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

JB 2/3/11

PRINTED: 01/19/2011
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
	535032	A. BUILDING ______ B. WING ______	01/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

(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 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and medical record review, the facility failed to ensure dignity was provided for 1 of 21 sample residents (#53). The findings were: During an observation on 1/6/11 at 10:20 AM resident #53 was provided a snack during an activity. However, the resident was unable to eat the snack without staff assistance, and no assistance was provided. See Federal citation 312 for further details.	F 241	F 241 Dignity and Respect of Individuality The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect. A) Resident #53 has been provided assistance at each snack opportunity in an activity since 1/9/2011. B) Each resident requiring assistance with snacks during activities are provided with a staff member to assist in dining. C) Random audits will occur for three months to ensure that no resident will be unable to eat during activities. These audits will include resident #53. D) A Performance Improvement audit tool will be utilized for random audits. Any problems identified will result in immediate staff education. Random audits will be performed by the nurse managers and activity director E) The Director of Nursing or designee will conduct an in-service for all nursing staff regarding the issue of dignity and ability to eat during activities. This will be accomplished on or before Febuary 20th, 2011. F) The Director of Nursing will report the results of audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. Reporting will occur for a period of no less than three months or until ongoing compliance has been achieved.	02/20/11
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, review of professional standards of practice, facility documents, and policies and procedures, the facility failed to ensure professional standards were met. During random observations of 2 of 2 medication carts, discrepancies were found related to controlled medications. The findings were:	F 281		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 1/28/11

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
Wyoming Dept of Health
JAN 28 2011
Office of Healthcare Licensing and Surveys

Accepted w/o changes doc = 2/20/11
left voice mail ~~concerning~~ Relalie re acceptance. [signature] 2/3/11

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F 281	Continued From page 1 According to the Seventh Edition of "Clinical Nursing Skills Basic to Advanced Skills" by Smith, Duell, and Martin, 2008, staff should "Sign out for the narcotic on the narcotic sheet after taking narcotic out of the drawer...Check narcotic counts every 8 hours...Licensed nurses cosign the narcotic record if the count is accurate." Failure to follow these professional standards of practice were identified in the following instances: 1. During a random narcotic count on 1/7/11 at 10:30 AM with the rehabilitation unit nurse manager #1 the following discrepancies were identified: a. Observation of a bubble card of hydrocodone 5/325 mg (a controlled pain medication) for resident #144 revealed 16 tablets remained in the card. The narcotic register revealed there should have been 17 tablets remaining at that time. b. Observation of a bubble card of hydrocodone 5/325 mg for resident #148 revealed one tablet remained in the card. The narcotic register showed there should have been two tablets remaining at that time. c. Review of the change of shift count record showed that at 6 AM that morning only the on-coming nurse signed that the narcotic count was correct; the nurse going off duty failed to cosign the record. 2. During a random narcotic count on 1/7/11 at 11 AM with LPN #1 on the west medication cart, the following issues were identified: a. Observation of a bubble card of diazepam 5 mg (a controlled muscle relaxant/anti-anxiety medication) for resident # 98 showed two tablets remained in the card. However, the narcotic register showed three tablets remained.	F 281	F 281 Services Provided Meet Professional Standards The facility will ensure the services provided or arranged by the facility will meet professional standards of quality. A) All licensed Nursing Staff will be re-educated regarding Professional Standards of Practice. This in-service will be provided by Director of Nursing or designee and will take place on or before February 20th, 2011. B) Random audits of medication carts and narcotic logs will be conducted weekly by nurse managers for a period of three months. C) A Performance Improvement audit tool will be utilized for random audits. Any problems identified will result in immediate staff education. D) The Director of Nursing will report the results of audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. Reporting will occur for a period of no less than three months or until ongoing compliance has been achieved.	02/20/11

