STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535042	A. BUILDING _____ B. WING _____	C 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 6/19/18 to 6/20/18. The survey was prompted by complaint intakes WY00002595, WY00002621, WY00002624, WY00002632, WY00002637, WY00002638, and WY00002643. The following common abbreviations are used throughout this document: CNA: Certified Nurses Aide LPN: Licensed Practical Nurse RN: Registered Nurse 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, resident interview, staff interview, and policy review, the facility failed to ensure a timely assessment concerning a change in condition for 1 of 3 sample residents (#157) with a urinary catheter. This failure resulted in increased and prolonged	F 684	1. No immediate corrective action could be taken for resident #157. 2. A house audit will be completed for all residents that have had a change in condition to identify any other residents	8/3/18

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

Electronically Signed | 07/13/2018

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 684	Continued From page 1 discomfort, and the need for emergency treatment for resident #157. The findings were: Interview with resident #157 on 6/19/18 at 6:05 PM revealed s/he had been sent to the local emergency room recently due to his/her urinary catheter draining blood, and increased discomfort over two days. The resident stated staff first changed the catheter when s/he brought the issue to staff's attention, but the blood and discomfort continued and increased for two days until s/he was sent to the hospital. The following concerns were identified: a. Review of the nursing progress notes the following documentation dated 6/1/18 and timed 1900 [7 PM]: "Patient came to the nurses station after visiting [spouse] and notified me about the blood in [his/her] catheter tubing. When assessed there was a significant amount of blood present which was not there early that day. [S/he] denied pain at this time. Unit manager and infection control nurse also assessed the urine and blood. It was close to supper time so [s/he] went in and ate. I let [him/her] know that after [s/he] was finished we would lay [him/her] down and assess things further. When myself and the other nurse went in the patient's [genitalia] looked very swollen and red. Per nursing judgement and facility protocol we felt it was in the best interest to change [his/her] catheter and see if the problem would resolve. Both nurses assisted with placement of Silicone Catheter changed at 1830 [6:30 PM]. Per sterile technique. Small amount of urine return present. Patient denied pain after the procedure was completed." Further review showed the physician was not notified of the resident's condition at that time. b. Further record review showed no nursing progress notes or further assessment concerning	F 684	that may have been affected. The audit will be completed by 8/4/18. Any corrective action that is identified will be completed at the time of discovery. 3. The DON and DOC reviewed the Change of Condition policy on 7/13/18 with no changes made. All nurses will be educated on the Change of Condition policy on or before 7/25/18. Those not in attendance at education sessions due to vacation, illness, or casual status employment will be educated prior to their next scheduled shift. Change of conditions will be discussed at Quality Conference. 4. DON or designee will audit 5 residents with a change in condition to ensure timely treatment has been provided as well as timely notification of physician and family. Audits will be conducted weekly for 4 weeks and then monthly for 3 months. DON or designee will bring audit results to the Quality Assurance Process Improvement meeting for discussion to identify trends or additional education needs and will include discussion on the continuation of the audit based on findings.	

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F 684	Continued From page 2	F 684		

the resident's issue with his/her urinary catheter until 6/3/18 at 12:32 PM. Review of the nursing progress note dated 6/3/18 at 12:32 [12:32 PM] (41 hours and 28 minutes after the catheter drained blood and was changed) showed the following: "Situation: Resident having serious bleeding from bladder since Friday [6/1/18]. Background Data: Resident had a new Foley catheter placed on Friday, has had significant blood in the bag since. Today resident c/o [complained of] pain and burning sensation. Assessment: Assessment of insertion site showed a swollen [genitalia] with a yellowish green drainage coming out of opening of [urethral passageway]. Response: Sent resident into the ER at [local hospital] to be evaluated via SOV transport. Response: Name of family member notified and time of notification: [The resident's family member], resident was on the phone with [family member] and handed me the phone. Response: Name of MD notified and time of notification: [Resident's physician] at 11:30 AM." Further review failed to show any evidence the physician was notified before 6/3/18 at 11:30 AM of the resident's change in condition.

c. Review of the nursing progress note dated 6/3/18 and timed 17:15 [5:15 PM] showed the following, "Resident returned from [local hospital] with a DX (diagnosis) of a UTI (urinary tract infection), new Foley inserted. Prescription for Cephalexin 500 mg P.O. (by mouth) for 10 days sent with [him/her]..."

d. Review of the 6/3/18 Emergency Room Report showed, "Chief Complaint: Catheter pain. History of Present Illness: ...The patient had the catheter changed on Thursday. The patient says it was quite uncomfortable when [s/he] had it changed. There has been bleeding in there since then. There has been 'lots of blood.' [S/he] says,

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F 684	Continued From page 3 'If there is a procedure, please put me under anesthesia. I cannot stand the pain anymore.' The patient complains of [genitalia] pain...Emergency Department Course: Foley catheter was changed. The urine is now clear. There is no more blood. White count is 12,000. Hemoglobin is 12. Urine shows quite a few white cells but few bacteria. The patient was improved following the change of the catheter...Assessment: 1. Possible urinary tract infection. 2. Mild dehydration." e. Interview with unit manager #1 on 6/20/18 at 6:10 PM revealed her expectation was for ongoing assessment of the resident's catheter issue after identification, and further, the physician should have been contacted at that time. f. According to the facility policy titled, "Change of Condition or Status" last revised May 2017, under Procedures, "I. Physician Notification: ...In the event of a change in status, using the following criteria to discern immediate versus next day contact of the physician. A. The resident's condition is assessed and reported to the physician immediately if the resident experiences:...6. A need to alter the resident's medical treatment significantly...8. A need to transfer the resident to a hospital/treatment center...13. Uncontrolled bleeding...16. A significant change in the resident's physical, mental, or psychosocial status; deterioration in health, mental or psychosocial status in either life-threatening conditions or clinical complications. 17. Any other significant change in condition as determined by a Licensed Nurse. B. The resident's condition is assessed and reported in a timely manner either verbally or written if the resident experiences:...3. Signs and symptoms of infection."	F 684		

