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

PRINTED: 10/21/2008
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
	53A043	A. BUILDING ______ B. WING ______	10/09/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY MEMORIAL NURSING	PO BOX 848 WHEATLAND, WY 82201

(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 253 SS=E	483.15(h)(2) HOUSEKEEPING/MAINTENANCE The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure adequate maintenance and housekeeping in two of three hallways in the facility, and one of two dining rooms. The findings were: 1. Observation in the hallway of the facility known as grand avenue, revealed the wood on the door frames for 13 rooms, numbered 99 through 111, were gouged and scraped on the areas from the floor to two feet up the door frames. Interview with the maintenance supervisor on 10/9/08 at 9:47 AM revealed he was aware of the damaged door frames, and the facility had been trying to decide what to do to fix them for the past year. He stated he was informed about a product that was fire safe about one month ago, and thought this is what would be applied after the wood was sanded. However, he revealed the product was not yet ordered and the work was not scheduled. 2. Observation in the "Memory Lane" hall and small dining room revealed the following housekeeping/maintenance concerns: a. Observation on 10/6/08 at 1:15 PM revealed the tile floor of the main hallway was littered with spilled food and crumbs in the vicinity of a recliner located at the end of the hallway. Further observation on 10/7/08 at 12:06 PM revealed the floor still had not been cleaned. Observation and interview with housekeeper #1	F 253	This Plan of Correction constitutes our allegation of compliance. F253 – Platte County Memorial Nursing Home will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This will be accomplished by: 1. Plant Operations will lightly sand and refinish the door frames on the 13 rooms with gouges and scrapes. The facility manager will make sure that this correction is completed by 11/28/08. Inspections will be made to ensure that all work is maintained. The facility manager will ensure that maintenance services necessary to maintain a sanitary, orderly, and comfortable interior are provided. 2. a. Memory Lane hallway will be mopped daily by the LTC housekeeper. This will be added to the LTC daily housekeeping check list. All housekeepers providing services in LTC will be given a memo as a reminder.	11/28/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shannon Harris
TITLE: NHA
(X6) DATE: 10/30/08

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.

Accepted on changes (253). Talked w/ Deborah Cochran
POV on 11/13/08 @ 2:09 PM

RECEIVED
Wyoming Dept of Health
NOV 03 2008
Office of Healthcare Licensing and Surveys

DOC = 11/30/08
[signature] 11/13/08

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F 253	Continued From page 1 on 10/8/08 at 12:02 PM revealed she had cleaned the floor around the chair that day, and the hallway floor should be cleaned daily. She did not know why it hadn't been done the day before. b. The drinking fountain located in the hallway had a greenish-white accumulation of material on the water spout. Interview with housekeeper #2 on 10/8/08 at 12:02 PM revealed she also thought the drinking fountain needed to be cleaned. She then stated she was going to get a drink that morning from it, however, she did not want to after looking at its condition. She stated it should be cleaned daily, and did not know of any schedule to remove hard water build up deposits from the fountain. c. The small dining room/activity room located off the main hallway of memory lane had carpeting that was stained and had food smashed into the carpet under the table. Interview with housekeeper #1 on 10/6/08 at 3:53 PM revealed the carpet was shampooed weekly, however, they were not able to remove the stains.	F 253	All LTC hallways will be mopped daily by the LTC housekeeping staff. b. The LTC housekeeper will clean the drinking fountain on Memory Lane with "Delimer" to remove the lime build up. This will be added to the LTC daily housekeeping check list. All housekeepers providing services in LTC will be given a memo as a reminder. (F253 CONTINUED ON PAGE ATTACHED)	
F 318 SS=D	483.25(e)(2) RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide restorative services for 2 (#10 and #24) of 7 sample residents who required restorative services. The findings were:	F 318	F 318-Platte County Memorial Nursing Home will ensure that a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion by: a. The Charge Nurse on the day shift will observe the CNA or RCNA, providing restorative ambulation services for resident # 10, daily to make sure the services are being provided as planned.	11/30/08

SF

F253 (CONTINUED)

c. The LTC housekeeper will vacuum the Memory Lane dining room after each meal. Spots will be pre-treated and cleaned with the small extractor as needed and at least 2 times/week. The large extractor will be used to clean the carpet 1 time per week. Nursing Service will pick up any food that is spilled before it is ground into the carpet fibers. This will be added to the daily housekeeping check list. All housekeepers providing services in LTC will be given a memo as a reminder. A sign will be posted in the Memory Lane dining room for Nursing Service. This information will also be included in the LTC Nursing Service letter.

