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 _____	R-C 08/22/2018

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

(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 revisit survey was conducted on 8/21/18 through 8/22/18 for all previous deficiencies cited on 6/20/18. Also reviewed in the course of the survey was complaint intake WY000002682. The following common abbreviations are used throughout this document: LPN: Licensed Practical Nurse CNA: Certified Nurse Aide MA-C: Certified Medication Aid DON: Director of Nursing RN: Registered Nurse NA: Nurse Aide Less commonly used abbreviations will be annotated in each deficiency.	{F 000}		
{F 684} SS=D	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 resident and staff interview, medical record review, and review of policy and procedures, the facility failed to ensure appropriate care and treatment was provided to 1 of 2 sample residents (#1) with constipation. The findings were:	{F 684}	1. An order was received on 8/23/18 for Resident #1 to receive Miralax 17 grams by mouth one time a day. Standing orders for a bowel management protocol were initiated for Resident #1 on 9/10/18.	9/17/18

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

Electronically Signed — 09/11/2018

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 1. Review of the admission MDS assessment dated 8/1/18 showed resident #1 had diagnoses which included benign prostatic hyperplasia, anxiety disorder, unspecified fall, and chronic pain. Further review showed the resident required extensive assistance of 2 or more people for bed mobility, dressing, and toilet use. The following concerns were identified: a. Interview with the resident on 8/21/18 at 4:35 PM revealed s/he used a bedpan for bowel movements and recently had gone "for a week" without having a bowel movement. The resident stated that s/he told a staff member and was administered a suppository. Further, the resident stated s/he used opiod pain medication and did not get out of bed much, and s/he thought that may be the cause of the constipation. b. Review of the physician progress note dated 8/9/18 and timed 4:19 PM showed the resident was "...also concerned about constipation. States [s/he] hasn't had a bowel movement in about a week. [S/he] is having some mild lower abdominal pain. Denies problems with hemorrhoids. [S/he] reports that in the past if [s/he] had constipation [s/he] would take a bulb syringe and insert it in [his/her] rectum and spray salt water which would soften [his/her] stool and was effective. [S/he] reports that [s/he] does not want to start any type of scheduled laxatives because [s/he] does not want his bowels to get dependent on them. Reports that [s/he] thinks that [his/her] body just needs to adapt to taking increased dose of Oxycodone [opiod pain medication] and [s/he'll] be able to be regular again...ROS [review of systems]:...Positive for constipation...Plan:...Patient would prefer to have a suppository for [his/her] constipation. Will have	{F 684}	2. All residents have the potential to be affected. 3. The Director of Nursing (DON) reviewed and revised the facility Bowel Management Protocol. All residents will have standing orders for the facility bowel management protocol per their physician's discretion no later than 9/17/18. The DON or designee will educate all nursing staff no later than 9/17/18 on the Bowel Management Protocol to include documentation of residents' bowel movements every shift and implementation of appropriate interventions per physician orders. 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' medical records to ensure there is documentation of residents' bowel movements every shift and appropriate interventions were implemented as needed per physician orders. 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 684}	Continued From page 2 nursing staff administer a suppository today and then start [him/her] on a regular stool regimen with a stool softener..." c. Review of a nurse's progress note dated 8/20/18 and timed 9:06 AM showed "Patient has complained this morning of abdominal pain from being constipated. Patient has noted no BM for 5 or more days. [S/he] only has Colace daily. [S/he] also notes [his/her] inability to urinate..." d. Review of a "skilled status note" dated 8/20/18 and timed 7:19 PM showed "...Res [resident] c/o [complained of] constipation. Given prune juice and MOM [milk of magnesia] with butter. Res had no BM [bowel movement] in the afternoon we got an order for ducolax [sic] supp [suppository]. This was successful xlg [extra large] BM Bowel sounds present and active..." e. Review of the medication administration record for August 2018 showed the resident was ordered Colace (stool softener) capsule 100 mg by mouth one time per day for constipation on 8/11/18. The resident was also ordered and administered "Dulcolax suppository (bisocodyl) Insert 1 suppository rectally one time only for constipation for 1 Day Administer 1 suppository pm for constipation" on 8/10/18. Further review showed no evidence of a physician's order for administration of a suppository on 8/20/18, or implementation of a bowel management plan or bowel protocol. f. Interview with CNA #1 on 8/22/18 at 2:56 PM revealed the CNAs always knew when the resident had a bowel movement because they had to empty his/her bedpan and they documented the bowel movement on the "BM board." Further, it was revealed the nurses were to "monitor" the board to see if residents go an extended period without having a bowel movement.	{F 684}		

