Further, the resident had 6 out of 16 documented blood glucose levels (on 4/3, 4/4, 4/6, 4/10, 4/11, and 4/17) which were below 80 mg/dl (milligrams per deciliter).<br>b. Review of the nurse's notes for the days when low blood glucose levels were documented showed no evidence the resident's physician was notified.<br>c. Review of a nurse's note dated 4/17/16 [sic] and timed 6 AM showed the nurse "went to residents [sic] room, to check blood sugar (scheduled), called resident [s/he] didn't respond...blood glucose 50 mg/dl no glucagon [a hormone that treats low blood glucose] shots available...Oxygen 88% on RA [room air]..."<br>d. Review of a nurse's note dated 4/17/16 [sic] and timed 6:44 AM showed the facility was unable to contact the resident's spouse. Review of a nurse's note dated 4/17/17 and timed 7:20 AM showed the facility was again unsuccessful with contacting the resident's spouse.<br>e. Interview with the DON on 4/28/17 at 8:41 AM revealed the resident's spouse was not notified at the time of the unresponsive episode because the facility only had 1 phone number listed on the facesheet. Further, she revealed the facesheet was updated in the afternoon on 4/17/17.<br>f. Interview with the staff development | F 157 | **F157 483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)**<br><br>**Corrective action** physician was notified of resident #48 and #38 of blood glucose levels per facility policy. Contact information was updated for resident #48.<br>**ID of others** DON/Designee has conducted a facility wide audit to validate that all notifications necessary were made to any physician regarding a resident's blood glucose level. Residents who have been discharged to the hospital have had their charts reviewed to confirm notification to family or responsible party has occurred. ED/Designee has conducted a facility wide audit regarding family notification numbers and updated as | |

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| F 157 | Continued From page 3<br>coordinator (SDC) on 4/28/17 at 8:53 AM revealed the resident's spouse came to the facility in the afternoon on 4/17/17 looking for the resident. The SDC confirmed the spouse was not aware the resident had been transferred to the hospital. At the time of the visit, the resident's spouse told the SDC additional contact numbers had previously been provided and were in the resident's record. Further interview confirmed the alternate contact numbers were in the record at the time of the incident.<br>g. Review of the policy title "Blood Glucose Monitoring Protocol" last updated May 2016 showed "Policy Statement: Blood glucose levels are monitored per physician orders. The physician is notified when levels are below 80 or above 350 unless otherwise specified by physician..."<br><br>2. Review of the medical record showed resident #38 required daily medication for diabetes mellitus. Review of the April 2017 medications form showed the physician ordered blood glucose levels three times a day and sliding scale insulin based on the blood glucose levels. Further, the resident had physician orders for Glucotrol 5 milligrams (mg) by mouth two times per day, and Glucagon 1 mg as needed. Review of the MAR showed "Humulin R 100 unit/ml (1) Vial sliding scale insulin: Blood Sugar is < [less than] 80.00 or > [greater than] 350.00 Notify MD." The following concerns were identified:<br>a. Review of the April 2017 MAR showed nine occasions when the blood sugar was greater than 350mg/dL, (4/1, 4/5, 4/7, 4/8, 4/11, 4/13, 4/17, 4/19, 4/21), and five occasions when the blood sugar was lower than 80 mg/dL (4/1, 4/6, 4/12, 4/16, 4/25). Further review of the medical record showed no evidence the physician was notified of | F 157 | needed. **Systemic changes** DON/Designee has provided all RN/LPN staff with education regarding physician notification and blood glucose levels and facility policy. ED/Designee provided education to all staff regarding updating family contact information in the patient record. **Monitor** DON/Designee will audit all patient records weekly for 3 months on who receive blood glucose checks to validate that notification to the physician was within facility policy. Resident charts will be reviewed in clinical meeting to validate notification was made to family and physician when a change of condition occurs. ED/Designee will review charts upon admission for 3 months for proper contact information. The results will be brought to QAPI monthly for determination of need/frequency of on-going monitoring.<br><br>Compliance Date: 5/2/17 | 5/2/17 |

