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

PRINTED: 06/17/2005
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
	535036	A. BUILDING _____ B. WING _____	C 06/03/2005

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

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F 309 SS=D	483.25 QUALITY OF CARE 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. Use F309 for quality of care deficiencies not covered by s483.25(a)-(m). This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and medical record review, the facility failed to assure staff provided care and services as instructed to promote bowel continence for one of four sample residents (#46) who were identified as incontinent of bowel. The findings were: According to the 3/5/05 quarterly Minimum Data Set (MDS) assessment, resident #46 was incontinent of bowel two to three times per week. Review of the care plan showed staff were to toilet the resident with morning and evening care, before meals, before rest periods, and as needed. The following concerns with maintaining bowel continence were identified: a. Interview with certified nurse aide (CNA) #1 on 6/2/05 at 6:30 PM revealed the resident was not stable enough to transfer independently and required staff assistance to use the toilet. Observation on 6/2/05 at 6:35 PM showed the resident was incontinent of bowel. During an interview on 6/2/05 at 7 PM, the resident denied being taken to the bathroom before the evening meal. The resident also denied being asked if	F 309	"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" F- 309 1. Resident # 46 will receive assistance to promote bowel incontinence. 2. All residents that are incontinent have the potential to be effected. and will be identified by the facility. 3. The Staff Development Coordinator (SDC)/ or designee will in-service the nursing staff regarding the policies and procedures pertaining to peri care. Bowel assessments will be completed on residents who are incontinent of bowel. Care Plans will be reviewed and revised to reflect the current needs of the resident.	

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

Revised/approved & changes q/a TC & Micki on 7/8/05 @ 11:15 am

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.

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F 309	Continued From page 1 s/he needed to use the bathroom prior to the meal. b. Observation on 6/3/05 at 7:20 AM showed the resident had smears of feces on the buttocks. CNAs #2 and #3 cleansed the resident's buttocks but failed to assist him/her to the toilet or ask if s/he needed to use the bathroom.	F 309	"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"	
F 312 SS=D	483.25(a)(3) QUALITY OF CARE 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, family interview, resident interview, medical record review, and review of policies and procedures, the facility failed to assure staff provided appropriate perineal care to resident #46 during two of three observations of perineal care provided for incontinent residents. In addition, staff failed to assist one (#17) of three sample residents who were dependent on staff for grooming. The findings were: 1. According to the 3/5/05 quarterly Minimum Data Set (MDS) assessment, resident #46 was incontinent of bowel two to three times per week. Review of the care plan showed staff were to provide perineal care after each incontinent episode. Observation on 6/2/05 at 6:35 PM showed resident #46 was incontinent of bowel. The resident was taken to the toilet and allowed privacy. At 7 PM the resident complained of a sore anus and wanted "something to squirt on it."	F 312	4. The SDC or designee will observe complete a random audit while watching C.N.A.'s to ensure care is provided according to the care plan. These audits will be completed 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 5. Compliance Date: 7-5-2005 F- 312 1.) Resident #46 will receive appropriate perineal care. Resident # 17 will have appropriate assistance with grooming. 2.) Any resident that is incontinent has the potential to be affected and will be identified by the facility.	

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F 312	Continued From page 2 Observation of perineal care provided at that time showed certified nurse aide (CNA) #4 cleansed the resident's buttocks and posterior thighs but did not cleanse the genital area. The observation also revealed the resident's rectal area was reddened. Observation on 6/3/05 at 7:20 AM showed the resident had smears of feces on the buttocks. CNAs #2 and #3 cleansed the resident's buttocks, but they failed to cleanse the anus, genitals, and catheter. Review of the facility's 3/31/05 policy and procedure, Incontinence/Perineal Care, revealed the genitals and anal areas were to be cleansed as part of routine incontinence care. 2. Interview on 6/2/05 at 5:30 PM with a family member of resident #17 revealed the resident was recently admitted on 5/31/05. Interview revealed the resident was totally dependent for assistance and that he/she required staff assistance for grooming, transferring, and eating. The family member stated when family visited on the day after admission, they noticed the resident was unshaven, had not received oral care, and wore the same clothes as on the day of admission. The family member stated that the pants currently worn by the resident on 6/2/05 were the same slacks he/she has worn since admission and that a family member had shaved and provided oral care for the resident. When asked if the resident had other clothes to wear, the family member stated that the resident had "a closet full of clothes."	F 312	"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" 3.) SDC or designees, will in-service nursing staff on policies and procedures regarding grooming and dignity. 4.) The SDC or designee will complete a random care audit to determine if peri care is completed according to standards. This audit will be completed once a week for four weeks them monthly for three months and report to the PI committee for further review and intervention as needed. 5.) Compliance Date: 7-5-2005	
F 316 SS=D	483.25(d)(2) QUALITY OF CARE A resident who is incontinent of bladder receives appropriate treatment and services to prevent	F 316	F- 316 1.) Resident #24 will receive assistance with toileting every 2 hours and as needed, Resident # 46 will receive appropriate Foley catheter care.	

