Approved 11/22/05 @ 1:52 pm Linda Brown Con'td Lycretia Patterson NHA

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

PRINTED: 11/01/2005
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
	535013	A. BUILDING ______ B. WING ______	C 10/13/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN TOWERS HEALTHCARE	3128 BOXELDER DRIVE CHEYENNE, WY 82001

(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 282 SS=D	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by:	F 282	Disclaimer "This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth 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."	
	Based on observation, staff interviews, and ~~medical record review, the facility failed to assure~~ staff followed the toileting care plan for two (#38, #65) of three sample residents who required assistance with toileting. The findings were: 1. According to the 7/26/05 quarterly Minimum Data Set (MDS) assessment, resident #38 was frequently incontinent of bowel and bladder, totally dependent on staff for toilet use, and had severe cognitive impairment. Review of the care plan showed the toileting schedule for the resident was AM, ac, pc, PM, HS, prn (morning, before meals, after meals, evening, bedtime, and as needed. Observation on 10/13/05 at 11:25 AM showed certified nurse aides (CNAs) #8 and #14 provided perineal care and transferred resident #38 into a wheelchair. The CNAs did not place the resident on the toilet or bedside commode or ask if s/he needed to use the bathroom. When questioned, CNA #8 stated they toileted the resident for bowel movements and after lunch. The CNA further stated it was "easier before lunch to do peri [perineal] care and put on a brief" than to assist the resident to the toilet. Observation after lunch on 10/13/05 at 1:33 PM showed CNAs #8 and #14 again transferred the resident from the wheelchair to the bed		F282 1. Residents #38 and #65 care plans will be updated to reflect the resident's individual need to be toileted before and after meals, immediately after rising and before going to bed. The residents will be checked and changed as appropriate. 2. All residents who are not independent with toileting have the potential to be affected by this practice. 3. All residents who require assistance will have their care plan updated to state "Toileting per schedule and/or check and change" as appropriate. Some residents wear incontinent briefs and need to be checked and changed as well as toileted. All nursing staff will be inserviced on this change. Unit Managers will randomly audit toileting procedures weekly for one month and then monthly thereafter to ensure compliance. 4. Results of the audits will be brought to the Performance Improvement Committee meeting monthly for review, comments, and suggestions. 5. Compliance Date: November 23, 2005.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lycretia Patterson NHA
TITLE: Executive Director
(X6) DATE: 11/14/05

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 282	Continued From page 1 without toileting the resident or asking if s/he needed to use the bathroom. The CNAs removed the resident's incontinence brief, provided perineal care, and left the resident in bed. 2. Review of the 9/29/05 quarterly MDS assessment revealed resident #66 had moderately impaired cognition, was frequently incontinent of bowel and bladder, and required extensive staff assistance with toileting. Review of the care plan showed staff should toilet the resident in the morning, before and after meals, at bedtime, every two to three hours at night, and as needed. Interview with CNA #14 on 10/13/05 at 1:30 PM revealed she got the resident up for lunch but did not take him/her to the bathroom. The CNA stated the resident was dry so she just assisted with dressing and transferred the resident into a wheelchair for lunch. Observation after lunch on 10/13/05 at 12:40 PM showed the resident was incontinent of bladder. 3. Review of the facility's policies and procedures showed "toileting" was not defined. However, interview with the director of nursing (DON) on 10/13/05 at 3:45 PM revealed her expectation of "toileting" was that a resident actually be placed on the toilet, bedpan, or commode if he/she was capable of sitting safely. "Toileting" was not just checking and/or changing an incontinence brief.	F 282		

RM 11/2/05