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

PRINTED: 11/20/2018
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
	535046	A. BUILDING _____ B. WING _____	11/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 EAST BROADWAY JACKSON, WY 83001

(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 recertification survey was conducted by Healthcare Licensing and Surveys from 10/29/18 to 11/1/18. The following common abbreviations are used throughout this document: DON- Director of Nursing RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000	*The facility will ensure the highest well-being in regards to quality of life and quality of care. This will be accomplished as outlined below:*	
F 661 SS=D	Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv) §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to	F 661	A) The facility's "Your Discharge Plan of Care/Instructions" was discontinued with the facility's transition to CERNER electronic medical record. It has been replaced by an electronic document titled "Patient Discharge Summary" which is inclusive of recapitulation of stay. The electronic document contains all the required components of paragraph (b) (1) of 483.20. This corrective action was completed on November 23, 2018. B) An audit will be completed on all DC Summaries prior to discharge for the next two months to verify all required components of the DC summary including recapitulation of stay and final summary to include items listed in paragraph (b) (1) of 483.20. The findings of the audit will be reported at the December 2018 and February 2019 quarterly QAPI meeting. The Lead MDS/Care Coordinator is	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Malenda Hoelscher — TITLE: Administrator — (X6) DATE: 11.26.18

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. POC accepted. DOC - 12/17/18 Spoke to Malenda Hoelscher, NHA, on 11/27/18 @ 3:50pm Janice G

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F 661	Continued From page 1 adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the discharge summary contained all required items for 1 of 1 sample residents (#46) who was discharged. The findings were: Review of the physician's discharge summary showed resident #46 was discharged home on 8/16/18. The physician's discharge summary included a recapitulation of the resident's stay, but did not include a final summary of the resident's status as required. Review of the "Your Discharge Plan of Care/Instructions" form dated 8/16/18 showed it did not contain a final summary of the resident's status as required. There lacked information on: cognition, communication, vision, mood/behavior patterns, continence, physical functioning, dental status, skin condition, and activity pursuit. During an interview on 10/31/18 at 2:34 PM the DON stated the facility was using the "Your Discharge Plan of Care/Instructions" form for the discharge summary and confirmed it did not contain all the required information for the final summary of the resident's status.	F 681	responsible for audit and reporting to QAPI. Further audits will be completed as deemed necessary by the QAPI committee. D) This Plan of Correction will be completed by December 7, 2018.	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain	F 755	A) The insulin pen identified during survey was labeled with "date opened/expiration date/initialed" on November 1, 2018.	

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F 755	Continued From page 2 them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of manufacturer's instructions, the facility failed to ensure medications available for use were not expired in 1 of 3 medication carts (Team 1 medication cart). The findings were: 1. Observation during medication pass on 10/31/18 at 9:15 AM showed one opened Basaglar insulin glargine injection pen with no	F 755	B) An audit was completed on all insulin pens on November 23, 2018. Subsequent random audits of all insulin pens in use will be completed weekly thereafter for 2 months with report of findings at the quarterly QAPI meeting in December 2018 and February 2019. Further audits will be completed as deemed necessary by the QAPI committee. C) The Director of Nursing will provide education to all Registered Nursing staff regarding St John's Medical Center/Living Center policy "Medication Administration". D) This Plan of Correction will be completed by December 7, 2018.	

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F 755	Continued From page 3 written open date. Interview at that time with RN #1 confirmed there was no written open date, and the medication was available for use. 2. Interview with the DON on 11/1/18 9:24 AM confirmed the facility expectation would be to label the insulin pen with the 28 day expiration. 3. Review of manufacturer's instruction found at www.basaglar.com/using-basaglar/insulin-storage-expiration (retrieved 11/5/18) showed open Basaglar insulin glargine injection pens could be used for up to 28 days.	F 755		