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{F 684}	Continued From page 3 g. Review of the "BM List" for August 2018 provided by unit manager #1 on 8/22/18 showed the resident had no bowel movements documented from 8/4/18 through 8/9/18 (6 days), a large bowel movement on 8/10/18, no bowel movement from 8/11/18 through 8/19/18 (9 days), and a medium bowel movement on 8/20/18. h. Review of the resident's care plan, last updated on 8/10/18, showed no evidence a bowel management plan or bowel protocol was developed or implemented for the resident. i. Interview with unit manager #1 on 8/22/18 at 5:35 PM revealed the facility staff should track bowel movement frequency. j. Review of the policy titled "Bowel Management Protocol" last revised October 2011 showed"...Procedure 1. Assess residents daily for manifestations: -change in color and/or consistency of stool -decrease ability to easily pass stool -frequency less than once every three days...Management Protocol 1. If no Bowel Movement is 2 days, offer fluids and laxative of choice at bedtime, per physician standing orders. 2. if no Bowel Movement in 3 days, administer suppository per physician standing orders. 3. If no Bowel Movement in 4 days, administer an enema, per physician standing orders. 4. If laxatives are administered to the resident, more than 8 times in a 30 day period, request physician to review for addition of a stool softener to the medication regime..."	{F 684}		
{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	{F 725}		9/17/18

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{F 725}	Continued From page 4 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 resident and staff interview, medical record review, and review of facility staffing documentation, the facility failed to ensure an adequate number of staff was provided to care for residents on 2 of 5 units (South, East). The findings were: 1. Interview with resident #58 on 8/21/18 at 1:30 PM revealed facility staffing was "not good" and "weekends are always short." The resident revealed s/he "went almost a week" without a shower because the facility pulled staff to work on other units and did not replace them.	{F 725}	1. No immediate corrective action could be taken for the previously missed baths for Residents #58, #1, #19, #139 and #5. The affected residents are receiving baths per their plan of care. Care plans for Residents #1, #58 and #5 were updated with their bathing preference on 9/11/18. 2. All residents have the potential to be affected. 3. DON or designee will educate all nursing staff on the bathing policy no later than 9/17/18. A Unit Manager was	

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{F 725}	Continued From page 5 2. Interview with resident #1 on 8/21/18 at 4:35 PM revealed CNAs complain about being overloaded, take a long time to answer call lights, and say they "forgot" when they don't do something the resident has asked. Further, the resident felt s/he had to make appointments with the CNAs in order to have care provided. 3. Interview with resident #19 on 8/22/18 at 10:45 AM revealed the facility did not have enough staff, the "good ones keep quitting," and the facility was "operating on bare bones." The resident stated it took 45 minutes to get the call light answered when the resident needed to have a bowel movement and by the time staff answered the call light, s/he has had to "hold it" so long it resulted in constipation. Further, the resident stated s/he missed a shower on "Monday" because there was not a bath aide and "if you miss then you just miss it" when referencing the shower. 4. Interviews with CNA #1, CNA #2, CNA #3, CNA #4, CNA #5, CNA #6, NA#1, MA-C#1, and LPN #1 on 8/22/18 between 2:29 PM and 5:06 PM revealed the following concerns: a. Staff had to pick up extra shifts. b. If there was no bath aide, residents did not get showers, and the showers could not be made up on a later date. c. The shower aide was sometimes pulled to help on the floor because there was not enough staff. d. Staffing remained poor and the only change was the addition of "some travelers (temporary staff)." e. Resident's weren't assisted to the toilet on time because of staffing, did not receive showers, and routinely waited between 20 and 30 minutes	{F 725}	promoted to DON effective 9/1/18. A licensed nurse was promoted to replace that Unit Manager effective 9/4/18. The facility, as well as a regional recruiter, continues to recruit licensed nurses and CNA's, conduct CNA classes, and contracts with temporary staffing agencies to ensure adequate staffing. The DON or designee will educate the Human Resources Director, Nurse Managers and the scheduler on sufficient staffing needs of the facility to ensure there is appropriate staff to meet the needs of each resident no later than 9/17/18. Staffing schedule and daily assignments will be reviewed and discussed at daily Quality Conference and changes will be made as 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. Bathing records for 5 residents will be audited weekly for four weeks, then monthly for three months to ensure residents are receiving their baths and their bath preference is on the care plan. Staffing assignments will be reviewed and/or revised daily at Quality Conference and as needed to ensure staffing is appropriate to meet the needs of the residents. Administrator or designee will audit daily Quality Conference meeting weekly for four weeks, then monthly for three months to ensure staffing assignments are reviewed and/or revised during this meeting and as needed. DON or designee will audit open positions	