The Environment Services Supervisor will survey all LTC hallways, dining room areas and the Memory Lane drinking fountain during daily rounds. Any problems identified will be addressed with staff at that time. and presented at quarterly QA meetings. ~~med QA~~.

Δ's made per Deborah, DON

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F 318	Continued From page 2 a. Medical record review for resident #10 showed s/he was receiving a restorative service program. The care plan, dated 7/22/08, revealed the resident was to ambulate in the hallway with a wheeled walker daily. Review of the August 2008 daily restorative delivery record showed 14 days (8/1/08 through 8/8/08, 8/16/08, 8/17/08, 8/22/08, 8/30/08 and 8/31/08) when there was no evidence the resident was ambulated. In addition, there were no documented refusals for these days. Interview with CNA #3 on 10/8/08 at 2:25 PM revealed the restorative aide was on vacation the first week of August. She stated when the facility was short a restorative aide, each CNA was responsible to complete the restorative needs for the residents to which they were assigned to. The CNA also stated there was not always enough time to get everything done. b. Review of the September 2008 Restorative Service Delivery Record for resident #24 revealed the resident was supposed to receive range of motion exercises, a splint application, ambulation, dining supervision, activities of daily living (ADL) set up, and hip precautions daily. Review of the daily record for September 2008 revealed there was no evidence the resident received these restorative services on 7 (9/6/08, 9/7/08, 9/11/08, 9/13/08, 9/20/08, 9/23/08, 9/28/08) of 30 days. In addition, there was no documented refusals for these days.	F 318	b. The Charge Nurse on the day and evening shift will observe the CNA or RCNA, providing restorative services for resident # 24, daily to make sure the services are being provided as planned. To identify any other residents having the potential if being affected by the deficiency, the Resident Care Director will review all resident restorative plans and records for evidence that the plans are being implemented. The results of the review will be shared with the LTC nursing staff in a taped report with corrective actions identified and will be included in the quarterly Quality Team Meeting. To ensure the actions have resulted in a sustained, effective practice the Resident Care Director will monitor each Resident's Restorative record monthly to track the implementation of the Restorative Program for each resident requiring Restorative Care. The results of the monthly reviews will be shared with the LTC nursing staff in a taped report with corrective actions identified and will be included in the Quality Team Meeting quarterly.	
F 441 SS=E	483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish	F 441	F 441-Platte County Memorial Nursing Home will establish an infection control program designed	11/28/08

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F 441	Continued From page 3 an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interview, and review of the infection control program materials, the facility failed to provide a program which adequately monitored and controlled urinary tract infections (UTIs) for 7 (#24, #13, #3, #10, #1, #18, #17) of 9 sample residents. The findings were: Interview on 10/9/08 at 8:25 AM with the infection control coordinator revealed the facility had experienced a high incidence of UTIs, specifically from Escherichia coli (E-coli) bacteria. She stated the cause of these UTIs might have been improper perineal or catheter care and the staff had been in-serviced. The following residents were affected: a. Culture and sensitivity (C&S) reports in the infection control log since January 2008 revealed resident #13 had 9 UTIs from the E-coli bacteria on the following days: 1/11/08, 2/1/08, 2/28/08, 3/27/08, 5/2/08, 6/25/08, 8/1/08, 8/18/08, and 9/18/08. b. C&S reports in the infection control log revealed resident #10 had 5 UTIs from E-coli bacteria on the following days: 1/30/08, 4/18/08, 5/30/08, 7/9/08, and 9/18/08. c. C&S reports in the infection control log revealed resident #18 had 3 UTIs from E-coli bacteria on the following days: 4/22/08, 5/6/08,	F 441	to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection by: Resident-specific actions will be taken to address UTI's as well as prevent them. ▪ Resident-specific monitoring will be initiated rather than discovery based on infection / organism reporting and will be completed each week by the Infection Control Coordinator to review the progress of the infection. ▪ Infection control rounds will be conducted 2-3 times a week by the IC Coordinator. The 24 hr report log will be used as a reference along with report from the Nursing Staff. ▪ APIC criteria will be used to identify resident UTI's as being an acute episode verses asymptomatic bacteriuria. This data will be discussed with the medical staff during the monthly QA meetings. ▪ Weekly medical record review will include culture reports & other pertinent values from Lab, Physician notes, VS's, I&O & Nurses notes. ▪ Monthly data and action summaries will be reported to the quality assurance	

