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

RECEIVED
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Healthcare Licensing and Surveys

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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
	535049	A. BUILDING _____ B. WING _____	C 02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

(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 from 2/11/20 to 2/12/20. The survey was prompted by complaint intakes WY00003016 and WY00003024. The following common abbreviations are used through this document: DON: Director of Nursing MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580	F 580 Life Care Center of Casper will ensure that each resident's physician and representative will be notified promptly for a review for a change of condition. A.)The facility is unable to retrospectively notify resident #9's physician and representative because the resident was discharged from the facility on June 17th, 2019. B.) The facilities interdisciplinary team will meet on or before March 6, 2020 to review the current resident roster to determine if any residents met the pre-requirements for a significant change of condition assessment. Four were identified as needing a change of condition assessment. Those assessments are currently being completed including updating of resident care plan. Six other residents are being monitored for possible change of condition. Physician and representative will be notified in each case on or before March 6, 2020. C.)The facility will educate nursing staff on the importance of promptly notifying the resident's physician and representative for review of change of condition.	3/6/2020 sy

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: T-B

TITLE: Executive Director

(X6) DATE: 03/06/2020

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.

The date of correction was confirmed by the NHA, Tess Bailey, on 6/25/2020. The plan of correction was accepted at that time.
Jean Yennie MT(ASCP)

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F 580	Continued From page 1 (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the physician was notified for 1 of 9 sample residents (#9) reviewed for a change in condition. The findings were: 1. Review of the admission MDS assessment dated 4/19/19 showed resident #9 had a brief interview for mental status (BIMS) score of 10 (moderate cognitive impairment) and had diagnoses which included cancer, diabetes	F 580	D.)The Director of Nursing or designee will conduct audits to monitor for significant change of condition via grand rounds and the 24 hour report and will ensure timely notification is made when a significant change of condition assessment is necessary. The audits will be completed five days a week for one week beginning March 9, 2020, one time per week for three weeks, and monthly for two months. E.)The Director of Nursing or designee will report the results of the audits at the monthly Performance Improvement meeting. The report will include problems and/or trends noted. Reporting will occur for no less than three months or until substantial compliance has been achieved.	

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F 580	Continued From page 2	F 580		

mellitus, depression, and respiratory failure. Further review showed the resident had no pain observed, received scheduled and as needed pain medication, was at risk for developing pressure ulcers, and had a surgical wound. Review of a "Fax Order Request notification Form" dated 6/9/19 showed the physician was notified the resident had "a significant" reddened excoriated area under the right side of his/her pannus. A physician response for Nystatin Powder three times a day for 14 days was noted by the nurse on 6/10/19. The following concerns were identified:

a. Review of a progress note dated 6/14/19 and timed 6:39 PM showed "...Groin redness-Nystop powder applied, area was cleaned well while rt. [resident] showered, rt states having pain in this area. Skin is starting to peel in areas and open..." There was no evidence the physician was notified of the change in the resident's skin condition, or the resident's pain.

b. Review of a progress note dated 6/15/19 and timed 3:26 PM showed "...Rt. [resident] had some pain in [his/her] groin area from red rash, nystop is being applied. Area is dried well to keep moisture out of this area...Groin, rash, Nystop powder is applied, some skin breakdown is noted..." There was no evidence the physician was notified of the change in skin condition.

c. Review of a progress note dated 6/16/19 and timed 9:28 AM showed "...Excoriation to pannus and groin is aggravated, with multiple spots of open skin, several blisters, yellow discharge and odor. Cleansed area and dried thoroughly; applied prescription Nystatin powder, which was quite painful for [him/her]. Tried draping pillowcases beneath pannus in folds for comfort and to help keep area less moist. Pain accelerated throughout the day and resident

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requested prn analgesic, which was acetaminophen and inadequate to manage [his/her] pain..." There was no evidence the physician was notified related to the skin condition change, the resident's increased pain, or the ineffectiveness of the pain medication.

d. Review of a progress note dated 6/17/19 and timed 12:55 AM showed "R/T [related to] bilateral pannus rash, it is getting worse. Extreme rawness and wetness from fluid leakage on rash area. Placed Nystatin powder on rash. Resident is suffering extreme discomfort from this rash. Needs further treatment. Doctor notified."

e. Review of a progress note dated 6/17/19 and timed 3:57 AM showed "Alert charting related to extreme excoriation of pannus. Resident is in extreme discomfort and at risk for further skin breakdown. Used A &D ointment mixed with Nystatin to make paste and used this to coat entire pannus and groin area and placed abdominal pads between folds . Skin must be kept dry after showering and at all times. Resident would benefit from daily shower until healed."

f. Review of a progress note dated 6/17/19 and timed 9:36 AM showed "...received orders to send resident non-emergent into [facility name] to be evaluated for Infectious Disease." Further review showed the resident was sent to the hospital related to a critical laboratory result.

g. Interview with the DON on 2/12/20 at 3:40 PM revealed her expectation for changes in skin condition were for the nurses to notify the wound team and the wound team would assess and notify the physician. Further she expected nurses to notify the physician of changes in pain, increased pain, or ineffectiveness of pain medication.

