9/10/10

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

PRINTED: 07/28/2010
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
	535046	A. BUILDING ______ B. WING ______	07/15/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN'S NURSING HOME	625 EAST BROADWAY JACKSON, WY 83001

(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 The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide DON: Director of Nursing MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency where used.	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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: Based on observation, medical record review, and staff interview, the facility failed to ensure care was provided in accordance with the written plan of care for 1 of 12 sample residents (#46). The findings were: Refer to F315 for details regarding the facility's failure to provide toileting assistance according to the care plan for resident #46.	F 282	The facility will ensure that services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. This will be accomplished by: 1. The team 3 nurse will observe that resident #46 will be toileted according to the written plan of care. 2. The nurses on all shifts will observe that residents are provided care according to the written plan of care. If care is not provided according to the plan of care, immediate in-servicing and corrective action will be taken. 3. The DON's will provide education to the nursing staff regarding providing care according to the written plan of care for each resident. 4. An audit tool will be implemented by the DON's, nursing staff, and staff development nurse to ensure that resident care is provided according to the plan of care. The results of these audits will be reported at the LC quarterly PI meetings.	8-27-10
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Pat Wilson RN	Administrator	9-8-10

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.

Accepted, NHA notified due = 8/29/10. Original to be sent.
Linda Press 9/10/10

RECEIVED
Wyoming Dept of Health
SEP 08 2010
Office of Healthcare Licensing and Surveys

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F 309	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review, the facility failed to ensure the necessary and prescribed medications were administered to address constipation for 1 of 2 sample residents (#28). In addition, the facility failed to ensure staff assessed and monitored the neurological status for 1 of 1 sample resident (#6) who sustained a head injury after a fall. The findings were: 1. Review of the bowel movement records for resident #28 showed s/he had no bowel movement from 6/26/10 until 7/1/10 (5 days). Review of the physician's orders showed the resident had an as needed (PRN) order for Senokot (laxative), Bisacodyl suppository (laxative), milk of magnesia - (laxative), or Fleets enema. However, review of the medication administration record showed the resident was not administered any of the laxative medications or enema during that time. Interview with both DONs on 7/15/10 at 7:50 AM revealed the resident should have received a PRN laxative after three days without a bowel movement. 2. Review of the 6/26/10 nursing notes written at 11 PM for resident #6 showed s/he fell and sustained a laceration to the right side of his/her head. Review revealed nursing checked the	F 309	The facility will ensure that each resident will receive and the facility will 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. This will be accomplished by: 1. The plan of care for resident #28 now states, "If no BM by day 3, provide digital stimulation with toileting. If no BM by day 4, provide digital stimulation. If no productive BM, give dulcolax suppository. Does not receive oral laxative due to history of BM smearing resulting in anal excoriation." 2. The nurses will ensure that resident #28 and all other residents at risk for constipation will receive the necessary treatment for regular bowel evacuation. A bowel protocol has been developed. 3. Resident #6 did not have any neurological effects following the fall. The nurses will ensure that residents, including resident #6, who obtain a head injury during a fall will have vital signs and neurological assessments completed and documented at the time of the fall and every shift for 72 hours after the incident. 4. When there is a change of resident condition, this will be noted in the change of condition log and communicated during shift change. Nurses will assess and document every shift for 72 hours.	8-27-10

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F 309	Continued From page 2 resident's vital signs including neurological checks at the time of the fall, and they were within normal limits. However, the following concerns were identified: a. Review of the 6/27 and 6/28/10 nursing notes showed neurological checks were not performed as a follow-up to the resident's head injury. Review of the 6/29/10 nursing notes written at 3 AM showed the resident complained of a headache secondary to the fall on 6/26/10. The nursing notes written on the same day (6/29/10) at noon showed the resident continued to complain of a headache which s/he described as "worse" and there was bruising to the right eye. In addition, the resident complained of dizziness. At that time, vital signs were taken but no neurological checks were performed. b. Review of the 7/5/10 (9 days post-fall) nursing notes written at 6 PM showed the resident complained of weakness, said s/he had spilled the coffee at breakfast. The physician was notified and order a computerized tomography (CT) of the head due to the history of his/her fall with head injury. Review of the CT report showed "....some vague increased density over left frontal area suggest probable subacute or chronic subdural with no acute hemorrhage ...." During an interview with DON #1 on 7/15/10 at 8:40 AM, she said after the resident's attending physician and the radiologist discussed the results, it was determined the CT was negative."	F 309	5. The DON's will provide education to the nurses on the following: bowel protocol, post fall assessment including appropriate neurological assessment and use of change of condition log. 6. An audit will be conducted by the DON's to ensure compliance with the change of condition log. Results of the audit will be reported at the quarterly LC PI meeting.	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that	F 315		

