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 07/25/2018

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 7/23/18 to 7/25/18. The survey was prompted by complaint intake(s) WY00002664 and WY00002669. The following common abbreviations are used through this document: CNA; Certified Nurse Aide DON: Director of Nursing MDS : Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580		8/27/18

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

Electronically Signed | 08/09/2018

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F 580	Continued From page 1 §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of policies and procedures, the facility failed to notify the resident's representative of a change of condition of 2 of 6 sample residents (#1, #3) with hospitalizations. The findings were: 1. Review of the medical record for resident #1 showed s/he was admitted on 5/20/18 with diagnoses that included dementia, hypertension,	F 580	1. No immediate corrective action could be taken for Resident 1 as he has been discharged to home. No correction could be taken for the missing documentation of family notification of hospitalizations that occurred in May and July. Family was aware that resident was hospitalized at that time. 2. All residents have the potential to be	

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F 580	Continued From page 2 chronic lung disease and diabetes. Review of the 6/21/18 nursing progress notes showed the resident was sent to the hospital on 6/21/18 due to bradycardia (slow heart rate). Review of the medical record showed no evidence the resident's family was notified of this change in the resident's condition. During interview on 7/25/18 at 3 PM, the DON verified the lack of evidence. 2. Review of the medical record for resident #3 showed s/he required extensive and total assistance with all activities of daily living due to severe multiple sclerosis. Further review showed the resident was admitted to the hospital on 5/3/18 to 5/5/18 and 7/4/18 to 7/10/18. According to the hospital progress notes dictated by nurse practitioner #1 the resident received surgery for obstructive left ureteral stone and hydronephrosis on 5/3/18. Further review of the same progress notes showed the resident was admitted to the hospital on 7/4/18 for altered mental status, positive blood cultures, and shortness of breath. Interview with the DON on 7/25/18 at 3 PM revealed the resident was transported to the clinic on 5/3/18; then sent to the hospital from the clinic. She stated she was unable to find evidence the facility notified the resident's family of the hospital admissions on 5/3/18 and 7/4/18. She further stated staff did not follow the policy and procedures on 5/3/18 and 7/4/18 that required staff document in the medical record the time and date family/representatives were notified of changes in condition. 3. Review of the policy and procedures titled "Change of Condition or Status", revised May 2017, showed procedures for "Notification of Family/Significant Other" included "when there is a change in status of a resident, the RN or	F 580	affected. 3. The DON reviewed the Change of Condition policy, as well as the requirements of the regulation. The DON or designee will educate Nurses no later than 8/27/18 on ensuring family/POA notification occurs with a resident□s change of condition. Those not in attendance during education sessions due to vacation, illness, or prn status will be educated prior to their first shift worked. 4. The DON or designee will audit five residents each week with a change of condition to ensure notification of the change of condition is delivered to the resident□s medical provider, as well as, their family/POA. Audits will be weekly for four weeks and then monthly for three months. Results of audits will be reviewed at monthly QAPI meeting to discuss compliance, further education needs, and discussion as to the need to continue/discontinue the audit.	

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F 580	Continued From page 3 designee will notify the first designated contact person"..."Document in the medical record who was contacted and at what time".	F 580		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to ensure the comprehensive care plan was revised as needed	F 657	1. Resident 2□s care plan has been updated to reflect the assistance needed with transfer and ADLs. Resident 5□s	8/27/18

