STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	**4041 SOUTH POPLAR STREET CASPER, WY 82601**

(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 8/21/23 to 8/24/23. Also reviewed in the course of the survey was complaint intake WY00003624. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant DON: Director of Nursing MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) 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, resident and staff interview, medical record review, and policy and procedure review, the facility failed to ensure timely toileting assistance was provided for 1 of the 5 sample residents (#5) who required assistance with activities of daily living. The findings were: 1. Review of the quarterly MDS assessment dated 6/9/23 showed resident #5 had a brief interview for mental status (BIMS) score of 13 out of 15, which indicated the resident was cognitively intact, and had diagnoses which included	F 677	F677 1) PROBLEM STATEMENT: COMMUNITY MEMBER #5 HAD A TOILETING SCHEDULE PUT INTO PLACE FOR HER, UPON ARISING, BEFORE AND AFTER MEALS, PRIOR TO BED AND AS NEEDED. STAFF WILL DOCUMENT IN THE ADL TASK RECORD. NURSING AND THERAPY STAFF MEMBERS WILL RECEIVE EDUCATION REGARDING TOILETING SCHEDULES FOR ALL INDENTIFIED COMMUNITY MEMBERS.	9/15/23

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

Electronically Signed | 09/15/2023

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F 677	Continued From page 1 Alzheimer's disease, non-Alzheimer's dementia, idiopathic normal pressure hydrocephalus, muscle wasting and atrophy of the right shoulder, periodic limb movement disorder, obesity, age-related osteoporosis without current pathological fracture, unspecified abnormalities of gait and mobility, and constipation. Further review showed the resident required extensive physical assistance of 2 or more people for transfers and toilet use, was not on a toileting program, and was frequently incontinent (7 or more episodes of urinary incontinence, but at least 1 episode of continent voiding). Review of the Activities of daily living (ADL) care plan last revised on 6/8/23 showed the resident had interventions which included the use of a Sabina lift with a 1/2 sling and the assistance of 2 staff members for toileting. The following concerns were identified: a. Observation on 8/21/23 at 3:23 PM showed the resident's room had a strong smell of urine detectable from the hallway. b. Interview with the resident on 8/22/23 at 9:28 AM revealed s/he was "frequently" incontinent of urine due to staff not providing assistance to the bathroom in a timely manner. The resident revealed "Sometimes I wait all day or after lunch before anyone helps me to the bathroom." The resident revealed his/her roommate was assisted to the bathroom; however, the roommate required less assistance. The resident revealed s/he attempted to stay out of the room all day, worked hard with therapy so s/he would not have to ask staff for help, and s/he can "pretty much count on being wet." Further interview revealed the resident felt call lights were "never answered." c. Observation on 8/23/23 at 10:05 AM showed the resident left the nursing unit in his/her wheelchair and traveled around the facility.	F 677	2) INDENTIFICATION OF OTHERS: COMMUNITY MEMBERS REQUIRING A 2 PERSON OR LIFT TRANSFER COULD BE AT RISK FOR THIS ALLEGED DEFICIENT PRACTICE. ALL COMMUNITY MEMBERS WHO ARE A 2 PERSON OR LIFT TRANSFER THAT ARE ABLE TO BE INTERVEIWED WILL BE TO ENSURE THEY ARE BEING TOILETED TIMELY, IF NOT A SCHEDULE WILL BE PUT IN PLACE FOR COMMUNITY MEMBERS WHO ARE UNABLE TO BE INTERVIEWED WILL BE PLACED ON A PROMPTED TOILETING SCHEDULE, AS DEFINED AS: UPON RISING, BEFORE AND AFTER MEALS AND PRIOR TO BED. 3) BASED ON THE COMPREHENSIVE ASSESSMENT OF A COMMUNITY MEMBER AND CONSISTENT WITH THE COMMUNITY MEMBER'S NEEDS AND CHOICES, THE FACILITY WILL PROVIDE THE NECESSARY CARE AND SERVICES TO ENSURE THAT A COMMUNITY MEMBER'S ABILITIES IN ACTIVITIES OF DAILY LIVING DO NOT DIMINISH UNLESS CIRCUMSTANCES OF THE INDIVIDUAL CLINICAL CONDITION THAT DEMONSTRATE THAT SUCH DIMINUTION WAS UNAVAOIDABLE. THIS INCLUDES THE FACILITY ENSURING THAT: COMMUNITY MEMBER THAT REQUIRE 2 PERSON AND/OR LIFT TRANSFERS ARE OFFERED A TOILETING SCHEDULE PER THEIR PREFERENCE. NEW STAFF WILL CONTINUE TO	