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F 281	Continued From page 2 b. Review of the change of shift count record showed that at 6 AM that morning the nurse going off duty had signed the narcotic count sheet to confirm an accurate count, but the on-coming nurse had not cosigned. Interviews on 1/7/11 at 10:45 AM with the nurse manager and on 1/7/11 at 11 AM with LPN #1 revealed nurses were required to sign out narcotics when they give them and both nurses (on-coming and off-going) were required to sign the narcotic count was correct at change of shift. According to the policy and procedure for medication administration, "Narcotic proof of use sheet is accurately maintained on all residents requiring such medication." In addition, "Narcotics are counted at the change of shift by the off-going and the on-coming nurse and both sign the Change of Shift Count Record."	F 281		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to provide necessary services 1 of 14 (#53) residents who required assistance with dining. The findings were: Review of the 12/14/10 care plan for resident #53	F 312	F312 Activities of Daily Living A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. A) Resident #53 will receive assistance when necessary in order to maximize her oral intake. B) Random audits will be conducted during activities to ensure that all residents requiring assistance while eating are receiving the appropriate level of cueing and/or assistance. These random audits will include resident #53 and will continue for a period of three months.	02/20/11

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F 312	Continued From page 3 showed the resident was at risk for weight loss and had swallowing impairments. The care plan showed the resident required extensive cueing and physical assistance during dining. The following concern was identified: Observation on 1/6/11 at 10:20 AM revealed the resident was sitting in the main dining room during an activity that included snacks. An activity aide opened a cup of pudding for the resident, gave the resident one spoonful of pudding, and then placed the pudding cup with the spoon in it in the resident's hand. No further assistance was provided. The resident placed the end of the handle of the spoon in his/her mouth and attempted to use it as if it were a straw. When this was unsuccessful, the resident placed the pudding cup on the table. A few minutes later, the resident picked up the pudding cup and again attempted to use the handle of the spoon as a straw. Again, when the resident was unsuccessful, s/he placed the cup on the table and the resident did not try again. At 11 AM (forty minutes later)the activity was over and the pudding was disposed of. Interview on 1/6/11 at 1:50 PM with CNA #1 revealed the resident needed total assistance with dining. Further interview on 1/6/11 at 5:10 PM with CNA #2 revealed even though the resident occasionally picked up a glass and drank, he/she did not know what to do with utensils and had to be fed by staff.	F 312	C) The Director of Nursing or designee will provide education to all activities staff regarding the importance of providing and assistance during an activity when food is involved. The in-service will be conducted on or before February 20th, 2011. D) The facility will utilize a Performance Improvement auditing tool to perform the random audits. When a problem is noted immediate staff education will take place. These audits will be conducted by Activity Director or Director of Nursing and or designee. E) The Director of Nursing will report the results of these audits at the monthly Performance Improvement meeting. The report will include any problems and/or trends noted. This will occur for a period of at least three months or until ongoing compliance has been achieved	
F 502 SS=D	483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness	F 502	F502 Laboratory Services The facility will provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.	02/20/11

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F 502	Continued From page 4 of the services. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to ensure laboratory orders were performed for 1 (#23) of 21 sample residents. The findings were: Review of the 9/1/10 physician's orders for resident #23 showed an order to perform a follow-up urinalysis with culture and sensitivity seventy-two hours after completion of antibiotics prescribed for a urinary tract infection. Review of the medical record and laboratory reports revealed there was no follow-up urinalysis test performed seventy-two hours after completion of the antibiotics. Interview with the ADON on 1/7/11 at 11:12 AM verified the urinalysis was not performed but should have been, or the physician should have been contacted to clarify the order.	F 502	A) Resident #23's physician was immediately notified during survey that follow-up urinalysis was not completed and that resident was not symptomatic. Resident's physician ordered additional urinalysis on 1/7/11. B) Random audits of follow-up lab tests ordered by physicians will be conducted to ensure that follow-up lab tests ordered are being performed for a period of three months. C) All licensed nurses will be re-educated regarding the importance of ensuring that follow-up lab tests ordered are completed. This in-service will be conducted by the Director of Nursing and will occur on or before February 20th, 2011. D) A Performance Improvement audit tool will be utilized to conduct the random audits. If any problem is noted immediate education will take place. The Director of Nursing or designee will conduct the audits. E) The Director of Nursing will report results of these audits at the monthly Performance Improvement Meeting. The report will include any problems and/or trends noted. This will occur for a period of no less than three months or until ongoing compliance has been achieved.	