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F 580	Continued From page 4 2. Review of the policy and procedure titled "Change in Resident's Condition or Status" last reviewed on 4/15/19 showed "...The facility will notify the resident, his/her primary care provider, and the resident/resident representative of changes in the resident's condition or status..."	F 580		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure adequate management of resident were pain for 1 of 9 sample residents (#9) reviewed for pain control. The findings were: 1. Review of the admission MDS assessment dated 4/19/19 showed resident #9 had a brief interview for mental status (BIMS) score of 10 (moderate cognitive impairment) and had diagnoses which included cancer, diabetes mellitus, depression, and respiratory failure. Further review showed the resident had no pain observed, received scheduled and as needed pain medication, was at risk for developing pressure ulcers, and had a surgical wound. Review of the medication administration record (MAR) for June 2019 showed the resident had an acceptable pain level of 4 out of 10 and was assessed for pain twice a day. The resident had orders for acetaminophen 650 milligrams (mg) by	F 697	F697 Life Care Center of Casper will ensure that each resident is provided adequate management of pain. A.) The facility is unable to retrospectively notify resident #9's physician and representative of changes in pain management needs because the resident was discharged from the facility on June 17th, 2019. B.)On or before March 6, 2020 the nursing administration team will complete a 100% audit of all residents pain management programs. Physician and representative will be notified as needed, any new orders received will be implemented at that time and documented in the medical record. C.)On or before March 6, 2020 nurses will be educated by the Director of Nursing or designee regarding Life Care Center of Casper's pain management policy. On March 2, 2020 a pain scale and explanation was posted for staff to use with residents when conducting pain assessments.	3/6/2020 SY

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F 697	Continued From page 5 mouth every 4 hours as needed for fever or pain, and Norco (opiod pain medication) 5/325 mg 1 tablet by mouth every 6 hours as needed for pain. The following concerns were identified: a. Review of the resident's pain scores showed the resident reported a pain level of 6 out 10 on 6/14/19 during the day, with no indication the resident's pain level was addressed. The resident reported a pain level of 9 out of 10 on 6/15/19 during the day, with no indication the resident's pain level was addressed. The resident reported a pain level of 5 out 10 on 6/15/19 during the evening, with no indication the resident's pain level was addressed. b. Review of the resident's pain scores showed the resident reported a pain level of 8 out of 10 on 6/16/19. Review of the MAR showed acetaminophen was administered, and was marked as ineffective. c. Review of a progress note dated 6/14/19 and timed 6:39 PM showed "...Groin redness-Nystop powder applied, area was cleaned well while rt. [resident] showered, rt states having pain in this area. Skin is starting to peel in areas and open..." There was no evidence the physician was notified of the resident's pain. d. Review of a progress note dated 6/16/19 and timed 9:28 AM showed "...Excoriation to pannus and groin is aggravated, with multiple spots of open skin, several blisters, yellow discharge and odor. Cleansed area and dried thoroughly; applied prescription Nystatin powder, which was quite painful for [him/her]. Tried draping pillowcases beneath pannus in folds for comfort and to help keep area less moist. Pain accelerated throughout the day and resident requested prn analgesic, which was acetaminophen and inadequate to manage [his/her] pain..." There was no evidence the	F 697	D.)The Director of Nursing or designee will conduct audits to monitor pain management programs and the required follow-up when programs are ineffective. Beginning on March 9, 2020 the audits will be completed five time per week for the first week, one time per week for three weeks, and one per month for the next two months. E.)The Director of Nursing or designee will report the results of the audits at the monthly Performance Improvement meeting. The report will include problems and/or trends noted. Reporting will occur for a minimum of three months or until substantial compliance has been achieved.	

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F 697	Continued From page 6	F 697		

physician was notified related to the resident's increased pain or the ineffectiveness of the pain medication.

e. Review of a progress note dated 6/17/19 and timed 12:55 AM showed "R/T [related to] bilateral pannus rash, it is getting worse. Extreme rawness and wetness from fluid leakage on rash area. Placed Nystatin powder on rash. Resident is suffering extreme discomfort from this rash. Needs further treatment. Doctor notified." Further review of the closed record did not show the resident's pain interfered with sleep or activity.

f. Review of a progress note dated 6/17/19 and timed 3:57 AM showed "Alert charting related to extreme excoriation of pannus. Resident is in extreme discomfort and at risk for further skin breakdown. Used A & D ointment mixed with Nystatin to make paste and used this to coat entire pannus and groin area and placed abdominal pads between folds. Skin must be kept dry after showering and at all times. Resident would benefit from daily shower until healed." Further review of the medical record revealed the resident was sent to the hospital for evaluation on 6/17/19 related to a critical laboratory result, and did not return to the facility.

g. Interview with the DON on 2/12/20 at 3:40 PM revealed she expected staff to provide ordered pain medications and non-pharmacological interventions to residents when they experienced pain. Further interview revealed she expected nurses to contact the physician if a resident's pain medication was ineffective.

2. Review of the policy titled "Pain Assessment and Management" dated 8/27/19 showed "...Based on the comprehensive assessment of a resident, this facility must ensure that residents

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F 697	Continued From page 7 receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management..."	F 697		

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