STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING _____ B. WING _____	R 07/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 US HWY 20 SOUTH BASIN, WY 82410

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{F 000}	INITIAL COMMENTS A follow-up survey was conducted by Healthcare Licensing and Surveys on 7/19/17 through 7/20/17.	{F 000}	*Preparation and/or execution of this Plan of Correction do not constitute admission or agreement of the truth of the facts alleged or set forth on this Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by various provisions of the Code of Federal Regulations.*	
{F 155} SS=D	483.10(c)(6)(8)(g)(12), 483.24(a)(3) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES 483.10 (c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. (g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.	{F 155}	**CORRECTIVE ACTION FOR THOSE RESIDENTS AFFECTED:** Resident #73 expired. A full review of resident code status was conducted for both Full Code (CPR) and DNR (Do Not Resuscitate) on 7/27 and 7/28/17 to ensure that the facility has the correct information to carry out the residents or the resident representatives wishes related to code status. **RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED:** Residents who have Advance Directives in place for CPR or DNR have the potential to be adversely affected if the facility does not honor the wishes of the resident or the resident's representative. **MEASURES PUT INTO PLACE TO ENSURE DEFICIENCY DOES NOT RECUR:** The facility has revised AED Procedure (WRC-35), adopted an Advance Directive policy, and introduced a nursing policy on resident Code Status. AED Procedure (WRC-35 policy) has been revised and updated by Facility Administration and approved by an ad hoc QAPI committee on 8/9/17.	7/27/17 7/28/17 8/9/17

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

William Harlow | Administrator/FacMgr | 8/13/17

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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{F 155}	Continued From page 2 showed the resident was not responsive and the nurse could not find a pulse. The nurse instructed another nurse to call 911 and to call a "Code Blue." Another staff person was instructed to go get the automated external defibrillator (AED). The nurse started CPR. The AED was brought into the room, applied, and indicated not to give a shock; CPR continued. The administrator and DON arrived to the room with the resident's medical chart. They verified the resident had a valid DNR order and CPR was withdrawn at that time. b. Review of the facility's policy "Automated External Defibrillation" (policy WRC-35, revised June 2017) showed if a person was found without a pulse and not breathing, the person making the discovery would page "Code Blue," call for a nurse, and initiate the procedures listed in the policy "...unless it can be determined that the person has a do not resuscitate/no code status." In addition, the policy stated a list of residents who were a "full code" (wanting CPR) was placed in the AED units. "Full code" lists could be found in the medication administration record (MAR) binders on each nursing cart and in the cabinet in the main dining room. Furthermore, blue dot stickers were placed on resident charts and on the resident name plates outside resident rooms to indicate "full code." c. During an interview on 7/20/17 at 12:30 PM, the administrator confirmed the facility had recently implemented changes (prior to resident #73 expiring) to identify residents who were a "full code," including lists in the AEDs, on the MARs, and blue stickers on the charts and on resident name plates outside their doors. During the same interview, the director of nursing (DON) stated she grabbed the chart (during the Code Blue for resident #73) because as a nurse "the chart is the	{F 155}	Education on the policy changes was done on 8/8/17 at the monthly All Staff meeting, and in small group settings through 8/13/17. The use of Blue Dots on the resident charts and outside of resident rooms has been discontinued. The facility also conducted in Code Blue drill, as designated in the original plan of correction for this deficiency, was conducted in conjunction with local EMS representative on 7/26/17. Medical Records continues to audit residents' charts monthly using a resident roster to determine correct code status is in place. Admissions Team will verify that appropriate documentation supports admitting resident's preference for Advanced Directive of choice. **MEASURES TO ENSURE CORRECTIVE ACTION IS ACHIEVED AND SUSTAINED:** Audits will be submitted by Medical Records to the facility QAP committee at the monthly meeting for review and compliance for 3 months, and then quarterly as needed.	8/8/17 8/13/17 7/26/17

8.30.17

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{F 155}	Continued From page 1 (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. 483.24 (a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility policies, the facility failed to withhold cardiopulmonary resuscitation (CPR) in accordance with the advance directive for 1 of 1 sample resident (#73) who expired in the facility. The findings were: 1. Review of the medical record showed an "Advance Directives for Healthcare" form dated 11/6/09 which showed resident #73 did not want CPR. Review of the 6/19/17 recapitulation of physician's orders showed an order for "DNR [do not resuscitate]." The following concerns were identified: a. Review of a nursing note dated 6/30/17	{F 155}	The facility has adopted, with permission, the Advance Directive policy (WRC-56) developed by Pathway Health/Leading Age "to establish, implement and maintain written policies and procedures for advance directive." This policy was adopted and approved by an ad hoc QAPI committee on 8/9/17. A new policy Resident Code Status (N-21) was approved by an ad hoc QAPI committee on 8/11/17. This policy how the facility will utilize the Advance Directive process to ensure that the code status for residents is known by staff. The policy also provides definitions for Full Code (CPR), Partial Code (limited interventions, and DNR status (Do Not Resuscitate). Information on resident codes status is available in the following areas: <u>FULL CODE</u> -Physician order for Full Code in the resident chart -Green Full Code stickers on the front of the chart, and the spine of the chart -Code status on the daily 24 HR Report -In the Medication Administration Record -On the Full Code list in each AED -On the Full Code list in the cabinet in the Main Dining room -A Partial Code is also on the Full Code list in the same areas <u>DNR (Do Not Resuscitate)</u> -Physician order for DNR status in the chart -Red DNR stickers on the front of the chart, and the spine of the -Code status on the daily 24 HR Report	8/9/17 8/11/17

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{F 155}	Continued From page 3 Bible." She further stated the system of identifying residents who were a full code was still new, and staff needed to learn to trust the process.	{F 155}		