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F 677	Continued From page 2 d. Observation on 8/23/23 at 3:19 PM showed the resident was resting in his/her wheelchair in his/her room. Interview with the resident at that time revealed s/he had not asked or been asked to use the restroom since before breakfast. Further interview revealed the resident did not want to lay down, because it was "nice to have the bed made and clean." e. Observation on 8/23/23 at 3:22 PM showed the resident activated the call light. Interview with the resident at that time revealed s/he had to use the bathroom "really bad" and s/he was "wet and it's going to get worse if they don't come fast." Further interview revealed s/he thought it would be too late when staff answered the light and s/he would be incontinent of urine because the staff will need to "get the machine so it will be too late and I will pee my pants." Observation at 3:29 PM showed CNA #2 answered the call light, 7 minutes after it was turned on. At that time, the resident requested to use the bathroom and the CNA stated she needed to get the mechanical lift and left the room. The CNA returned with a mechanical lift and RN #1 at 3:33 PM, 11 minutes after the call light was turned on. The staff members applied the lift sling and assisted the resident out of the wheelchair which resulted in the release of a stronger urine smell. The staff members assisted the resident into the bathroom and removed the resident's brief which was visibly wet and yellow in color. The resident reported feeling very constipated and felt it was due to waiting so long to use the toilet. The staff members assisted the resident onto the toilet and the CNA told the resident she knew the resident did not get toileted when s/he needed and the CNA apologized. Further observation showed the CNA told the resident she knew the resident had not been	F 677	RECEIVE CONTINUING EDUCATION REGARDING TOILETING SCHEDULES UPON HIRE AND DURING YEARLY COMPETENCIES. 4) MONITORING: DON/DESIGNEE WILL AUDIT/INTERVIEW 5 COMMUNITY MEMBERS WHO REQUIRE 2 PERSON ASSIST/LIFT TRANSFERS, IF TOILETING NEEDS ARE GETTING MET WITH TOILETING SCHEDULE WEEKLY X 4 WEEKS, THEN MONTHLY X 90 DAYS OR UNTIL COMPLIANCE IS ACHIEVED. PLAN WILL BE REVIEWED IN QAPI X 3 MONTHS OR UNTIL COMPLIANCE ACHIEVED.	

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F 677	Continued From page 3 toileted "all day and has been wet for a while," she was still trying to learn the assignment, and was "struggling" all day. The CNA told the resident she had 13 people to care for, it was her first time working the assignment, and she wished she could tell the resident it was going to get better, but there was nothing she could do to help. f. Interview with CNA #3 on 8/22/23 at 3:27 PM revealed the resident did not refuse to be changed, was incontinent, and needed frequent care. Further interview revealed if the resident was changed routinely, it helped prevent the smell of urine in the resident's room. 2. Interview with DON on 8/24/23 at 12:13 PM revealed his expectation was for residents to be toileted before and after meals; however, there was no set time frame for toileting. 3. Review of facility's policy titled "Activities of Daily Living (ADLs)" last reviewed on 8/22/2022 showed "...The resident will receive assistance as needed to complete activities of daily living (ADLs). Any change in their ability to perform ADLs will be documented and reported to the licensed nurse...to maintain good nutrition, grooming, and personal and oral hygiene..."	F 677		
F 919 SS=D	Resident Call System CFR(s): 483.90(g)(1)(2) §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from-	F 919		9/15/23

