Lori Russo 3/30/05



| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535036 | A. BUILDING _____ B. WING _____ | C 03/10/2005 |



| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SOUTH CENTRAL WY HEALTHCARE & | 542 16TH STREET RAWLINS, WY 82301 |

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| F 279 SS=D | 483.20(k) RESIDENT ASSESSMENT<br><br>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.<br><br>The care plan must describe the following:<br>The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under s483.25; and<br><br>Any services that would otherwise be required under s483.25 but are not provided due to the resident's exercise of rights under s483.10, including the right to refuse treatment under s483.10(b)(4).<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, medical record review, and staff interview, the facility failed to develop a comprehensive care plan for falls for one of one (#19) sample resident with a history of falls. The findings were:<br><br>Review of the 2/25/05 fall risk assessment showed resident #19 was at high risk for falls. Review of nursing notes showed on 3/4/05 at 5:55 AM, the resident was found on the floor with his/her head next to the night stand. Review of the 3/4/05 falls committee note showed the resident's bed was to be in the low position, a tabs monitor was to be used in the bed, a pad was to be put on the floor, and the bedside table was to be moved from the side. However, review of the care plan dated 3/7/05 showed the pad on | F 279 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law"<br><br>F- 279<br><br>1.) Resident # 19 care plan has been reviewed and updated to reflect the safety interventions used.<br>2.) All residents have the potential to be effected.<br>3.) Residents will be assessed quarterly during the MDS assessment period and at change of status. The care plan will be reviewed and revised as needed.<br>4.) The Utilization Coordinator/ or designee will in-service the care plan team and staff regarding the Policies and Procedures regarding care plan updates and following care plan. | 4/6/05 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Micki Hansen | Executive Director | 3/24/2005 |

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.

POC accepted with Changes, Reviewed with Micki Hansen



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| F 279 | Continued From page 1<br>the floor, the tabs monitor, and the location of the bedside table were not addressed. During an interview on 3/9/05 at 3:15 PM, the utilization coordinator stated those interventions were current, should have been on the care plan, but were not. Observation of the resident on 3/9/05 at 12:55 PM and 1:10 PM showed the resident was in bed. The tabs monitor was not in place. Observation on 3/9/05 at 2:25 PM and 4:34 PM showed the resident was in bed. There was a blue pad on the floor next the bed, but the bedside table (wheeled, adjustable height table) was on the pad. The bedside table was positioned at the side of the bed, next to the resident's head. | F 279 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law"<br><br>5.) The Utilization Coordinator or designee will complete a random care plan audit once a week for 4 weeks and then monthly for three months. The results of these audits will be presented to the PI committee for further review and intervention as needed<br>Compliance Date: 4-6-2005 | |
| F 324 SS=D | 483.25(h)(2) QUALITY OF CARE<br><br>The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, medical record review, and staff interview, the facility failed to provide assistive devices and environmental modifications to prevent falls/injuries for one of one (#19) sample resident with a history of falls. The findings were:<br><br>Review of the 2/25/05 fall risk assessment showed resident #19 was at high risk for falls. Review of the admission physician orders dated 2/25/05 showed side rails were to be used at night. Review of nursing notes showed on 3/4/05 at 5:55 AM, the resident was found on the floor with his/her head next to the night stand. The | F 324 | F- 324<br>1.) Resident #19 has not had any more falls. His care plan was reviewed and revised. He receives care to prevent falls.<br>2.) All Residents have the potential to be affected. | 4/6/05 |

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| F 324 | Continued From page 2<br>resident received a hematoma above the left eye, a skin tear to the left elbow and left knee, and an open area behind the left ear. Further review of nursing notes showed on 3/4/05 at approximately 11:00 AM, the physical therapist spoke to the physician and received orders to the discontinue the side rails. During an interview on 3/9/05 at 3:15 PM, the utilization coordinator (registered nurse) stated at the time of the fall there was a physician's order for the side rails, but the side rails were not in place.<br><br>Review of the 3/4/05 falls committee note showed the resident's bed was to be in the low position, a tabs monitor was to be used in the bed, a pad was to be put on the floor, and the bedside table was to be moved from the side. The following concerns were identified:<br>a. Review of the care plan dated 3/7/05 showed the pad on the floor, the tabs monitor, and the location of the bedside table were not addressed. During an interview on 3/9/05 at 3:15 PM, the utilization coordinator stated those interventions were current, should have been on the care plan, but were not.<br>b. Observation of the resident on 3/9/05 at 12:55 PM and 1:10 PM showed the resident was in bed. The tabs monitor was not in place.<br>c. Observation on 3/9/05 at 2:25 PM and 4:34 PM showed the resident was in bed. There was a blue pad on the floor next the bed, but the bedside table (wheeled, adjustable height table) was on the pad. The bedside table was positioned at the side of the bed, next to the resident's head. | F 324 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law"<br><br>3.) The SDC or designee will in-service Nursing staff on the Policies and Procedures regarding Falls, Care Planning and Safety interventions. The family of resident #19 was educated on safety Techniques and the care plan.<br>4.) The SDC or Designee will complete random audit once a week to insure care plans are being followed for four weeks then monthly for three months. The results of these audits will be presented to the PI committee for further review and intervention as needed.<br>Compliance Date: 4-6-2005<br>→ Residents and/or the responsible party will be educated on Safety techniques and will be involved with care planning | 4/4/05 |
| F 502 SS=J | 483.75(j) ADMINISTRATION<br><br>The facility must provide or obtain laboratory | F 502 | | |

