STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535053	A. BUILDING _____ B. WING _____	05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLATTE COUNTY LEGACY HOME	100 19TH ST 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 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 5/24/21 to 5/27/21. The following common abbreviations and acronyms are used in this report; less frequently used terms are defined in the text: ADON: Assistant Director of Nursing CNA: Certified Nursing Assistant IP: Infection Preventionist LPN: Licensed Practical Nurse MAR: Medication Administration Record MDS: Minimum Data Set MG: Milligrams RN: Registered Nurse TAR: Treatment Administration Record	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure residents who self-administered medications, were assessed as safe to do so by the interdisciplinary team for 1 of 8 (#92) residents observed for medication administration. The findings were: 1. Review of physician orders from 5/12/21 to 5/27/21 showed resident #92 had medication orders for finasteride 5 mg by mouth once per	F 554	This plan of correction is submitted as required under State and Federal law. This plan does not constitute admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope or severity regarding the deficiencies cited are	7/11/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/16/2021

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F 554	Continued From page 1	F 554		

day in the morning, metformin 1000 mg by mouth twice per day in the morning and evening, sitagliptin 100 mg by mouth once per day in the morning, insulin detemir 38 units subcutaneously once per day in the morning, insulin aspart 4 units subcutaneously once per day in the morning, polyethylene glycol 17 g by mouth once per day in the morning, sennosides 8.6 mg by mouth twice daily in the morning and evening, and oxycodone 5 mg by mouth every 4 hours as needed for pain. The following concerns were identified:

a. Observation on 5/25/21 at 11:02 showed RN # 2 entered the resident's room carrying a small cup of medications in pill form, and a small cup of white powder. The resident stated s/he did not wish to take the polyethylene glycol powder, and s/he needed fresh water. The nurse picked up the resident's water cup and left the room, leaving the pill medications and powder, sitting on the resident's tray table. RN #2 returned a few minutes later, set the fresh water on the tray and left the room. The nurse did not stay to observe administration of the medications.

b. Observation on 5/27/21 at 9:06 AM showed RN #3 entered the resident's room with a cup of medications and glycol powder. The resident at that time refused the medications and stated "I'll take the medications when I'm ready." The resident also requested a pain pill. Continued observation showed the RN left the room, leaving the medications on the table while she retrieved a pain pill (oxycodone), and brought it to the room. The resident stated s/he would take the medications after s/he gets up. The nurse left the medications on the table and left the room.

c. Interview with the ADON on 5/27/21 at 11:19 AM revealed she was not aware of any residents that self-administered medications. She stated if that situation were to come up, the correctly applied.

On May 27, 2021, a self-administration of medication assessment was completed on resident #92. It was determined from the assessment and discussion with the IDT that it was clinically appropriate to allow resident #92 to self-administer his medications. An order was obtained and the care plan was updated to reflect resident #92's self-administration of medications status. All current residents that have the potential to safely administer their own medication and have a desire to do so will have a self-administration of medication assessment completed and their individual plan of care will be reviewed and updated if needed by July 11, 2021. All newly admitted residents that have the potential to safely administer their own medication and have a desire to do so will have a self-administration of medication assessment completed with five days of admission. Platte County Legacy Home's policy and procedure on self-administration of medication will be reviewed and updated as needed by July 11, 2021. All staff responsible for administering medications including RN # 2, will be re-educated on the policy for resident self-administration of medications by July 11, 2021. The DON or designee will conduct random audits for no less than 12 weeks and monthly thereafter for 3 months, to ensure compliance. Any concerns identified during these audits will result in immediate education and corrective action. Results of the audits will be reported at the QA&A meeting by

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F 554	Continued From page 2 facility would perform an evaluation to assess the resident's capabilities to do so. She confirmed that the nurse should stay with the resident for administration, and not leave medications unattended. d. Review of the medical record failed to show any assessment of the resident's ability to safely self- administer medications had been performed. e. Review of the facility policy "Administering Medications", last revised December 2012, showed "Residents may self-administer their own medications if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely."	F 554	the DON or designee until compliance is achieved.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880		7/11/21

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F 880	Continued From page 3	F 880		

arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and

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F 880	Continued From page 4 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to implement measures to prevent cross contamination for 1 of 46 residents (#92) reviewed for infection control. The findings were: 1. Review of the medical record showed resident #92 was admitted to the facility on 5/12/21 with diagnoses which included a hip fracture, unspecified osteoarthritis, benign prostatic hyperplasia with lower urinary tract symptoms, type 2 diabetes mellitus with diabetic neuropathy, and personal history of pulmonary embolism. The following concerns were identified: a. Observation on 5/25/21 at 11:02 AM showed a urinal sitting on the resident's tray table, approximately 1/3 full of urine. Continued observation showed RN # 2 entered the resident's room with a cup of medications, and no hand hygiene was observed. The nurse placed the medicine cup on the table next to the urinal. The RN donned gloves, emptied the urinal and placed it back on the table. The RN picked up the medicine cup and her thumb touched the inside of the cup. The nurse administered insulin to the resident, then picked up the resident's water pitcher and filled the pitcher with water. The nurse then removed her gloves and left the room without performing hand hygiene. b. Interview with the IP/ADON Nursing on 5/27/21 at 11:19 AM revealed hand hygiene is	F 880	Resident # 92 has been educated regarding the urinal placement and cross contamination concerns. Resident # 92□s care plan was updated on May 27, 2021 to reflect his preferences on urinal placement. The plan of care for all current residents using personal toileting items will be reviewed and updated as needed by July 11, 2021 to reflect their individual preferences, including interventions regarding cross contamination concerns. The Standard Precaution policy will be reviewed and updated as needed regarding prevention of cross contamination and hand hygiene. All staff including RN #2 will be re-educated on the Standard Precautions Policy by July 11, 2021. The infection control nurse or designee will conduct weekly random audits for no less than 12 weeks and monthly thereafter for 3 months, to ensure compliance. Any concerns identified during these audits will result in immediate education and corrective action. Results of the audits will be reported at the QA&A meeting by the IC nurse or designee until compliance is achieved. In accordance with Federal regulations at 42 CFR ¿488.424 Platte County Legacy	

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F 880	Continued From page 5 expected as often as possible, and the facility bases the protocol from the World Health Organization (WHO) guidance. Further, hand hygiene should always be done when entering and exiting a room, after glove removal, and after touching the residents, their belongings, and bodily fluids. She also stated urinals should not be placed on resident tray tables, and stated they " ... should be put somewhere else, or should hang somewhere off the bed or something ..." She confirmed this was not an accepted practice, and was an infection control issue. c. Review of WHO document (last revised May 2009) "Your 5 Moments for Hand Hygiene" presented times as "1. Before touching a patient 2. Before clean/aspetic procedure 3. After body fluid exposure risk 4. After touching a patient 5. After touching patient surroundings." d. Review of facility policy "Handwashing/Hand Hygiene" (last revised August 2019) showed "2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors." Further, "7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: ... b. Before and after direct contact with residents; c. before preparing or handling medications; ... i. After contact with a resident's intact skin; j. After contact with blood or bodily fluids; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; m. After removing gloves; ..."	F 880	Home will implement the F-880 Directed Plan of Correction. See attached DPOC.	