STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535026	A. BUILDING _____ B. WING _____	C 03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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 An on-site revisit survey was conducted by Healthcare Licensing and Surveys from 3/7/18 to 3/8/18 for all previous deficiencies cited on 1/18/18, in addition to a new complaint survey was prompted by complaint intakes WY00002573 and WY00002576.	F 000		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 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. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure ongoing comprehensive assessments were completed as necessary for 1 of 3 residents (#6) who experienced falls, resulting in a delay in treatment for resident #6 who had a fracture. The findings were: Review of the 11/4/17 admission Minimum Data Set assessment showed resident #6 had diagnoses which included Parkinson's Disease, vascular dementia, hypertension, osteoarthritis, and chronic obstructive pulmonary disease. Further, the resident had a brief interview for mental status score of 1 (severely cognitively impaired). The following concerns were identified: a. Review of the 1/1/18 Interdisciplinary Post	F 684	F-684 #1 Corrective Action: Resident #6 no longer resides in the facility. #2 Identification of Others: Audit of all falls that occurred within the last 30 days to determine that neurological assessments were completed according to Neurological Record instructions by March 28, 2018. #3 Systemic Change: All falls will be reviewed 5 days per week by the Interdisciplinary Team (IDT) and 2 days per week (weekend) by a nurse manager to ensure neurological assessments have been completed per Neurological Record Instructions for 3 months. All licensed nurses will be educated by DON and/or designee on the facility Falls Management System for neurological assessments by March 28, 2018.	3/29/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Denise Hanno	Administrator	3/23/18

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.

Over

4/2/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 684	Continued From page 1 Fall Review showed the resident had an unwitnessed fall. Review of the "Fall Report QAPI Log" for January 2018 showed the resident fell at 6:10 PM on 1/1/18, and had "Bruise/Hematoma" and "Complaints of Pain." However, review of the entire medical record showed the facility failed to perform neurological assessments. The review showed no evidence the facility completed any further assessments or recorded any additional vital signs until 1/2/18 at 3:06 PM (20 hours and 56 minutes after initial assessments). b. Review of the progress note dated 1/2/18 and timed 3:06 PM showed the resident was lethargic, pale, and mouth-breathing with shallow respirations. Further, the resident had a fever of 101.3 degree Fahrenheit, and oxygen saturation readings of 85-90%. The resident was transported to the hospital by emergency medical services at 3 PM. c. Review of the progress note dated 1/2/18 and timed 6:23 PM showed the hospital emergency room reported the resident had a "nonsurgical fracture" and was being transferred to another facility for hospice. d. Review of the 1/19/18 "Record Request Notification" completed by the health information manager showed the resident had a fall with fractured hip. e. Review of the facility policy titled "Fall Management" last reviewed November 2017 showed "...When a fall occurs the resident is assessed for injury by the nurse..." Further review showed "... in the event a resident has a fall and it has been determined they hit their head...or it cannot be determined if they hit their head... the nurse initiates the following actions... Neurological checks are completed and documented per instructions." f. Review of the "Neurological Record" form	F 684	#4 Monitoring: The DON or designee will audit all falls weekly for a period of three months to ensure compliance with neurological assessment. The DON or designee will present the results of the audits during QAPI for review and revision monthly.	3/29/2018

4/2/18: This POC was accepted between Dennis Tofsrud, Administrator and Tony Maddox, State Health Surveyor.

4/2/18

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SHERIDAN MANOR	1951 BIG HORN AVE SHERIDAN, WY 82801

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F 684	Continued From page 2 shows the following instructions: "Frequency: every 30 min [minutes] times 4, every 1 hour times 4 hours, every 4 hours times 24 hours, every 8 hours for the remaining 72 hours, or as ordered by a physician." g. Interview with the DON on 1/18/18 at 3:45 PM confirmed her expectation was for residents with unwitnessed falls to have neurological assessments, and for residents with falls to have timely comprehensive assessments as required. She further confirmed the resident did not have neurological assessments and timely comprehensive assessments.	F 684		

4/2/18