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| F 502 | Continued From page 3<br>services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, policy review, review of in-service records, and staff and resident interviews, the facility failed to provide laboratory services in accordance with physician's orders for four of six sample residents (#5, #35, #44, #50) who received the medication Coumadin. One resident (#50) expired at the hospital from a gastrointestinal (GI) bleed, and another (#5) did not have current laboratory results; this resulted in immediate jeopardy. The findings were:<br><br>1. Closed medical record review revealed resident #50 was admitted on 12/7/04 with physician's orders for Coumadin (anticoagulant) 5 milligrams (mg) everyday. In addition, the physician ordered a PT/INR (prothrombin time/international normalized ratio) laboratory test on 12/8/04 and every week for four weeks. However, further review of the medical record revealed no PT/INR labs. During an interview on 3/9/05 at 2:35 PM, the utilization coordinator (registered nurse) stated there were no labs in the chart. She stated they should have been drawn. On 3/9/05 at 3:30 PM, the administrator handed the surveyor the laboratory reports that they retrieved from the laboratory. There were no laboratory reports for the dates of the resident's admission (12/7/04 through 12/26/04).<br><br>Review of nursing notes showed on 12/26/04 at 12:40 AM, the resident was found pale and cool to the touch. There were dark blood clots in the | F 502 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law"<br><br>F-502<br>1.) Resident #50 No-Longer at this Facility. Resident #5 has current lab in the medical record. The ~~next~~ PT/INR will be completed as ordered. Resident # 35 has orders for weekly PT/INR and are being done weekly as ordered. Resident #44 was admitted on 12-12-05 with out any orders for PT/INR lab. On 1-1-05 the physician ordered a PT/INR to be drawn 1-2-05. This lab was drawn. On 1-21-2005 the physician ordered a monthly PT/INR. This lab was completed on 1-22-05, 2-11-2005,and 3-14-2005. This resident is current on lab draws. | 4/12/05 |

Lori Dress 3/30/05



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| F 502 | Continued From page 4<br>toilet, and bright red emesis in front of the toilet. The physician was notified and the resident was sent to the emergency room. Review of the emergency room report in the hospital medical record showed on 12/26/04, the resident was transferred from the facility with upper epigastric abdominal pain. While in the emergency room, the resident went into cardiac arrest. The resident was pronounced dead at 4:24 AM. Laboratory results dated 12/26/04 at 2:56 AM showed the PT (prothrombin time) was critically high at 44.3 seconds (reference range is 11.0-13.5 seconds), and the INR (international normalized ratio) was critically high at 10.3 (reference range is 2.5-3.5). The emergency room report documented the tentative diagnosis was cardiac arrest due to severe anemia, due to GI bleed.<br><br>Interview on 3/9/05 at 2:35 PM with the utilization coordinator revealed laboratory orders should go on the treatment record for tracking. However, review of the medical record showed no treatment record, and no laboratory orders on the medication administration record.<br><br>During an interview on 3/10/05 at 8:55 AM, the director of nursing (DON) stated she was not aware the resident did not have the PT/INR labs done.<br><br>2. Review of admission physician orders dated 2/9/05 showed resident #5 received 3 mg of Coumadin per day. The physician also ordered PT/INR labs every week. Review of the medical record and review of laboratory reports provided by the director of nursing (DON) on 3/10/05 at 11:00 AM revealed the last PT/INR lab was done on 2/22/05. The results of the 2/22/05 lab report showed the PT was high at 22.8 seconds | F 502 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law"<br><br>2.) Residents receiving coumadin have the potential to be affected.<br>3.) Every resident on coumadin and anticoagulants therapy have had their medical records reviewed and are current and correct. The physicians were all notified the same day the results were received.<br>4.) The DDOC educated the SDC DNS and UC regarding Lab Draws. The SDC in-serviced the nursing staff on the policies and procedures concerning Lab systems for alerting the staff when the next PT/?INR are due.<br>Lab draws will be provided in accordance with physicians orders. | |