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F 315	Continued From page 3 catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to provide care to promote continence for 1 of 6 sample residents (#46) who was incontinent of bladder. The findings were: Review of the 6/17/10 annual MDS assessment revealed resident #46 was incontinent of bladder all, or almost all, of the time. According to the care plan dated 6/22/10, staff were to assist the resident to the toilet "between meals." Observation on 7/13/10 from 7:25 AM until after lunch at 1 PM (elapsed time: 5 hours 35 minutes) showed the resident was not toileted. When CNA #1 and nurse aide #1 toileted the resident at 1 PM, the resident was noted to have been incontinent of bladder. At that time, CNA #1 stated the resident was last assisted to the toilet "this morning."	F 315	The facility will ensure that a resident who enters the facility who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This will be accomplished by: 1. The nurse will ensure that resident #46 is toileted according to the POC. 2. The nurses on all shifts will observe that incontinent residents are toileted and receive care for incontinence according to the plan of care. If care is not provided according to the plan of care, immediate in-servicing and corrective action will be taken. 3. The DON's will provide education to the nursing staff regarding that residents receive care according to the written plan of care. 4. An audit tool will be implemented by the DON's, nursing staff, and staff development nurse to ensure that resident care is provided according to the plan of care. The results of these audits will be reported at the LC quarterly PI meetings.	8-27-10
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control	F 441		

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F 441	Continued From page 4 Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that 1 of 3 sample residents (#23) with catheters had the drainage bag handled in a clean, sanitary manner. In addition, staff failed to administer medications in a manner which minimized contamination during one random observation. The findings were:	F 441	The facility will maintain an Infection Control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. This will be accomplished by: 1. The nursing staff will ensure that resident #23 will have the drainage bag handled in a clean, sanitary manner. 2. The nursing staff will ensure that residents with catheters have the catheter equipment handled in a clean, sanitary manner. 3. The nurse who incorrectly administered medications to resident #2 was an agency nurse. This nurse will not be scheduled for any further shifts at the Living Center. 4. In service education will be provided by the infection control nurse to the nursing staff on infection control principles; safe medication practices; and care of catheter equipment. 5. The staff development nurse will add care of catheter equipment to unit based orientation. 6. The infection control nurse and the nursing staff will round to observe correct care of catheter equipment. The results of these observations will be reported by the IC nurse and DON's at the quarterly PI meetings. 7. The pharmacy will observe during the monthly medication administration review that nurses are safely administering medications to the residents. If medications are not administered correctly, the pharmacist will provide immediate in-servicing and corrective action.	8-29-10

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F 441	Continued From page 5 1. During a random observation on 7/13/10 at 10:59 AM, RN #1 administered medications to non-sample resident #2 in the East dining room. While administering the medications, one of the pills landed on the carpeted floor. The RN then picked the pill up off the floor, wiped the pill once on a cloth napkin, and then gave the pill to the resident. When interviewed immediately after the observation, the RN stated she administered the pill after it landed on the floor because "it was carpet, the resident's feet weren't on it...I wiped it off." The RN then explained that she would have replaced the pill if she had been working in acute care, because the medications were more readily available there. Interview on 7/14/10 at 4:12 PM with the infection control coordinator verified administering medications to residents after medications had contacted the floor was an unacceptable practice. 2. Observation on 7/13/10 at 8:35 AM revealed CNA #2 transferred resident #23 to the recliner in his/her room. After the transfer, the CNA placed the uncovered drainage bag for the urinary catheter on the floor. Further observations at 9:20 AM and 12:36 PM revealed that although the drainage bag was now in a cover, it remained on the floor. During an interview on 7/13/10 at 12:38 PM, CNA #2 stated she "forgot" to hang the drainage bag instead of placing it on the floor. Interview with the infection control coordinator on 7/14/10 at 4:12 PM verified catheter bags should never be placed on the floor, covered or not.	F 441		