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F 316	Continued From page 3 urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, policy review, and medical record review, the facility failed to ensure one (#24) of three sample residents with urinary incontinence received incontinence care and services to minimize incontinent episodes. In addition, one (#46) of one sample resident with a urinary catheter failed to receive services to prevent infection. The findings were: 1. Observation of resident #24 on 6/2/05 at 4:31 PM revealed the resident was in bed. At 5 PM nursing staff assisted the resident to get up, but they did not assist or offer to toilet the resident. At 6:22 PM, as staff assisted the resident back to bed, they asked if he/she needed to use the bathroom. The resident replied, "Not now." At 8:27 PM, two administrative staff, a certified nurse aide (CNA) from the business office, and the staff development coordinator (SDC) who was a licensed practical nurse, assisted the resident up and to the toilet. The observation revealed the resident's outer clothing was wet from the mid-thigh to the waist, the resident had a urine odor, and he/she did not utilize any type of disposable/absorbant brief. Observation on 6/3/05 at 7:06 AM revealed the resident was in bed. At 7:12 AM, a CNA asked the resident if he/she was ready to get the resident up, but the resident refused. By 7:17 AM, the CNA returned with the director of nursing (DON). The resident was told it was time to get up, the staff began dressing the resident, and the resident stated he/she was hungry. The observation revealed the resident	F 316	"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" 2.) Any resident that is incontinent has the potential to be affected. and will be identified by the facility. 3.) Bladder assessments will be completed on residents incontinent of bladder. Care plans will be reviewed and revised to reflect the needs of the individual residents. The SDC or designee will in-service Nursing staff on the Policies and Procedures regarding toileting and catheter care. 4.) The SDC or Designee will complete random care audit once a week 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. 5.) Compliance Date: 7-5-2005	

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F 316	Continued From page 4 used single knit cotton underwear. As staff assisted the resident to the bathroom for oral care, the resident refused the offer to use the toilet, and was cued to do mouth care and wash his/her face. By 7:38 AM, the resident was assisted to the dining room. At 8:31 AM, when the resident was assisted back to his/her room, the resident once more refused the offer to use the bathroom, so the resident was assisted to bed. CNA staff entered the room at 9:25 AM and 11:27 AM and offered to assist the resident to the bathroom. The resident refused the offer each time. The staff did not check the resident for incontinence. At 12:21 (5 hours and fifteen minutes from the start of the observation), the resident remained in bed. At that time, the DON was requested by the surveyor to check the resident for incontinence. Upon checking, the observation revealed the resident was incontinent. The DON stated the resident was "saturated." The following concerns were noted: a. According to a 5/3/05 quarterly Minimum Data Set (MDS) assessment in the medical record, the resident was severely impaired for cognition, was totally dependent for toilet use and incontinent of bladder. An annual Resident Assessment Instrument (dated 2/15/05) assessed the resident as incontinent for bladder and triggered for additional assessment information. A bladder assessment dated 2/15/05 documented that the resident's perception of the need to void was absent. b. Interview with a CNA on 6/2/05 at 6:33 PM revealed "most of the time" the resident was able to state needs such as wanting to get up or get a drink of water. Interview with the SDC on 6/2/05 at 8:27 PM revealed the resident needed bathroom assistance every two hours during the day and was "usually pretty good" about letting	F 316	"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 316	Continued From page 5 staff know when he/she had to go. c. Review of the current care plan dated 5/11/05 revealed staff were instructed to toilet the resident "more frequently" every two hours and as needed. This portion removed as a result of the Informal Dispute Resolution held July 15, 2005 per Jean McLean, RD, Acting Manager, Office of Healthcare Licensing and Surveys. Hschmitt for J McLean 7/28/05	F 316	"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"	
F 353	483.30(a)(1)&(2) NURSING SERVICES	F 353		

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F 353 SS=E	Continued From page 6 The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses; and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, confidential interviews with residents, families, and staff, review of the daily and monthly nursing schedules, bath sheet documentation, and review of time sheets, the facility failed to provide sufficient certified nurse aide (CNA) staff to provide timely care and services for residents. The findings were: During a confidential interview on 6/2/05 at 4:22 PM, a resident stated there were frequently only one or two CNAs in the facility for the evening shift. The resident defined the term "frequently" as three nights a week. The resident further stated baths for dependent residents were	F 353	"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" F- 353 1. Resident #25 and Resident # 37 will be showered according to the policy and procedures of the facility. Will be toileted according to care plan if appropriate stg 2. All residents have the potential to be affected and will be identified by the facility. SF 3. The SDC or designee will in-service the nursing staff on the policies and procedures for resident showers, timely response to call lights, and meal service. 4. The SDC or designee will complete random care audits once a week for four weeks and the monthly for three months these audits will be presented to the PI committee for further review and interventions as needed. Compliance Date: 7-5-2005	