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F 657	Continued From page 4 to reflect the resident's current needs for 2 of 8 sample residents (#2, #5). The findings were: 1. Review of the 6/27/18 quarterly MDS assessment showed resident #2 required extensive assistance of 2 staff for bed mobility, transfers, and toileting. Review of the care plan, revised 7/1/18, showed only 1 staff person was required to assist with bed mobility and transfers. Observation on 7/24/18 at 6:48 PM revealed CNA #3 and CNA #4 used the mechanical lift to transfer the resident from his/her wheelchair to bed. During interview on 7/25/18 at 3 PM, the DON revealed the care plan interventions should have been revised, because 2 staff and a mechanical lift were needed to assist with all transfers, toileting and bed mobility for this resident. The DON stated quarterly transfer assessments were scheduled to be completed for all non-ambulatory residents; and this information was added to the care plan. The DON also stated this assessment had not been done for resident #2. 2. Review of the 5/10/18 quarterly MDS assessment showed resident #5 had severe cognitive impairment, urinary incontinence, and pressure ulcers. Review of the care plan, revised 5/10/18, showed staff were directed to provide daily monitoring and care for a pressure ulcer on the coccyx, and a urinary catheter. Observation on 7/24/18 at 2 PM revealed RN #1 removed and replaced the resident's urine-soiled disposable brief; then provided pressure ulcer care. Continued observation showed the resident did not have a urinary catheter. Interview on 7/25/18 at 3 PM with the DON revealed the urinary catheter was discontinued when the resident's pressure ulcers began to heal. The DON further	F 657	care plan has been updated to reflect that resident no longer has a foley catheter. 2. All residents have the potential to be affected. 3. The DON has reviewed the Care Planning Policy and had made no changes to the policy. The DON will review policy with the IDT team no later than 08/10/2018 4. The DON will select random IDT team members each week to jointly review 5 random care plans to ensure the care plan is complete and reflects the level of care required for each resident. Audits will be weekly for 4 weeks and then monthly for three months. Results of audits will be reviewed at monthly QAPI meeting to discuss compliance, further education needs, and discussion as to the need to continue/discontinue the audit.	

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F 657	Continued From page 5 stated the care plan interventions should have been revised after the 5/10/18 MDS assessment was completed.	F 657		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure all pressure-relieving interventions were implemented as needed for 1 of 5 sample residents (#3) reviewed for care of existing pressure ulcers. The findings were: Review of the care plan, revised 5/11/18, showed resident #3 required total and extensive assistance with all activities of daily living due to multiple sclerosis. This review also showed the resident had a stage II pressure ulcer on the left buttocks and interventions included daily skin care, dressing changes as ordered, pressure-relieving cushion in the wheelchair, and pressure-relieving mattress on the bed. Review of	F 686	1. Resident 3□s air mattress was fully plugged in and functioning upon learning of the malfunction at the time of survey. 2. All residents who utilize electric low air loss mattresses will be reviewed by the DON or designee to ensure the device is plugged into the receptacle a manner/location that accidental unplugging of the device is unlikely to occur. This will be completed no later than 08/27/18. 3. The DON or designee will educate nursing staff on the following: Ensuring resident□s electrical medical equipment is functioning after each care is performed and ensuring that bed and other furniture	8/27/18

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F 686	Continued From page 6 the 7/24/18 wound documentation revealed the pressure ulcer measured 3.5 centimeters (cm) x 6.0 cm x 0.1 cm with 85% scar tissue and 15% open pink tissue. Observation on 7/24/18 at 2:40 PM revealed the resident rested in bed on an electric pressure-relieving mattress that was not turned on. At that time the surveyor asked why the mattress was off, and RN #1 reconnected the electrical cord to the outlet and turned the mattress on. Continued observation revealed RN #1 provided the physician-prescribed pressure ulcer treatments and repositioned the resident before departing from the room at 2:58 PM. Observation at that time revealed the mattress was again off and remained off from 2:58 PM to 3:15 PM. At 3:15 PM CNA #1 and CNA #2 used a mechanical lift to transfer the resident to his/her wheelchair. At that time neither CNA noted the mattress was not turned on. Observation on 7/24/18 at 6:35 PM revealed CNA #3 and CNA #4 used the mechanical lift to transfer the resident from his/her wheelchair to the bed. Continued observation revealed the CNAs completed the task and departed without turning on the pressure-relieving mattress. During interview on 7/24/18 beginning at 7:05 PM the DON checked the pressure-relieving mattress, and stated the electrical cord was not fully plugged into the outlet. She stated she did not know how long this had been a problem because staff had not reported it to her. She further stated she expected staff to ensure pressure-relieving mattresses were operating properly at all times.	F 686	are not bumping the plug/outlet and inadvertently unplugging the device. Staff will be educated to report any observed unplugged equipment or any observed risk of becoming unplugged to the charge nurse immediately. Education will occur no later than 9/1/18 and those not in attendance during education sessions due to vacation, illness, or prn status will be educated prior to their first shift worked. 4. The DON or designee will audit five resident rooms each week to ensure all electrical medical equipment in use is plugged in and functioning. Audits will continue for four weeks and then will be monthly for three months. Results of audits will be reviewed at monthly QAPI meeting to discuss compliance, further education needs, and discussion as to the need to continue/discontinue the audit.	