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| F 157 | Continued From page 4<br>these out-of-range blood sugar levels until 4/28/17. | F 157 | | |
| F 309 SS=G | 483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>483.24 Quality of life<br>Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care.<br><br>483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:<br><br>(k) Pain Management.<br>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br><br>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and | F 309 | **F 309 483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING**<br><br>**Corrective action** physician was notified of resident #48 and #38 of blood glucose levels per facility policy. **ID of others** DON/Designee has conducted a facility wide audit to validate that all notifications necessary were made to any physician regarding a resident's blood glucose level that was outside parameters per facility policy. **Systemic changes** DON/Designee has provided RN/LPN staff with education regarding physician notification and blood glucose levels and facility policy and on proper use of oral glucose administration to an unresponsive resident and facility policy regarding proper notification on a resident who has a BS outside of paramariters. Any new RN/LPN will also receive facility policy regarding BS protocol. **Monitor** DON/Designee will audit all patient records weekly for 3 months on who receive blood glucose checks to validate that notification to the physician was within facility policy. The results will be brought to QAPI monthly for and ensure appropriate diabet management was performed. | |

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| F 309 | Continued From page 5<br>preferences.<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure appropriate management of medical conditions for 2 of 2 sample residents (#38, #48) with diabetes who experienced low blood sugar levels. This failure resulted in emergency interventions and transfer to the hospital for resident #48. The findings were:<br><br>1. Review of the April 2017 medication administration record (MAR) showed resident #48 had diagnoses which included type 2 diabetes with hyperglycemia. The resident received fingerstick blood sugar tests every morning, Januvia (antidiabetic) 25 mg by mouth at bedtime, and glucagon (a hormone that raises the level of glucose) 1 mg/ml as needed for hypoglycemia (low blood sugar). The following concerns were identified:<br>a. Review of the April 2017 MAR showed there were no blood glucose level parameters listed to determine when a physician should be notified. The resident had 6 out of 16 documented blood glucose levels (on 4/3, 4/4, 4/6, 4/10, 4/11, and 4/17) which were below 80 mg/dl (milligrams per deciliter). Further, medical record review showed no evidence the physician was notified of the low blood glucose levels, or that the resident's blood glucose levels and medication regimen were assessed until 4/16/17.<br>b. Review of a facsimile transmission dated 4/16/17 showed the facility communicated the resident's low blood glucose levels to the physician on 4/16/17 and stated the resident was "symptomatic."<br>c. Review of a nurse's note dated 4/17/16 | F 309 | determination of need/frequency of on-going monitoring.<br><br>Compliance Date: 5/2/17 | 5/2/17 |

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| F 309 | Continued From page 6<br>[sic] and timed 6 AM showed the nurse "went to residents [sic] room, to check blood sugar [glucose] (scheduled), called resident [s/he] didn't responded [sic], sternal rub given [s/he] opened [his/her] eyes, noted to be snoring [with] harsh breath sounds, blood glucose 50 mg/dl no glucagon shots available. Attempted to rub glucose in mouth but was not much help, Oxygen 68% on RA [room air] commenced 10 L [liters] of oxygen (five via nasal cannula and 5 face mask) Oxygen saturation went up to 91%. Patient remains unresponsive."<br>d. Review of a nurse's note dated 4/17/16 [sic] and timed 6:30 AM showed "Fire department on scene, attempts made to site [sic] IV access, unsuccessful. B/S [blood sugar] 36 mg/dl."<br>e. Review of a nurse's note dated 4/17/16 [sic] and timed 6:30 AM showed "EMS team arrive, placed IO [intraosseous: the process of injecting directly into the marrow of a bone] gave 50 cc [cubic centimeters] dextrose (50%) patient became responsive in 3 minutes. B/sugar 246 mg/dl."<br>f. Further review of the 4/16/17 facsimile to the physician showed the physician response on 4/17/17 was to discontinue the Januvia, however the resident had already been hospitalized.<br><br>2. Interview with the DON on 4/28/17 at 8:10 AM revealed the nurse should not have administered oral glucose to an unresponsive resident. The DON confirmed that, while administering a glucagon injection might have improved the resident's condition sooner, the glucagon injection was not available at the time because it had been discarded a couple of days prior to the incident. The DON further confirmed the facility should have followed its policy on physician notification of out-of-range blood glucose levels. | F 309 | | |

