STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING _____ B. WING _____	C 03/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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 A complaint survey was conducted by Healthcare Licensing and Surveys from 3/12/18 to 3/13/18. The survey was prompted by complaint intake WY00002451. It was determined, based upon the findings of the survey team, that no deficiencies were identified pertaining to the complaint investigation. However, unrelated deficiencies were identified during the course of the survey. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide INR- International Normalized Ratio (lab test to measure effect of anticoagulant) mg- milligrams Less commonly used abbreviations will be annotated in each deficiency.	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 review of medication error reports, the facility failed to provide necessary services for 1 of 8 sample residents (#1) who were on	F 684	Corrective Action to Resident #1: All residents on warfarin will have a Coumadin flow sheet included with their prescribed dose of warfarin. This flow	4/9/18

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

Electronically Signed — 04/05/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING _____ B. WING _____	C 03/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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 684	Continued From page 1 anticoagulants. This failure resulted in a missed laboratory test for resident #1, who subsequently experienced signs of internal bleeding. The findings were: Review of the 11/17/17 admission Minimum Data Set assessment showed resident #1 had diagnoses that included cerebrovascular accident and hip fracture. Review of physician orders showed the resident received warfarin sodium (anticoagulant) 2 mg at bedtime. Review of telephone orders showed on 11/25/17 the physician ordered Macrobid (antibiotic) 100 mg twice per day for 7 days for a urinary tract infection (UTI). At the same time (11/25/17) the physician ordered "INR one time only for Coumadin for 1 Day." The order had a start date of 11/28/17. The following concerns were identified: a. Review of the medical record showed no evidence the INR was done. During an interview on 3/13/18 at 8:46 AM the administrator stated the INR was not done on this resident on 11/28/18 as scheduled because the nurse performed the lab draw on the wrong resident. Review of a medication error report dated 11/29/17 showed the INR lab draw was not done for this resident because it was done on the wrong resident. b. Review of nursing notes showed on 11/27/17 the physician was sent culture results and wrote a new order for Cipro 250 mg twice per day for 7 days because the bacteria causing the UTI was not susceptible to Macrobid. Review of progress notes showed on 11/27/17 an alert/warning was entered for possible drug to drug interactions related to the Cipro. There was a possible interaction with warfarin sodium. The alert read "Hypoprothrombinemic effects of	F 684	sheet includes date of next scheduled lab draw, on the lab draw due date the nurse has to receive INR results before administering the warfarin. Nurses will contact doctors to inform them of drug interactions when a resident is on warfarin and are prescribed antibiotic therapy. Identification of other residents: All residents on warfarin have a Coumadin flow sheet included in their medication administration record and residents with new orders for warfarin will have a Coumadin flow sheet included when the new medication is entered. Residents on warfarin and antibiotic therapy are identified at time when antibiotics are prescribed and followed until antibiotic therapy is completed. Audit of all residents on warfarin completed. Measures and Systemic Changes: All nurses will be reeducated on the Coumadin Operating Standard. A lab list will be implemented to ensure that INRs are followed up on after they have been sent out. The warfarin will not be given on the date of an INR draw until results have been obtained. If an INR is out of the doctor prescribed reference range, doctor will be contacted for updated orders before administering warfarin. Nurses will contact doctors to inform them of drug interactions when a resident is on warfarin and are prescribed antibiotics. All nurses have been educated on the Coumadin Operating Standard, about notification to doctor of antibiotic therapy with warfarin.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535034	A. BUILDING _____ B. WING _____	C 03/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWARD HEIGHTS CARE CENTER	150 CARING WAY LANDER, WY 82520

(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 684	Continued From page 2 Warfarin Sodium Tablet 2 mg may be increased by Cipro tablet 250 mg. Dosage reduction of Warfarin Sodium tablet 2 mg may be required." Review of a fax showed the pharmacist alerted the physician on 11/27/17 of the possible interaction. c. Review of nursing notes dated 11/29/17 and timed 3:09 AM showed the resident had "black tarry stools x 2 this shift with small amount of bright red blood." d. Review of a nursing note dated 11/29/17 and timed 3:52 PM showed "observed resident this morning...noted to have increased, new bruises to bilateral hands and arms...was reported for dark tarry stools...Dr [name of physician] faxed requesting INR as next one not scheduled until 12/6...printed out fax with ok to obtain INR and also get Guiac on next stool...lab assistant from [medical clinic] came to draw labs and CNA went to retrieve resident from dining room...immediately returned and reported that he would not open [his/her] eyes...resident removed from dining room...listened for heart beat, checked for radial pulse and breath sounds. Absence of vital signs at 8:17 AM." e. During an interview on 3/13/18 at 11:35 AM, physician #1 (the resident's physician) stated she was told by the facility that the INR lab draw scheduled for 11/28/17 had not been done. She confirmed that there was a potential interaction with Cipro and warfarin, and stated she usually would check the INR after a day or two on the Cipro. She stated she was not sure what the cause of death was and stated it did not appear that an INR was done after the resident's death.	F 684	Corrective Actions: Each week the residents on Coumadin will be reviewed during the facility Risk meeting, this review will include dosage, INR lab results, next INR date, any recent antibiotic therapy that interfere with warfarin and doctor notification, and correct use of the Coumadin flow sheet. The lab list will be monitored by charge nurse daily and weekly by Director of Nursing or her designee. Results will be reported in monthly Quality Assurance meeting.	