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F 353	Continued From page 7 sometimes missed. Review of bath sheets revealed documentation on 5/30/05 that showed residents #25 and #37 did not get bathed. The documentation showed "No time 1 CNA till 4:00 [PM]." On 6/2/05 at 6:45 PM, confidential interview with a second resident revealed that the length of time it took to have a call light answered in the evening "depends on the number [of staff] here." The resident further stated s/he needed someplace to go as s/he could not live alone. During a confidential interview on 6/2/05 at 5:45 PM, a family member stated that during a recent evening visit, all the call lights were on and no staff were in sight. At 5:55 PM a second family member stated they were told that the facility was "short staffed." At 7:30 PM on 6/2/05 confidential interview with a family member revealed his/her loved one would call for staff and "it takes forever [for anyone to answer the light], especially at night." The family member stated his/her loved one would then be incontinent, which upset the resident. The family member further stated s/he had never had such a rapid response to the call light as that night with the surveyors present. At 8:48 PM on 6/2/05, confidential interview with the family member state that when help is needed, it takes ten to fifteen minutes for the call light to be answered. Confidential family interview on 6/2/05 at at 9 PM revealed the facility "sometimes has only one person" to help residents and his/her loved one was left wet for a long time.	F 353	"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 353	Continued From page 8 Confidential interview with staff member #1 on 6/2/05 at 2:45 PM revealed the evening shift sometimes had only two CNAs to provide care for the residents. When this occurred, showers and baths were missed, and the residents were increasingly incontinent. Confidential interview with staff member #3 on 6/2/05 at 7:20 PM revealed all department managers were required by corporate to stay as long as the surveyors were in the building. The staff member further stated they were called back if they were not present when the surveyors entered. Observation revealed there were seven department managers present who would not normally be in the facility at 7:20 PM. In addition, observation of resident #24 on 6/2/05 from 4:31 PM to 8:27 PM revealed the resident was not assisted to the bathroom until 8:27 PM when two department managers assisted the resident and provided evening care. During a confidential interview on 6/3/05 at 9:40 AM, staff member #2 asked the surveyor if all the additional help was due to our presence. When asked to explain, the staff member reported the director of nursing (DON) and dietary manager (DM) did not normally assist with meals, which they were doing at the time of the interview. The staff member further stated, that for the last two weekends, two CNAs and a licensed nurse provided care for 50 residents. In addition, the staff member stated there were frequent "call offs" from the CNAs. Furthermore, the staff member stated that incontinence care, toileting, and baths or showers were delayed when there were only two CNAs. Interview with the staff member at 12:15 PM on 6/3/05 revealed	F 353	"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 353	Continued From page 9 department managers might come in to work, but they only stayed a short time and then left. Review of the daily and monthly nursing schedules for May 2005 revealed the following concerns with evening CNA coverage: a. One CNA worked the full shift from 2 PM until 10:30 PM on 5/7/05. The second CNA scheduled for that shift only worked from 6 PM until 10 PM. A third CNA worked from 5:45 PM until 7:40 PM. With the exception of 1 hour and 40 minutes, there were only two CNAs present for a census of 47 residents b. On 5/13/05 two CNAs worked the shift. An additional CNA worked from 5 PM to 7:15 PM with an extra licensed nurse from 2 PM until 6:28 PM. After 7:15 PM only two CNAs were present for a resident census of 48. c. Two CNAs worked the full shift on 5/15/05. A third CNA was present from 2 PM until 6 PM and an extra licensed nurse from 2 PM until 6:28 PM. Only two CNAs and a licensed nurse were present after the evening meal for a census of 48 residents. d. On 5/21/05 only two CNAs worked the full shift. An extra nurse was present from 2 PM until 6:33 PM. The census was 48. e. Two CNAs worked the full shift on 5/27/05 with an extra CNA from 5 PM until 8:20 PM. Another nurse was present from 2 PM until 6:23 PM. The census was 49. f. Two CNAs worked the evening shift on 5/28/05. Another nurse was present from 2 PM until 7 PM. The census was 49. g. Two CNAs worked the full evening shift on 5/29/05. Another nurse was present from 2 PM until 6:38 PM. The census was 49. h. Only two CNAs worked the evening shift of 5/30/05. The resident census was 50.	F 353	"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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 353	Continued From page 10 Review of the facility's time sheets verified the hours the employees worked. During an interview on 6/3/05 at 12:40 PM, the DON stated the facility did not have a policy related to staffing. She further stated that staffing was based on the resident census. At 2:05 PM, the DON confirmed that right after the evening meal most of the residents want to go to the bathroom and then to bed. The DON stated the CNAs could not possibly do everything at once if there were only two on duty for that many residents; some residents would have to wait. This portion removed as a result of the Informal Dispute Resolution held July 15, 2005 per Jean McLean, RD, Acting Manager, Office of Healthcare Licensing and Surveys. J Schmitt for J McLean 7/28/05	F 353	"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"	

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

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 06/03/2005

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	This portion removed as a result of the Informal Dispute Resolution held July 15, 2005 per Jean McLean, RD, Acting Manager, Office of Healthcare Licensing and Surveys.			

Attachment for Jean McLean 7/28/05

PRINTED: 06/17/2005
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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J Schmitt for J McLean 7/28/05