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F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and review of facility staffing documentation, the facility failed to ensure an adequate number of staff was provided to meet resident needs on 2 of 5 units (south, east). The findings were: 1. Review of the proposed staffing sheet received	F 725	1. Resident #139 did have the lacerations tended to after the altercation. Both residents in the altercation were placed on 1:1's after the altercation. No corrective action could be at the time of survey for resident #58. 2. All residents could be affected by this	8/3/18

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F 725	Continued From page 5 from the facility administrator on 6/20/18 at 3:10 PM showed the south hall required 8 CNAs and 5 RNS, LPNs, and/or certified medication aides (CMAs) per day. The minimum PPD (per patient day) for nursing staff on the unit was 162.5 hours. The following concerns were identified: a. Review of the facility staffing sheets for dates between 6/1/18 and 6/18/18 showed the south unit did not have the minimum identified staffing levels on 15 of the 18 days (83%). b. Observation on 6/20/18 at 8:50 AM showed resident #139 had blood on the left side of his/her face near his/her eye and on his/her left forearm. The blood on his/her eye appeared to be coming from 2 lacerations, 1 on the brow and 1 on the cheek, which the resident reported to staff was the result of his/her roommate punching him/her multiple times. Interview with LPN #1 on 6/20/18 at 11:25 AM revealed the unit was supposed to have 2 nurses, a medication aide, 4 CNAs, and a bath aid; however, staffing at the time of the altercation was 2 nurses, 3 CNAs, and bath aid. The nurse stated the altercation would have had a "quicker response" if staffing was "good" and when staffing was low, more incidents occurred. The nurse stated resident's call lights were not answered timely and the residents did not get care "they deserved" as a result of low staffing. Further, the nurse felt staffing levels were based on number of residents and did not account for "acuity" of care. c. Interview with resident #139 on 6/19/18 at 5:25 PM revealed the facility did not have enough staff and resident call lights did not get answered timely. d. Interview with resident #58 on 6/19/18 at 5:34 PM revealed the facility did not have enough staff and the east unit always had to "pull" staff from the south unit.	F 725	practice. 3. The facility continues to recruit and hire licensed nurses and CNA's. DON or designee will provide education to the scheduler and nurse management team regarding staffing patterns. Education will be completed on or before 7/25/18. The facility has implemented "block scheduling" as of 7/1/18. DON, Administrator, scheduler, HR, and nurse management team will review current staffing pattern and make changes if needed. Those not in attendance at education sessions due to vacation, illness, or casual status employment will be educated prior to their next scheduled shift. 4. Staffing assignments will be reviewed 3 times per week plus as needed to review staffing needs as well as the level of acuity. DON or designee will audit open positions weekly for 8 weeks then monthly for 4 months. DON or designee will bring audit results to the Quality Assurance Process Improvement meeting for discussion to identify trends or additional education needs and will include discussion on the continuation of the audit based on findings.	

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F 725	Continued From page 6 2. Review of the proposed staffing sheet received from the facility administrator on 6/20/18 at 3:10 PM showed the east unit required 9 CNAs and 5 RNs, LPNs, and CMAs per day. The minimum PPD for nursing staff on the unit was 175 hours per day. The following concerns were identified: a. Review of the facility staffing sheets for dates between 6/1/18 and 6/18/18 showed the east unit did not have the minimum identified staffing levels on 15 of the 18 days (83%). b. Interview with CNA #1 on 6/19/18 at 5:08 PM revealed the east unit had 61 residents and was staffed with 3 CNAs and 2 nurses for the day shift. Further, the CNA revealed the staff was below the required staffing amount.	F 725		
F 838 SS=E	Facility Assessment CFR(s): 483.70(e)(1)-(3) §483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include: §483.70(e)(1) The facility's resident population, including, but not limited to, (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population	F 838		8/3/18

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F 838	Continued From page 7 considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. §483.70(e)(2) The facility's resources, including but not limited to, (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. §483.70(e)(3) A facility-based and community-based risk assessment, utilizing an	F 838		

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F 838	Continued From page 8 all-hazards approach. This REQUIREMENT is not met as evidenced by: Based on staff interview and review of the facility assessment, the facility failed to ensure staffing requirements were identified based on resident needs. The census was 166. The findings were: Review of the facility assessment provided by the facility on 6/19/18 showed the direct care staffing range was between 8-12 licensed nurses providing direct care and 17-22 nurse aides for the entire facility per day. The PPD for these ranges, based on a census of 166, was between 1.88 and 2.56 hours per resident per day or 312 to 425 direct care hours per day. Interview with the administrator on 6/20/18 at 3:10 PM revealed he did not believe the assessment reflected the facility's current acuity level and the budgeted PPD for direct care staff was 2.85 hours per resident per day.	F 838	1. No corrective action could be taken at the time of survey 2. All Residents could be affected by this practice. Administrator and IDT will review and revise the Facility Assessment on or before 07/25/2018 3. Administrator and IDT will review the facility assessment monthly for 3 months then quarterly for 3 quarters. Revisions will be made as needed at the time of the review. Governing body representative (DOC) will provide education to the facility regarding facility assessment requirements on or before 07/25/2018 4. DOC or designee will audit facility assessment monthly for 3 months to ensure accuracy based on facility needs. DOC or designee will bring audit results to the Quality Assurance Process Improvement meeting for discussion to identify trends or additional education needs and will include discussion on the continuation of the audit based on findings.	