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| F 502 | Continued From page 5<br>(reference range 11.0-13.5) and the INR was 3.0 (reference range 2.5-3.5). Review of the treatment record for February and March 2005 showed PT/INR labs should be done every week. The last documented PT/INR was on 2/22/05. An interview on 3/10/05 at 9:55 AM with licensed practical nurse (LPN) #1 revealed PT/INR labs should be done every week per the physician's order. LPN #1 stated there should have been at least one other PT/INR since 2/22/05.<br><br>3. Review of the February 2005 physician orders showed resident #35 received Coumadin 2 mg everyday. In addition, PT/INR labs were ordered every week. Review of the February and March 2005 treatment record showed PT/INR labs were to be done weekly. The treatment record indicated PT/INR labs were done 2/7/04 and 3/7/05. Review of the medical record and review of laboratory reports provided by the DON on 3/10/05 at 12:05 PM showed PT/INR labs were done: 1/22/05, 2/7/05, 2/21/05, and 3/7/05. The labs were not done every week as ordered by the physician. During an interview on 3/10/05 at 11:35 AM, the resident stated he/she was supposed to get blood drawn every week, but it was not always done.<br><br>4. Review of the physician orders dated 1/22/05 revealed the Coumadin for resident #44 was to be held for two days, then the Coumadin was to be continued at 2.5 mg every other day. In addition, the physician ordered a PT/INR every week for one month. Review of the January and February treatment records showed PT/INR labs were done on 1/28/05, 2/11/05, and 2/18/05. The treatment record indicated a PT/INR was due on 2/4/05, but was not done. Review of laboratory reports provided by the staff development | F 502 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law"<br><br>5.) The DNS and Nursing management developed a calendar for lab tracking. The DNS or designee will audit the coumadin tracking sheet daily and take actions as necessary. The results of these audits will be presented at the PI committee monthly for three months and reviewed with the Medical Director ongoing frequency will be determined by the Medical Director and the PI Committee.<br><br>Compliance Date: 4-6-2005 | |

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| F 502 | Continued From page 6<br>coordinator on 3/9/05 at 4:50 PM showed PT/INR labs were done on 1/28/05, 2/11/05, and 2/18/05. There was no lab report for 2/4/05. On 2/25/05, the physician ordered PT/INR labs to be done every month.<br><br>5. The administrator was notified of the immediate jeopardy on 3/9/05 at 4:10 PM.<br><br>6. During an interview on 3/10/05 at 8:55 AM, the director of nursing (DON) stated in January 2005 the facility discovered a problem with laboratory testing not being performed. The DON stated a new tracking mechanism was developed; a PT/INR flowsheet was put in the front of the medication administration record (MAR). The DON stated nursing staff was in-serviced regarding the new tracking sheet. Review of the 1/27/05 in-service record showed the PT/INR flowsheet was discussed. The following concerns were identified with the facility's failure to utilize the flowsheet:<br>a. Review of the PT/INR flowsheets in the MAR for residents #44, #45, #35, and #9 revealed no PT/INR results were documented.<br>b. Review of the PT/INR flowsheet for resident #5 showed the last PT/INR result documented was 2/15/05. However, medical record review showed the resident had a PT/INR dated 2/22/05.<br><br>7. Review of the facility's policy "Laboratory Services" (POL 602-06, 4/9/04) showed laboratory services would be provided to meet the needs of the residents. The policy stated services would be timely. According to Mosby's Diagnostic and Laboratory Test Reference (Sixth edition, 2003), the prothrombin time (PT) evaluates the clotting mechanism. If the PT is greatly prolonged, the patient should be evaluated for | F 502 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law" | |

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| F 502 | Continued From page 7<br>bleeding tendencies. According to the 2005 PDR Nurse's Drug Handbook, Coumadin is an anticoagulant. Hemorrhage is the main side effect and may occur from any tissue or organ. In general, a lengthened PT or INR means potentiation of the anticoagulant. Since potentiation may mean hemorrhages, a lengthened PT or INR warrants reduction of the dosage of the anticoagulant.<br><br>8. On 3/10/05 at 11:38 AM, the immediate jeopardy was removed on-site. The facility reviewed all five residents on Coumadin to assure all had a current PT/INR. One resident (#5) did not have a current PT/INR, so blood was drawn and taken to the lab. The facility developed a plan/policy to fix the systemic problem, and in-serviced nursing staff on 3/9/05 and 3/10/05. | F 502 | "Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law" | |