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F 919	Continued From page 4 §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, resident and staff interview, and policy review, the facility failed to ensure a call device was readily available for 1 of 18 residents (#68) reviewed for accommodation of needs. The findings were: 1. Review of the admission MDS assessment dated 8/2/23 showed resident #68 had a brief interview for mental status (BIMS) score of 13 out 15, which indicated the resident was cognitively intact, and had diagnoses which included pneumonia, malnutrition, respiratory failure (acute and chronic), history of malignant neoplasm of bronchus and lung, and acquired absence of lung. Further review showed the resident required limited physical assistance of 1 person for bed mobility, transfers, and toilet use. Review of the Activities of daily living (ADL) care plan dated 8/2/23 showed the resident required standby assistance of one person for transfers, supervision for bed mobility, and setup and supervision for toileting. The following concerns were identified: a. Observation on 8/22/23 at 9 AM showed resident #68 was in bed, asleep, facing the window with the call device clipped to the handle of the bedside cabinet. The call device was not in reach of the resident. b. Observation on 8/24/23 at 8:17 AM showed resident #68 was in bed asleep and the call device was on the floor behind the recliner, on the other side of the room. c. Interview with the resident on 8/22/23 at 11:21 AM revealed the resident never knew	F 919	F919 1)PROBLEM STATEMENT: A CALL AUDIT WILL BE DONE FOR EACH FOR COMMUNITY MEMBER #68, HOWEVER; THE COMMUNITY MEMBER WAS DISCHARGED FROM THE FACILITY ON 08/29/2023. COMMUNITY MEMBERS WILL BE INCLUDED IN THE ONGOING AUDIT. EDUCATION WILL BE PROVIDED/COMPLETED FOR ALL STAFF MEMBERS ON THE IMPORTANCE OF A CALL LIGHT BEING WITHIN REACH FOR THE COMMUNITY WITH A TIMELY RESPONSE, SO COMMUNITY MEMBER CAN ALERT STAFF OF THE NEEDS 2)INDENTIFICATION OF OTHERS: ALL COMMUNITY MEMBERS RESIDING WITHIN THE FACILITY HAVE THE POTENTIAL TO BE AFFECTED 3) SYSTEMIC CHANGES: THE DEPARTMENT HEADS WILL NOW INCLUDE RANDON CALL LIGHT AUDITS TO INCLUDE THE GROUP OF ROOMS IN THEIR ASSIGNMENTS. A MINIMUM OF 9 CALL LIGHT AUDITS WILL BE PERFORMED WEEKLY X 90 DAYS 4) MONITOR: THE ED/DON/DESIGNEE WILL TRACK	

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F 919	Continued From page 5 where the call device was located. d. Interview with CNA #1 on 8/24/23 at 8:29 AM revealed the call device should be attached to the bed, within reach of the resident. Further interview revealed if the resident was in the recliner, the call light should be attached to the arm of the recliner. e. Interview with the unit care coordinator #1 on 8/24/23 at 8:40 AM revealed it was the expectation that the call device be within reach of the resident. It should be attached to the bed or the recliner. f. Review of the policy titled "Resident Call System" provided by the unit care coordinator on 8/24/23 at 8:40 AM showed "...The call light should be positioned within reach of the resident...If the resident is unable to demonstrate appropriate call light use, the nurse must be notified to determine an adequate alternative..."	F 919	AND TREND RESULTS OF WEEKLY CALL LIGHT AUDITS X 90 DAYS AND PRESENT TO THE QAPI TEAM MONTHLY FOR REVIEW AND FEEDBACK, UNTIL SUBSTANTIAL COMPLIANCE IS MET.	