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

PRINTED: 06/17/2019
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
	535026	A. BUILDING _____ B. WING _____	C 06/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN MANOR	1851 BIG HORN AVE SHERIDAN, WY 82801

(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 complaint survey was conducted by Healthcare Licensing and Surveys on 6/3/19 to 6/4/19. The survey was prompted by complaint intakes WY000002702, WY000002712, and WY000002816. F 584 Safe/Clean/Comfortable/Homelike Environment SS=E CFR(s): 483.10(l)(1)-(7) §483.10(l) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(l)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(l)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(l)(3) Clean bed and bath linens that are in good condition; §483.10(l)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 000 F 584	F584 Corrective Action: 1a. Carpet will be replaced with a vinyl plank floor. This has been approved/ordered before 7/1/19 and will be installed at the end of July. 1b. Floor tiles around the edges of the walls, the baseboards, and coving in the memory care unit will be deep cleaned. The baseboards will be sanded and restained by 7/12/19. 2a. Furniture in the activities room will be repainted and repaired by 7/12/19. 2b-c-e-f. All dining room chairs will be replaced with vinyl chairs. These have been approved/ordered and with a delivery date of 8/9/19. 2d. Chairs have been removed from the dining area and will no longer be used. Identification of others: All residents in the facility may be affected by identified deficient practice. Systemic Changes: NHA provided education to	7/12/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Heidi A. Heuman NHA | TITLE: Administrator | (X6) DATE: 6/20/19

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.

6/24/19

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F 584	Continued From page 1 §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of capital project improvement information, the facility failed to ensure flooring and furniture was maintained in a clean and homelike manner in 4 of 6 resident areas (Rock Creek unit, Patio dining room, Memory Care unit, and Ritz dining room). The findings were: 1. Observations on 6/3/19 at 3:15 PM showed the following concerns with the condition of flooring/base boards: a. The carpet in the Rock Creek unit near the building entrance was stained and worn. The area measured at least 5 feet by 10 feet. b. The floor tiles around the edges of the walls, the base boards, and coving in the 2 hallways in the memory care unit were unclean with a build-up of dirt/grime. 2. Observations on 6/3/19 at 3:30 PM showed the following concerns with the condition of furniture: a. Four of the dark colored wooden chairs in the activity room had worn legs and arms, there were also 2 tables with the dark finish worn off in places on the legs. b. Six dark-colored wooden chairs in the Rock Creek dining room had worn-off finish on	F 584	maintenance supervisor to alert NHA of any potential projects that will require financial approval and to repair/clean in house concerns in a timely manner by 7/12/19. Ongoing Monitoring: An environmental review of the facility will be performed quarterly. Any issues that are identified will be brought to QAPI and corrected as needed. NHA/designee will track and trend results of the audits completed and report findings to the QAPI committee. The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance monthly for three months and then reassess the need for continued monitoring based on compliance.	

6/24/19 - This POC accepted between Heidi Forriman, Administrator and Tony Madden, State Health Surveyor.

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F 584	Continued From page 2 the legs and arms. c. Twelve beige upholstered chairs in the memory care unit dining room were stained with areas of dried liquids on the seats. d. Two blue arm chairs in the memory care unit dining room had peeled/damaged vinyl on each of the arms. e. Five beige upholstered chairs in the Patio dining room were stained with areas of dried liquids on the seats. f. Four beige upholstered chairs in the Ritz dining room were stained with areas of dried liquids on the seats. 3. Review of the 5/29/19 capital project improvement information showed there was a budget allocated to the cost of flooring and installation for the Rock Creek Unit. An estimate was completed with a determined dollar amount added to the request. Review of a quote dated 6/3/19 showed the facility had been provided prices on 60 new dining chairs. 4. Interview with the administrator on 6/4/19 at 2:30 PM revealed there was not yet a schedule to complete the flooring project on the Rock Creek unit, and the chairs were not yet ordered. She further verified the base boards and coving in the memory care unit hallways was in need of cleaning or repair.	F 584		
F 803 SS=E	Menus Meet Resident Nds/Prep In Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national	F 803	F 803 Corrective Action: Dietary manager and district manager	7/12/19

6/4/19

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F 803	Continued From page 3 guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, review of the planned menu, and resident and staff interview, the facility failed to ensure the menu was followed for 1 of 2 meals observed (the 6/3/19 evening meal). The findings were: Review of the planned menu for the evening of 6/3/19 showed breaded fish, smothered steak, cheesy rice, parsley orzo, squash medley, Capri vegetable blend, dinner roll and lemon cake were the options. These same options were also posted for the residents to see outside the Ritz dining room. The following concerns were identified: a. Observation of the meal service on 6/3/19 at 4:55 PM showed there was no orzo or dinner	F 803	provided education to all dietary staff regarding the importance of the ticket listing everything on the cart and matching the posted menu on 6/6/19. Identification of others: All residents in the facility may be affected by identified deficient practice. Systemic Changes: NHA or designee will educate the Dietary manager to verify that all posted menus match tickets for each meal by 7/12/19. Dietary manager will provide education to all kitchen staff for Quality and Palatability, and Menus by 6/26/19. Ongoing Monitoring: An audit will be performed x8 weeks to verify that the cart matches the resident ticket for 10 meals/week. Dietary manager will do test tray audits to verify that the ticket matches what is on the cart 3x/week, for 4 weeks.	

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F 803	Continued From page 4 rolls. Additionally, the only vegetable option was sliced zucchini. b. Interview with resident #1 on 6/3/19 at 3:45 PM revealed s/he was frustrated because the menu was not always posted. The resident did not like not knowing what would be served. c. Interview with resident #2 on 6/4/19 at 8:56 AM revealed the food served was "very seldom" what was posted for the meal. d. Interview with resident #3 on 6/4/19 at 9 AM regarding the menu stated "Half the time it changes they need to be more consistent." e. Interview with the dietary manager and the district manager on 6/4/19 at 1:04 PM revealed the process of serving a main meal and planned alternate meal was implemented about 2 weeks prior. The staff were still learning how to plan and prepare the food items based on the production sheets. The district manager confirmed the rolls, orzo, and Capri blend vegetables were available in the food supply and should have been prepared for the residents. f. Interview with the administrator on 6/4/19 at 8:15 AM revealed she had recently developed a plan to improve elements of the food service. Review of the plan showed it was developed on 5/24/19 and included ensuring appropriate menu items.	F 803	NHA/designee will track and trend results of the audits completed and report findings to the QAPI committee. The QAPI committee will evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance monthly for three months and then reassess the need for continued monitoring based on compliance.	

6/24/19