STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535023	A. BUILDING _____ B. WING _____	04/07/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTON COUNTY HEALTH SERVICES	1124 WASHINGTON BLVD NEWCASTLE, WY 82701

(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 241 SS=D	483.15(a) QUALITY OF LIFE 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 and staff interview, the facility failed to assure dining dignity for all residents in the secure care unit (SCU). Two residents (#15 and #17) shared food during one of two dining observations. The findings were: Observation of residents in the SCU on 4/5/05 at 8:09 AM revealed resident #15 had stopped eating and had consumed approximately 75% of the meal. The observation also revealed resident #17, who was seated to the right of resident #15, reached over and began to eat resident #15's cereal. Resident #17 would dip a spoon into his/her own empty cereal bowl and then reach over and scoop a bite of cereal out of the bowl of resident #15. At 8:20 AM certified nurse aide (CNA) #1 was asked about the observation. The CNA stated she had not seen the sharing, but added, "They [the residents] do that all the time." The CNA further stated she did not know what to do about the sharing. At 8:26 AM, the CNA removed resident #15's cereal and did not call for additional cereal for either of the residents. Interview with the DON on 4/6/05 at 11:25 AM revealed she was unaware that the SCU residents had shared food. The DON stated the practice should be stopped when observed, and the residents should be provided with fresh food items.	F 241	**F241** **The facility will 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 by** **1) Expanding the size of the dining table in SCU to keep resident's food out of reach of each other.** for residents #15 & #17 All tables in SCU dining area will be expanded **2) Educating all LTC staff on** **a. Preventing residents from sharing/taking food.** **b. Replacing shared food** **c. Providing additional food if a resident is hungry.** In SCU Dining Area **3) Monitoring of meals 3 times a week for compliance for 4 weeks, then monthly. Director of Nursing or designee will monitor.** **4) Results will be monitored with the Quality Assurance team.**	05/06/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 4/27/05

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 365 SS=B	483.35(d)(3) DIETARY SERVICES Each resident receives and the facility provides food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to follow the facility practice of providing and encouraging a variety of solid food items prior to offering high calorie drinks for residents who required assistance. Four (#9, #13, #33, and #37) of six sample residents who required meal assistance or cueing were assisted and cued to take high calorie drinks while seated in the dining room waiting for meal service. The findings were: Observation of the evening meal on 4/4/05 at 5:07 PM revealed 12 residents were seated at the assisted tables. All 12 (which included sample residents #9, #33, and #37) were observed to have high calorie drinks present, along with other fluids such as water, milk, and coffee. Certified nurse aides present at the tables were assisting residents with the high calorie drinks. At 5:28 PM, food service was started for the residents at these tables with the last resident served at 5:36 PM. Interview with the director of nursing on 4/7/05 at 9:03 AM revealed the facility's rationale for the use of the high calorie drinks was to provide calories for residents who did not eat. Observations of the breakfast meal on 4/5/05 at 7:23 AM, the noon meal on 4/5/05 at 12 PM, the evening meal on 4/6/05 at 4:56 PM, revealed all the residents who sat at the assisted dining tables received high calorie drinks prior to their meal	F 365	**F365** **The facility will provide each resident with food prepared in a form designed to meet individualized needs by** **1) Educating dietary and nursing staff on balanced diets and nutritional supplements.** **2) Nutritional supplements will be served with meals and offered after residents consume 60% of meals and/or are refusing to eat any more.** **3) Monitor daily, every meal for 1 month. Then weekly for 3 meals for 3 months.** 2) All residents identified as needing nutritional supplements with meals will be offered after they consume 60% of meal and/or are refusing to eat any more. 3) Dietary Manager or designee will monitor daily, 4) All of #1, Provided by Dietician or Dietary Manager. (#9, #13, #33 and #37)	05/06/05

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F 365	Continued From page 2 service. Interview with the dietary manager on 4/7/05 at 9:11 AM revealed the drinks were served to provide added nutrition and calories if the residents did not consume their meal. Yet, the observations revealed the high calorie drinks were given without first attempting solid food consumption. 1. Observation of resident #9 on 4/4/05 at 5:05 PM revealed the resident had two high calorie drinks, which he/she drank. At 5:36 PM, when the resident received the meal, the resident refused the food. At 5:41 PM, the resident had not eaten and was playing with a straw, despite cueing to eat the meal. A nutrition risk assessment dated 3/31/05 in the medical record documented the resident was at "moderate" nutrition risk and had a history of weight loss. 2. Observation of resident #13 on 4/6/05 at 12:08 PM revealed he/she ate a ground meat, regular diet in the secure unit and required assistance and cueing. The resident was cued and started drinking his/her high calorie beverage. At 12:21 PM half of the beverage was consumed when water was offered. At 12:34 PM the resident had consumed three fourths of the high calorie beverage and 50% of his/her meal. The resident refused any more food. Review of the medical record revealed a nutrition risk assessment, which documented the resident was at moderate nutrition risk and ate an average of 47% of his/her meals. 3. Observation of resident #37 on 4/4/05 at 5:05 PM revealed the resident was seated at the assisted table and drinking a high calorie beverage. At 5:35 PM the resident was served his/her solid food meal. At 5:41 PM, staff cued the	F 365		

