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

PRINTED: 05/04/2018
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
	535026	A. BUILDING _____ B. WING _____	C 04/20/2018

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 A complaint survey was conducted by Healthcare Licensing and Surveys from 4/19/18 to 4/20/18. The survey was prompted by complaint intake WY00002594.	F 000		
F 805 SS=G	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and review of facility policies, the facility failed to ensure the physician-ordered diet texture was provided for 1 of 7 sample residents (#1) reviewed for diets. This failure resulted in past non-compliance at actual harm to resident #1 who choked on food provided by the facility that was not the appropriate texture. The resident subsequently died. Corrective measures were implemented by the facility prior to the survey and compliance was determined to be met on 4/17/18. The findings were: 1. Review of physician orders dated 1/31/17 showed the diet order for resident #1 was "mechanical soft texture...no bread per family request." Review of a 2/27/18 speech therapy evaluation showed the resident was assessed for a possible increase in diet texture. However, the assessment revealed the resident was not able to tolerate a regular texture diet. The assessment documented the resident had decreased oral sensation, oral disorganization leading to food	F 805	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Ford — TITLE: Administrator — (X6) DATE: 5/13/18

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.

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F 805	Continued From page 1	F 805		

pocketing, and the resident was not able to sufficiently clear the oral cavity. The speech therapist concluded the resident needed to remain on the mechanical soft diet. The following concerns were identified:

a. Review of a nursing note dated 4/9/18 showed the resident attended a social activity and consumed a hot dog. The resident left the dining room and fell forward to the ground. Nursing staff initiated the Heimlich maneuver, the resident's dentures and excess food was removed from the oral cavity, and 911 was called. The resident left the facility via ambulance. Review of a nursing note dated 4/10/18 showed the resident had expired.

b. Review of the facility's diet manual "Healthcare Services Group, Diet Manual, Third Edition" (2011, but reviewed by the facility's registered dietitian on 4/9/18) showed the dysphagia diet level 2, mechanically altered, should include meat that did not exceed 1/4 inch cubes; meat should be served moistened, ground, or flaked.

c. During an interview on 4/20/18 at 8:47 AM, speech therapist #1 stated she was the therapist who evaluated the resident on 2/27/18. She stated the resident required a mechanical soft diet, and a regular hot dog on a bun was not appropriate for that diet. She stated the resident should have received no bread, and a ground hot dog in a bowl with mustard and ketchup.

d. During an interview on 4/19/18 at 6:31 PM the administrator stated he was present for the incident on 4/9/18. He stated he observed activity staff provide the resident a second hot dog (a regular hot dog on a bun). He stated the resident should not have received a regular hot dog because s/he was on a mechanical soft diet. He confirmed the resident choked on the hot dog and

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F 805	Continued From page 2 subsequently died. 2. Review of the facility's "Abatement Plan" and interview with the administrator and director of nursing (DON) on 4/20/18 at 8:10 AM revealed the facility reported the incident to the survey agency on 4/9/18 and implemented corrective actions to prevent re-occurrence. The actions taken by the facility included: a. Identified any other residents at the activity on 4/9/18 that potentially could have received food not in accordance with their diet. Residents were assessed for 72 hours (lung assessments and vital signs) and their physicians notified. b. All residents' diets were reviewed by the dietitian, dietary manager and speech therapist, and diet slips were reviewed to ensure they matched. c. An updated list of diet orders was to be provided to activity staff before any food-related event. d. Education was provided to all staff (verified by review of sign-in sheets; any remaining PRN staff were not allowed to work until they receive education). e. Audits completed at all activity events that serve food to ensure diets are followed (verified by reviewing audit sheets). f. Ad-hoc QAPI meeting on 4/10/18 and a second QAPI meeting on 4/17/18. 3. No food-related activities were held during the survey, but observations of 2 of 2 meals showed residents received food in accordance with their diets.	F 805		