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| F 309 | Continued From page 7<br><br>3. Review of the policy title "Blood Glucose Monitoring Protocol" last updated May 2016 showed "Policy Statement: Blood glucose levels are monitored per physician orders. The physician is notified when levels are below 80 or above 350 unless otherwise specified by physician..."<br><br>4. Review of the medical record showed resident #38 required daily medication for diabetes mellitus. Review of the April 2017 medications form showed the physician ordered blood glucose levels three times a day and sliding scale insulin based on the blood glucose levels. Further, the resident had physician orders for Glucotrol 5 milligrams (mg) by mouth two times per day, and Glucagon 1 mg as needed. Review of the MAR showed "Humulin R 100 unit/ml (1) Vial sliding scale insulin: Blood Sugar is < [less than] 80.00 or > [greater than] 350.00 Notify MD." The following concerns were identified:<br>a. Review of the April 2017 MAR showed nine occasions when the blood sugar was greater than 350mg/dL, (4/1, 4/5, 4/7, 4/8, 4/11, 4/13, 4/17, 4/19, 4/21), and five occasions when the blood sugar was lower than 80 mg/dL (4/1, 4/6, 4/12, 4/16, 4/25). Further review of the medical record showed no evidence the physician was notified of these out-of-range blood sugar levels until 4/28/17. | F 309 | | |
| F 431 SS=D | 483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS<br><br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit | F 431 | | |

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| F 431 | Continued From page 8<br>unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.<br><br>(a) Procedures. 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.<br><br>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--<br><br>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>(g) Labeling of Drugs and Biologicals.<br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>(h) Storage of Drugs and Biologicals.<br>(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>(2) The facility must provide separately locked, | F 431 | **F431 483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORAGE DRUGS & BIOLOGICALS**<br><br>**Corrective action** glucagon shots are available for every diabetic that needs one in the facility. **ID of others** DON/Designee has conducted a facility wide audit to validate that every diabetic that needs a glucagon shot has one available. **Systemic changes** all RN/LPN staff was provided education on facility policy of ordering PRN glucagon for all diabetic residents. **Monitor** DON/Designee will conduct a weekly audit for 3 months to validate that all diabetic residents have a PRN glucagon available. The results will be brought to QAPI monthly for determination of need/frequency of on-going monitoring.<br><br>Compliance Date: 5/2/17 5/2/17 | |

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| F 431 | Continued From page 9<br>permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and staff interview, the facility failed to ensure medications were available for 1 of 1 sample residents (#48) who required medication intervention during an acute incident. The findings were:<br><br>1. Review of the April 2017 medication administration record (MAR) showed resident #48 had diagnoses which included type 2 diabetes with hyperglycemia. The resident received fingerstick blood glucose test every morning and glucagon 1 mg/ml as needed for hypoglycemia. The following concerns were identified:<br>a. Review of a nurse's note for resident #48 dated 4/17/16 [sic] and timed 6 AM showed the nurse "went to residents [sic] room, to check blood sugar [glucose] (scheduled), called resident [s/he] didn't responded [sic], sternal rub given [s/he] opened [his/her] eyes, noted to be snoring [with] harsh breath sounds, blood glucose 50 mg/dl no glucagon shots available..."<br>b. Review of a nurse's note dated 4/17/16 [sic] and timed 6:30 AM showed "Fire department on scene, attempts made to site IV access, unsuccessful. B/S [blood sugar] 36 mg/dl."<br>c. Review of a nurse's note dated 4/17/16 [sic] and timed 6:30 AM showed "EMS team arrive, placed IO [intraosseous: the process of injecting directly into the marrow of a bone] gave | F 431 | | |

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

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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 |
|---|---|---|---|
| | 535066 | A. BUILDING _____ B. WING _____ | C 04/28/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAGE VIEW CARE CENTER | 1325 SAGE STREET ROCK SPRINGS, WY 82901 |

| (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 431 | Continued From page 10<br>50 cc [cubic centimeters] dextrose (50%) patient became responsive in 3 minutes. B/sugar 246 mg/dl."<br><br>2. Interview with the DON on 4/28/17 at 8:10 AM revealed the glucagon injection was not available at the time of the incident because the medication had been discarded a couple of days prior because it was past it's expiration date. Further, the DON confirmed the glucagon may have improved the resident's condition sooner if it had been available. | F 431 | | |