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F 365	Continued From page 3 resident to eat. At that time, the resident took a drink of the high calorie beverage. Review of facility meal intake documentation revealed the resident ate 60% of the meal. Review of the medical record revealed a nutrition Resident Assessment Protocol summary dated 3/3/05. The summary documented the resident's average meal intake was 50%, with an average calorie intake per day of 833 Calories. The label for the high calorie beverage revealed it provided 250 Calories per serving. 4. Observation of resident #33 on 4/4/05 at 5:12 PM, on 4/5/05 at 7:10 AM, and again on 4/6/05 at 12:10 PM revealed the resident sat at the assisted dining table and was entirely dependent upon staff for feeding. During all meals, the resident was provided with a can of Boost [a high calorie beverage]. Observation during the meals revealed staff encouraged the consumption of the high calorie beverage before serving solid foods. Review of the 1/31/03 nutritional assessment revealed the resident moved from moderate to high nutritional risk and the diet was changed from regular to regular "fortified." 5. According to "Nursing Assistant, A Nursing Process Approach," 9th edition, copyright 2004, malnutrition becomes a problem for the older person and it does occur in the long-term facilities despite the fact that a balanced diet is served and nutritional supplements are available. The authors state the diet for the elderly should include foods easy to chew and digest, have adequate proteins and vitamins, and have many complex carbohydrates found in fruits and vegetables. The authors caution that although liquid nourishments have value, they can be very filling, which is why they are usually served between meals and not	F 365		

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F 365	Continued From page 4 with the meal.	F 365		
F 371 SS=D	483.35(h)(2) DIETARY SERVICES The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on staff interview and observation, the facility failed to provide sanitary conditions for the storage of food. Findings were: On 4/4/05 at 1 PM during the initial tour of the kitchen, the following concerns were observed: a. Three frozen containers of "lumberjack stew" were located on a work counter. An hour and a half later (at 2:30 PM) the three containers were still sitting on the counter. On 4/6/05 at 10:40 AM, the cook stated that shortly after 2:30 PM, the contents had been removed from the containers and placed in a double boiler, where they were prepared for the evening meal. A facility policy entitled "Proper Thawing of Food" was posted on the door of the refrigerator. The policy stated the acceptable methods for thawing frozen foods were 1) place the frozen food in the refrigerator until thawed; 2) thaw frozen food under running water; 3) cook frozen food immediately upon removal from the freezer. b. Initial observation revealed a Tupperware container of food in the walk-in refrigerator. Further observation on 4/6/05 at 9:45 AM revealed a cook placing a sack lunch along with a can of soda in the refrigerator. Interview with the dietary manager on 4/6/05 at 10:30 AM revealed	F 371	**F371** **Weston County Health Dietary Services will store, prepare, distribute and serve food under sanitary conditions.** **a) Frozen foods will be thawed according to the facility's posted policy, foods will be thawed by placing on a tray in the refrigerator, foods will be labeled and dated, food will be thawed under cold running water or food will be cooked immediately after being taken from the freezer. The Dietary Manager will monitor the cooks for compliance to thawing and cooking procedure.** **b) The storage policy of holding over produced food for five days only will be monitored by the Dietary Manager. The food will be labeled and dated; when the date has expired the food will be disposed of. The employee's personal food lunches will be labeled and dated; they will be placed in a**	5/13/05 ~~05/06/05~~

