approved 8/30/11 2 pm

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

PRINTED: 08/17/2011
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
	535042	A. BUILDING _____ B. WING _____	C 07/12/2011

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 The following common abbreviations are used throughout this document: MDS- Minimum Data Set PRN - As needed MAR - Medication Administration Record Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on staff and resident interview and medical record review, the facility failed to ensure all necessary assessments, monitoring, and nursing measures (including non-pharmacologic intervention) were implemented for preventive pain management for 4 of 5 sample residents (#2, #14, #96, #157) who had pain. The findings were: 1. Review of the medical record for resident #96 showed s/he had diagnoses including left hip metastatic lesion, breast cancer with a left sided mastectomy and metastasis to the head. Review of the 4/27/11 pain assessment showed the	F 309	**F 309** **Each resident will receive and the facility will provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This will be accomplished by:** **1. Resident # 2, 14, and 96 will benefit from an adequate, pro-active, to the extent possible preventative pain management program through assessment and monitoring.** **2. All other residents who receive prn pain medication will benefit from assessment to determine if the current regime is effective with appropriate interventions implemented.** **3. Nursing staff will be inserviced to the above deficiencies and policy revisions.**	

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

Administrator 8-30-11

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.

Received
WyomingDeptofHealth

AUG 26 2011

Office of Healthcare Licensing and Surveys

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F 309	Continued From page 1 resident had constant pain. Review of the resident's 6/9/11 admission MDS assessment showed the resident had pain in the past five days with an intensity rating of 7 out of 10 (7/10) on a pain scale of 0 to 10 with 10 being the worst. Review of physician's orders showed an order for Vicodan (narcotic) 10/500 mg one-half to one tablet every four hours as needed for pain, Tylenol 325 mg one to two tablets every four hours as needed for pain, and Flexeril (skeletal muscle relaxant) 5 mg three times daily as needed for pain. The only medication noted for this resident's pain was prescribed on an as needed basis for treatment when the resident actually experienced pain and requested pain medication. Review of the June 2011 MAR revealed the following concerns: a. Review of the June 2011 showed this resident received Vicodin 10/500 mg one-half tablet 23 times for complaint of leg pain. Twenty-one of the 23 times, 91%, the resident's pain was not re-assessed to determine the effectiveness of the pain medication. In addition, the resident received one whole tablet of Vicodan 10/500 mg 23 times for pain. Of those 23 times, the resident did not have his/her pain re-assessed to determine the effectiveness of the medication in relieving the pain 16 times (69.5%). b. On 6/9/11 at 9:30 AM, based upon a statement from the restorative aide, the resident received one whole tablet of Vicodan 10/500 mg for leg pain. Review of the medical record showed no evidence the nurse assessed the resident's pain at that time, only that she administered the medication. In addition, there was no evidence the resident's pain was re-assessed to determine the effectiveness of the medication.	F 309	4. **The DON, ADON, Nurse Managers, Staff Development Nurse, and Consultant pharmacist will monitor compliance with the above policy, providing immediate corrections for non-compliance.** 5. **The audit results will be provided at the QA meeting for review x 90 days. After that time, the audits will be conducted as directed by QA until it is determined the facility has achieved ongoing compliance.**	(illegible) 2011

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F 309	Continued From page 2 c. Tylenol 650 mg was administered to the resident for pain nine times in June 2011. Additionally, review showed that eight of the nine times, 89%, there were no re-assessments performed to determine the effectiveness of the pain medications. d. The resident was administered Flexeril 5 mg, also for complaints of leg pain, on 16 occasions during the month of June 2011. On 13 of those occasions, the resident's pain was not re-assessed to determine the effectiveness of the pain medications. e. With the exception of 6/12/11, review revealed the resident's pain was not described as to type or intensity when any of the pain medications were administered. f. Interview with the resident on 7/12/11 at 8:20 AM revealed his/her pain was "intense and constant." 2. Review of the physician's orders showed resident #2 had diagnoses including spinal stenosis in the lumbar region, osteoporosis, and closed fracture of the dorsal vertebra. Review of the 7/11/11 quarterly MDS assessment showed the resident had moderate pain daily which limited his/her day to day activities. Review of the 4/30/11 pain assessment showed the resident had moderate pain constantly in his/her back. Review of the physician's orders showed an order dated 5/17/11 for Morphine Sulfate (narcotic)100 milligrams (mg) every four to six hours for pain as needed (PRN) for pain. In addition, an order for Tylenol 500 mg three times per day as needed was ordered 3/31/11 for pain. Review of the June 2011 MAR showed the following concerns: a. On 6/4/11 at an undocumented time, the resident complained of pain and received Tylenol	F 309		

