POC accepted 12/11/09 Janeece Goulin, OTR/L

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

PRINTED: 12/04/2009
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
	535017	A. BUILDING _____ B. WING _____	R-C 11/25/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

(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 314) SS=G	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and review of policies and procedures, the facility failed to implement preventative skin measures in a timely manner and failed to provide care in accordance with the facility's policy and physician's orders for 2 of 2 sample residents with pressure sores (#1, #2). This resulted in harm for resident #2 as shown by the worsening of a pressure sore. The findings were: 1. Observation on 11/20/09 at 1:40 PM with licensed practical nurse (LPN) #1 revealed resident #2 had a dressing in place on a pressure sore under the left armpit, where a bra strap would be. The LPN stated the pressures sore was a stage 4. The following concerns were identified: a. Medical record review documented on 11/2/09 that a "red spot" under the left arm at the bra line was observed during a skin assessment for this resident. Further medical record review showed no further skin assessments were done until 11/16/09, when it was documented that the sore at the bra line, which measured 1.5 centimeters (cm) by 0.7 cm by 0.2 cm deep had	(F 314)	In accordance with §483.25(c), the facility will ensure that a resident who enters the facility without pressure sores will not develop pressure sores unless the individual's clinical condition demonstrates they were unavoidable. All residents having pressure sores will receive necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing. In order to conform to this standard, each resident shall be assigned to a RN who shall perform a weekly comprehensive skin assessment. The RN will document all findings in the treatment book comment sheet. All wound care shall be performed in accordance with facility policy and physician orders. jc The DON will report the results of all skin assessments to the Administrator on a weekly basis from December 6th to March 6th. Thereafter, the DON will report to the Administrator on a bi-weekly basis. The DON and Administrator will report at the quarterly QAA meetings with appropriate follow up.	~~9/16/09~~ ~~12/06/09~~ ~~12/06/09~~

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Heather Mecham, NHA | TITLE: Administrator | (X6) DATE: 12/9/09

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. Changes made per Janeece Goulin, OTR/L with verbal approval by Heather Mecham, NHA on 12/11/09 @ 3:45 pm.

RECEIVED
Wyoming Dept of Health
DEC 10 2009
Office of Healthcare Licensing and Surveys

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{F 314}	Continued From page 1 advanced to a stage 4 wound. b. Review of the physician's standing orders (dated 3/5/08) for the resident showed that a stage 1 or 2 pressure sore was to be cleaned with normal saline and covered with a Duoderm or Allevyn dressing. Review of the facility's policy "Wound Care" (revised 7/09) also showed that stage 1 ("persistent area of skin redness that does not disappear when pressure is relieved") or 2 stage pressure sores should have a Duoderm or Allevyn dressing applied. Review of the medical record showed no evidence the facility ever provided any treatment to the stage 1 pressure sore identified on 11/2/09, until it was observed to be a stage 4 on 11/16/09. c. During an interview on 11/20/09 at 2:18 PM the director of nursing (DON) stated this resident "...got missed." The DON stated the red spot on 11/2/09 was reported to a nurse who no longer worked in the facility. The DON stated the nurse did not report or follow-up with the pressure sore, and the DON was unaware of the pressure sore until staff reported it to her on 11/16/09. At that time, the pressure sore was a stage 4. The DON stated had she been aware of the pressure sore that was discovered on 11/2/09, the facility policy and physician's orders for treatment would have been followed. 2. Review of the skin assessment tracking sheet for the week of November 15-21, 2009 revealed resident #1 had a stage 2 pressure sore on the buttocks. The following concerns were identified: a. Medical record review showed a physician's order dated 10/13/09 to check the dressing on the right buttock and change as needed. Review of the facility's policy "Wound Care" (revised 7/09) revealed a stage 2 pressure sore was to have a Duoderm or Allevyn dressing	{F 314}	Every Monday, the DON shall review and assess the preceding week's skin assessment documentation If an assessment was not performed, or documentation is missing, the DON will immediately perform the assessment and/or provide the necessary documentation. When a pressure ulcer is identified, there will be more frequent monitoring. JC RNs will be in-serviced on December 16th on performance of a comprehensive skin assessment, the facility's wound care policies and procedures, and documentation and reporting. CNAs will be in-serviced on December 10th on the importance of immediately reporting to the charge nurse any abnormalities or changes in a resident's skin condition. The charge nurse will then ensure the RN assigned to the resident and the DON are notified	12/07/09 12/16/09 12/10/09

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(F 314)	Continued From page 2 applied. However, review of the November 2009 treatment administration record (TAR) showed "open to air" was written in where nurses would document the dressing changes. Review of nursing notes written on the TAR revealed that on 11/3/09 and 11/10/09 the resident had a stage 2 pressure sore. The treatment identified for the pressure sore was "monitoring, pressure relief, applying Sefan cream." There lacked evidence the facility followed physician's orders or policy for the treatment of a stage 2 pressure sore. b. After an observation on 11/20/09 at 1:42 PM, LPN #1 stated resident #1 had a pressure sore on the coccyx/right buttock which was "a stage two to three." There was no dressing in place on the wound. The LPN stated the sore recently had been "left open to air," but looked like it needed to have a dressing in place. c. During an interview on 11/20/09 at 2:18 PM, the DON confirmed the stage 2 pressure sore was not being treated with a dressing. The DON stated she thought they were leaving it open to air because the dressing kept coming off.	(F 314)	1. Resident #2 is being treated per facility policies and procedures and physician orders. 12/02/09 2. If the RN feels facility policies and procedures are not sufficient for resident care, such as with Resident #1, the RN shall discuss the case with the DON. The DON shall determine whether or not to request a change in Physician Orders. Ward care is being performed in accordance with physician orders. 12/02/09 jc	

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535017	A. Building B. Wing	11/25/2009

Name of Facility	Street Address, City, State, Zip Code
SUBLETTE CENTER	333 N BRIDGER AVE PINEDALE, WY 82941

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **F0226** Reg. # **483.13(c)** LSC	Correction Completed **09/22/2009**	ID Prefix **F0274** Reg. # **483.20(b)(2)(ii)** LSC	Correction Completed **09/03/2009**	ID Prefix **F0280** Reg. # **483.20(d)(3), 483.10(k)(2)** LSC	Correction Completed **09/03/2009**
ID Prefix **F0281** Reg. # **483.20(k)(3)(i)** LSC	Correction Completed **09/16/2009**	ID Prefix **F0323** Reg. # **483.25(h)** LSC	Correction Completed **09/18/2009**	ID Prefix **F0329** Reg. # **483.25(l)** LSC	Correction Completed **08/31/2009**
ID Prefix **F0428** Reg. # **483.60(c)** LSC	Correction Completed **08/31/2009**	ID Prefix **F0465** Reg. # **483.70(h)** LSC	Correction Completed **08/13/2009**	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	12/11/30/09	11/25/09			
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on: 08/13/2009

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO