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

JC

PRINTED: 10/25/2017
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
	535046	B WING _____	10/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 EAST BROADWAY JACKSON, WY 83001

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys on 10/9/17 through 10/12/17. The following common abbreviations are used throughout this document: DON- Director of Nursing MAR- Medication Administration Record mg- Milligrams ml- Milliliters Less commonly used abbreviations will be annotated in each deficiency.	F000		
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life 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. 483.25 Quality of care 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:	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Malenda Hoelscher	Exec Director - LNHA	11-1-17

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.

RECEIVED
NOV 01 2017
Healthcare Licensing and Surveys

POC accepted. Per phone call with Malenda Hoelscher, NHA on 11/9/17 @ 8:33am, the DOC is 11/21/17.
Jennifer Cook

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F 309	Continued From page 1 (k) Pain Management. 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. (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 preferences. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility protocols, the facility failed to ensure the bowel protocol was followed for 2 of 12 sample residents (#20, #45). The findings were: 1. Review of the facility's "Bowel Protocol" (updated 6/11) showed: "If a resident has not had at least a moderate-large BM [bowel movement] by the 2nd day after the previous BM, the nurse will administer an oral laxative per routine or individual orders. If this is not effective by the 3rd day, the nurse will administer a dulcolax suppository per routine orders. Further administration of a dulcolax suppository or Fleets enema per routine orders will be done as needed, with follow-up with individual physician orders if necessary." 2. Review of the bowel assessment for resident #45 showed a note dated 9/11/17 which indicated Miralax was changed from administration every other day to every day due to constipation.	F 309	The facility will ensure the highest well-being in regards to quality of life and quality of care. This will be accomplished as outlined below: A) An audit will be completed of all current resident/patient's (inclusive of resident #20 and #45) bowel movement (BM) records and subsequent interventions as outlined by the resident/patient's individualized plan of care including but not limited to specific facility "Bowel Protocol" and Physician orders by 11/10/17. Subsequent random audits of 6 charts will be completed weekly thereafter for 2 months and then monthly for 2 months with report of findings at the quarterly QAPI committee in November 2017 and quarterly thereafter. The Director of Nursing is responsible for audit and reporting to QAPI. B) The Director of Operations will provide education to all CNA staff reiterating the importance of interviewing/documenting all BM's of residents/patients on established record by 11/24/17. C) The Director of Nursing will provide education to all Registered Nursing staff reiterating the importance of following resident/patient's plan of care including but not limited to specific facility "Bowel Protocol" and Physicians orders by 11/24/17.	11/24/17

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F 309	Continued From page 2 Review of physician's orders also showed routine orders (signed 8/9/16) which included "Constipation: on 2nd day after last BM give Milk of Magnesia 30 ml everyday PRN [as needed]. If no BM by 3rd day, may also give Bisacodyl 10 mg suppository per rectum daily PRN. If no BM by 4th day, may also give Fleets saline enema per rectum daily PRN." The following concerns were identified: a. Review of the "Nurse Assistant Care Record" for September 2017 showed no documented bowel movements on 9/15/17, 9/16/17, or 9/17/17. Review of the MAR for that timeframe showed no PRN medications were given to treat the constipation. b. Review of the "Nurse Assistant Care Record" for October 2017 showed no documented bowel movements on 10/1/17, 10/2/17, or 10/3/17. Review of the MAR for that timeframe showed no PRN medications were given for constipation. 3. Review of the care plan for resident #20 showed "potential constipation" was initiated on 8/4/14. Review of routine orders (signed 7/18/16) showed "Constipation: on 2nd day after last BM give Milk of Magnesia 30 ml everyday PRN [as needed]. If no BM by 3rd day, may also give Bisacodyl 10 mg suppository per rectum daily PRN. If no BM by 4th day, may also give Fleets saline enema per rectum daily PRN." Review of the "Nurse Assistant Care Record" for October 2017 showed no documented bowel movements on 10/6/17, 10/7/17 or 10/8/17. Review of the MAR for that timeframe showed no PRN medications were given for constipation. 4. During an interview on 10/12/17 at 8:16AM the DON stated the bowel protocol had not been	F 309		

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F 309	Continued From page 3 followed for residents #20 and #45.	F 309		