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F 441	Continued From page 4 and 5/11/08. d. C&S reports in the infection control log revealed resident #3 had 3 UTIs from E-coli bacteria on the following days: 5/6/08, 6/6/08, and 10/2/08. e. C&S reports in the infection control log revealed the following residents had one UTI from the E-coli bacteria: Resident #24 on 6/25/08, resident # 1 on 8/21/08, and resident #17 on 2/20/08. The following concerns were noted: a. Review of an in-service education revealed proper procedures related to UTIs and perineal and catheter care was provided to staff in August 2008. However, according to the C&S reports, the facility continued to see a high occurrence of E-coli UTIs. Of the above mentioned residents, there were 6 UTIs from E-coli since the first of August 2008. b. Interview on 10/9/08 at 8:25 AM with the infection control coordinator revealed she did not perform any type of monitoring or surveillance with the staff to verify they were using proper perineal and catheter care techniques. c. Interview via phone call with the director of nursing on 10/9/08 at 9:35 AM revealed nursing did not perform or designate any monitoring of perineal care or catheter care as an attempt to control the UTIs.	F 441	committee as well as a quarterly summary. ▪ Education on peri-care and indwelling catheter care procedures will be reviewed at a collaborative skills fair in November. Initial competency will be demonstrated by individual staff via a return demonstration after the presentation. ▪ A surveillance tool has been developed for use by IC staff and nursing staff collaboratively to perform weekly surveillance of peri and catheter care as data trends indicate. ▪ IC has been added to the LTC quality assurance committee roster.	
F 520 SS=E	483.75(o)(1) QUALITY ASSESSMENT AND ASSURANCE A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the	F 520	F 520-Platte County Memorial Nursing Home will ensure that the Quality assessment and assurance team develops and implements appropriate plans of action for identified quality deficiencies by:	11/30/08

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F 520	Continued From page 5 facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on staff interview, resident interview, medical record review, and review of facility documents, the facility failed to ensure the quality assurance (QA) and performance improvement (PI) program was effective in identifying and resolving problems in the facility. The findings were: 1. Review of the previous survey findings dated 9/13/07 revealed the facility was cited for not ensuring restorative nursing services were provided based upon resident care plans for six of seven sample residents. Review of the plan of correction for the 9/13/07 survey showed the facility would review and make appropriate adjustments to ensure a sustained effective program for the residents, and this information	F 520	1. The Resident Care Director will monitor every Resident's Restorative record monthly to track the development and implementation of the Restorative Program for each resident requiring Restorative Care. Corrective actions will be developed for deficiencies identified and reviewed with the LTC staff through a taped report monthly. The Resident Care Director will follow-up on the corrective actions with the Charge Nurse and appropriate LTC staff during weekly rounds. Trends and corrective actions will be reviewed by the LTC Quality Team at least quarterly. 2. The Infection Control Coordinator will conduct resident specific monitoring of infections and practices weekly. Data collected from the monitoring will be shared with the appropriate medical staff and LTC nursing staff monthly. Any trends and corrective actions will be reviewed by the LTC Quality Team at least quarterly.	

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F 520	Continued From page 6 would be reported to the quality team at least quarterly. Refer to federal citation F318 for details related to restorative nursing services not being provided residents #10 and #24. 2. Review of the previous survey findings dated 9/13/07 revealed the facility was cited for not ensuring in the facility's infection control program was effective in monitoring and controlling potential infections in the facility. Review of the plan of correction for the 9/13/07 survey showed the facility would create a surveillance program and tool, and report the results to the quality team quarterly. Refer to federal citation F441 for details related to the failure to implement effective monitoring of staff practices related to infection control. Interview with the director of nursing via phone call on 10/9/08 at 9:35 AM revealed the restorative services and infection control were included in their QA/PI program.	F 520		