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{F 725}	Continued From page 6 to get assistance from staff. f. The facility had not done anything for burnout and it was reported to management that providing care was difficult and stressful with the staffing level. g. The unit manager did not help on the floor when the facility was "short," yelled at staff when they were struggling to get things done, and the unit manager complained if he had to "cover a shift on the floor." h. The unit manager did not offer support and "management only come out to help when surveyors are in the building." i. Some residents had waited 45 minutes to get assistance off the toilet. j. The facility needed to provide staff "based on acquity of care instead of numbers." k. Kitchen staff was also low and CNAs had to do "a lot of extra stuff during meals." l. CNAs were "rushed" and couldn't do their job "properly." m. The east unit was "overwhelming." n. One resident "waited 5 hours" to have care performed. o. Managers "tell CNAs they have multiple lights but don't answer them." p. Staff feel the facility "tries to meet the bare minimum." 5. Review of the bathing record for August 2018 showed resident #1 did not receive a shower for 8 days from 8/1/18 until 8/8/18 and 9 days from 8/9/18 until 8/17/18. The resident was documented as having refused a shower on 8/13/18. Review of the resident's "Bathing/Hygiene" care plan showed no identification of the resident's preferred time or frequency of showers.	{F 725}	weekly for 4 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 725}	Continued From page 7 6. Review of the bathing record for August 2018 showed resident #139 did not receive a shower for 6 days from 8/1/18 until 8/6/18 and 11 days from 8/7/18 until 8/17/18. Review of the resident's "Bathing hygiene Self-care deficit" care plan, last revised on 12/6/17, showed "I prefer a bath any time of the day at least 2 x [times] [per] week..." 7. Review of the bathing record for August 2018 showed resident #58 did not receive a shower for 6 days from 8/16/18 until 8/21/18. Review of the resident's "Bathing hygiene Self-Care deficit impaired ability to perform or complete bathing/hygiene activities for oneself" care plan, last revised on 12/6/17, showed "I prefer a shower in the morning at least 2 x [times] a week." 8. Review of the bathing record for August 2018 showed resident #5 did not receive a shower for 9 days from 8/6/18 and 8/14/18 and 7 days from 8/15/18 until 8/21/18; however, the resident was documented as having refused a shower on 8/10/18. Review of the resident's "Dressing/Grooming/Bathing" care plan, last revised on 5/22/18, showed no identification of the resident's preferred time or frequency of showers. 9. Review of the bathing record for August 2018 showed resident #19 did not receive a shower for 6 days from 8/16/18 until 8/22/18. Review of the "Bathing hygiene Self-care deficit" care plan, last revised on 12/6/17, showed "I prefer to take a shower anytime during the day 2 x [times] weekly." 10. Review of the "24 Hour Staffing Board" sheets from 8/3/18 through 8/21/18 showed the facility	{F 725}		

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{F 725}	Continued From page 8 did not have a bath aide on the "south" unit during 8 of the days. Further, the facility had open shifts indicated on the staffing sheet for 17 of the days between 8/3/18 and 8/21/18 on the "South" unit. 11. Review of the "24 Hour Staffing Board" sheets from 8/3/18 through 8/21/18 showed the facility had an open bath aide position on the "east" unit during 16 of the days. Further, the facility had open shifts indicated on the staffing sheet for 18 of the days between 8/3/18 and 8/21/18 on the "East" unit. 12. Interview with unit manager #1, the administrator, and the regional nurse on 8/22/18 at 5:35 PM revealed residents should receive at least one shower per week, or whatever they have indicated as their preference on the care plan. The refusal of a shower should be documented on the bathing record and the facility performed "audits" to make sure residents received at least 1 shower per week. If a resident's shower is missed, staff are expected to make it up at another time. Further, it was revealed the facility had 11 open CNA positions and 10 open nurse positions including 2 unit managers and a DON.	{F 725}		