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F 309	Continued From page 3 650 mg because it was too early for the PRN Morphine. Review of the medical record showed no evidence the resident was re-assessed to determine the effectiveness of the Tylenol in relieving his/her breakthrough pain. b. Review of the MAR showed during the month of June 2011, the resident received Morphine Sulfate (narcotic) for complaint of pain 63 times. Continued review of the MAR showed for 34 of the 63 times (54 %) the medication was administered, there was no evidence a re-assessment was performed to determine the effectiveness of the medication in relieving the resident's pain. c. Review of the MAR showed the resident received Tylenol 650 mg for complaint of pain 17 times during the month of June 2011. Of these 17 times the medication was administered, the effectiveness of the medication was not assessed 10 times (59%). d. Review revealed the resident's pain was not described as to type or intensity when any of the pain medications were administered. Finally, there was no evidence non-pharmacological interventions were attempted to relieve the resident's pain at any time. e. Interview with the resident on 7/12/11 at 8:53 AM revealed the resident had "lots" of pain and that sometimes the medication helped and sometimes it did not. 3. Review of the medical record showed resident #14 had diagnoses including closed fractured lumbar vertebra and muscle spasms. Review of the 2/19/11 and 5/16/11 comprehensive pain assessments showed the resident had constant pain since s/he broke his/her back. Review of the 6/14/11 quarterly MDS assessment showed the	F 309		

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F 309	Continued From page 4 resident had daily pain. Review of the physician's orders showed Norco (narcotic) 7.5/325 mg was ordered on 4/1/2011 for pain as needed. Review of the June 2011 MAR showed the resident was administered Norco for pain 32 times. Continued review showed the resident's pain was not re-assessed to determine the effectiveness of the medication in relieving the pain on 26 of the 32 times (81%) the medication was administered. Also review of the MAR revealed the resident's pain was not described as to type or intensity on these dates. Finally, there was no evidence non-pharmacological interventions were attempted to relieve the resident's pain. 4. Review of the medical record for resident #157 showed s/he had diagnoses including multiple sclerosis and chronic pain. Review of the physician's orders showed an order for routine MS Contin 30 mg every twelve hours. In addition, there was a 2/7/11 order for Norco 5/325 mg every six hours as needed for pain. Review of the June 2011 MAR showed the resident received a PRN medication for pain 11 times. Of those 11 times, there was no evidence a re-assessment was performed to determine the effectiveness of the medication six times (54.5%). Also review of the MAR revealed the resident's pain was not described as to type or intensity on these dates. Finally, there was no evidence non-pharmacological interventions were attempted to relieve the resident's pain. 5. Review of the July MARs for residents #96, #14, and #2 also showed a lack of consistent re-assessment related to the effectiveness of administered pain medication.	F 309		
F 514	483.75(l)(1) RES	F 514		

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F 514 SS=D	Continued From page 5 RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to assure medical record notations were accurate in regard to medication administration for 3 of 5 sample residents (#2, #14, #96). The findings were: 1. Review of the June 2011 MAR for resident #2 showed on 6/4/11 and on 6/19/11 the resident received a Tylenol 650 milligrams (mg) for pain. However, the times were not documented. On 6/17/11 the resident received Morphine Sulfate 100 mg for pain but the time was not documented. 2. Review of the June 2011 MAR for resident #14 showed on 6/23/11 the resident was administered a Norco 7.5/325 mg narcotic for pain. Continued review showed the time was not documented.	F 514	**F 514** **The facility will maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. This will be accomplished by:** **1. Clinical records for Resident #2, 14,and 96 will contain accurate notations regarding medications administration times.** **2. The clinical records of all residents who receive prn medications will demonstrate accurate documentation of administration time.** **3. Nursing staff will be inserviced to the above deficiencies and policy provisions.**	

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F 514	Continued From page 6 3. Review of the June 2011 MAR for resident #96 showed s/he received Vicodan (narcotic) 10/500 mg and Flexeril (skeletal muscle relaxant) 5 mg for leg pain on 6/1/11. Review also showed the time of administration was not documented. 4. During an interview on 7/12/11 at 9 AM, the assistant director of nursing confirmed there was a problem with completing the PRN flowsheets in regard to medications.	F 514	**4. The DON, ADON, Nurse Managers, Staff Development Nurse, and Consultant pharmacist will monitor compliance with the above policy, providing immediate corrections for non-compliance.** **5. The audit results will be provided at the QA meeting for review x 90 days. After that time, the audits will be conducted as directed by QA until it is determined the facility has achieved ongoing compliance.**	Aug 26, 2011