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F 371	Continued From page 5 that the cook occasionally put her lunch in the refrigerator. A tray was observed in the walk-in refrigerator with several foil wrapped leftovers. "R Pork 3/24" was written on one of the packages. In another refrigerator a covered plastic bucket containing seven peeled hard boiled eggs was labeled with the date 3/30. Interview with the dietary manager on 4/6/05 at 10:30 AM and with the consulting dietitian on 4/7/05 at 10 AM, revealed that the facility policy was to keep leftovers for a maximum of 5 days.	F 371	~~plastic container covered by a lid in the walk in cooler. The~~ Separate refrigerator located in the cafeteria. C) **Dietary Manager will monitor employees for compliance to** personnel food **lunch storage procedure. Deficiency correction has been in place with monitoring tools of charts, plastic container with lid and employee education with** and an **an in-service on proper thawing procedure** will be **presented by the Registered Dietician.**	
F 428 SS=E	483.60(c)(1) PHARMACY SERVICES The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. This REQUIREMENT is not met as evidenced by: Based on medical record review, policy review, and staff interview, the facility failed to ensure a monthly drug regimen review was done for 11 (#1, #4, #7, #9, #13, #15, #31, #33, #35, #37, #38) of 11 sample residents. The findings were: Review of the medical record for resident #1 revealed a serum potassium level taken 10/4/04 to be at the upper limits of normal at 5.1 (normal 3.8 - 5.1). On 1/3/05 a serum potassium level was found to exceed normal levels, at 5.4. Resident #1 was taking Lisinopril 10mg every day according to the current medical administration record (MAR). Review of the 2005 Edition PDR Nurses Drug Handbook states under Laboratory Test Considerations that Lisinopril may cause an increase in serum potassium. Nursing considerations for the use of this drug state	F 428	**F428** **1. Pharmacy services 483.60 (c)** All **B) The drug regimen of each patient will be reviewed each month by the facility pharmacist per Policy and Procedure 160.425. The review will be annotated on the monthly drug review log. Each drug review will be dated signed, and include pertinent information.** **B) Laboratory data will be listed monthly (KCL level, INR, Scr).** **C) DUR log will be signed monthly by Pharmacist, and**	05/06/05

A) The drug regimen for residents #1, #4, 7, 9, 13, 15, 31, 33, 35, 37 and 38 have been reviewed, and will be kept current by the facility pharmacist.

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F 428	Continued From page 6 dietary potassium supplements may lead to increased serum potassium. Monthly pharmacy reviews were not conducted for resident #1 in either January or February, 2005. A March 2005 review was conducted, dated, and signed on 3/31/05 stating "no irregularities" were found. Interview with the director of nursing on 4/5/05 at 1:15 PM confirmed the physician had just spoken to her over the phone and was suspicious that Lisinopril was causing the increase in serum potassium. A physician's telephone order, dated 4/5/05, ordered "lab in one month d/t [due to] increased serum K+ [potassium] levels". In addition, medical record review for residents #4, #7, #15, #31, #33, #35, and #37 revealed no drug regimen reviews for the months of September through December 2004, and for January and February, 2005. Review of the medical record for residents #9 and #13 revealed their last drug regimen review was completed in August 2004. Medical record review for resident #38 revealed the last drug regimen review was completed on 7/20/04. Interview with the pharmacist on 4/6/05 at 3:52 PM revealed the facility had switched to a computer program which had lost the data. The pharmacist stated that in March 2005, he had switched back to manual written documentation. Review of the facility policy #160.425 revealed drug regimen reviews would be done for all residents every 30 days and a summary would be documented on the monthly drug regimen review sheet.	F 428	~~appropriate medical personnel (MD., Nursing)~~ **D) At next months monthly review Pharmacy will also verify or check that other signatures are present.** **E) Corrective action— implementation has already been started. Not all labs are run every month on every patient. For patients that should need current labs if not available a note will be left to order labs.** **Time frame of completion of DURs including lab monitoring should be completed by 4/30/05.** **Follow up on lab results for patients who did not have current labs should be completed by 5/30/05.** C) **F) Monitoring will be done by Pharmacist and reported to Quarterly P.I. Committee.** The monthly reviews will be annotated on the monthly drug review log, and	
F 520 SS=D	483.75(o)(1) ADMINISTRATION A facility must maintain a quality assessment and	F 520		

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F 520	Continued From page 7 assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure the facility-designated physician attended the committee meetings at least quarterly. The findings were: On 4/7/05 at 10:29 AM review of the quality improvement (QI) minutes was done. The review revealed the committee met monthly and the physician was not in attendance during the last five months. Interview with the administrator on 4/7/05 at 10:29 AM revealed the physician does not attend the monthly meeting, but reviews the minutes monthly. A second interview with the administrator on 4/7/05 at 10:54 AM confirmed there was no other evidence of physician attendance at the QI meetings.	F 520	**F520** **The facility will maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff by** **1) Holding quarterly Quality Assurance committee meetings immediately following Medical Staff meetings to assure physician attendance.** **2) Meetings will be scheduled each quarter after checking physician schedule to assure physician availability.** **3) This will be monitored quarterly by the Director of Nursing and recorded on the QA minutes.**	05/06/05