STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535033	A. BUILDING _____ B. WING _____	05/14/2009

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CASTLE ROCK CONVALESCENT CTR	1445 UINTA GREEN RIVER, WY 82935

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F 281 SS=D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and medical record review, the facility failed to ensure staff followed professional standards for changing wound dressings for 1 (#4) of 1 sample resident who had dressing changes. The findings were: Review of the 4/7/09 nursing notes timed at 10:27 PM for resident #4 revealed s/he had an open pressure sore on the left inner aspect of the buttocks. Observation on 5/11/09 at 5:52 PM revealed licensed practical nurse (LPN) #1 removed the dressing from the pressure sore. Continued observation revealed the LPN used the same soiled gloves to place a new dressing on the wound that she had used to remove the soiled dressing. During an interview with the LPN on 5/13/09 at 3:05 PM, she stated she knew she should have changed her gloves after removing the soiled dressing and before applying a new dressing. She stated gloves were to be changed between dirty and clean procedures. According to Fundamentals of Nursing, The Art and Science of Nursing Care by Lippincott, Williams & Wilkins, sixth edition, 2008, page 713, "Gloves should always be changed prior to moving from a contaminated task to a clean one."	F 281	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS: The services provided or arranged by the facility must meet professional standards of quality.This standard will be accomplished by the following: (including but not limited to): A) Nursing staff will be in-serviced by mail box in-service by June 16, 2009 regarding appropriate professional standards for dressing wounds with an emphasis on hand washing and when to change gloves between dirty and clean procedures according to the Fundamentals of Nursing, The Art and Science of Nursing Care by Lippincott, Williams & Wilkins, sixth edition, 2008, page 703. B) A quality monitoring tool for following professional standards when changing wound dressings will be utilized. The tool will be utilized ~~on a~~ weekly x's two randomly selected residents with altered skin integrity. See attachment #1. C) The results of the quality monitoring tool will be reported to the Quality Assurance Committee. D) The Director of Nursing Services is responsible for compliance of the above standard.	06/16/09 06/16/09 06/16/09 06/16/09
F 312 SS=D	483.25(a)(3) ACTIVITIES OF DAILY LIVING 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.	F 312		

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

John M Ferry | Admin | 6/10/09

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.

Changes made per telephone call with John Ferry, Adm. on 6/10/09 @ 3:15 pm

Patricia Turner, RN

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F 312	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and medical record review, the facility failed to ensure the staff provided adequate personal hygiene during one (#4) of four observations of perineal care and two (#4, #34) of four observations of oral care. The findings were: 1. Review of the 3/3/09 Minimum Data Set (MDS) assessment for resident #4 revealed s/he was incontinent of bowel all of the time and was totally dependent upon staff for personal hygiene. Observation on 5/11/09 at 5:52 PM revealed certified nurse aide (CNA) #1 provided perineal care to the resident who had been incontinent of bowel. Continued observation revealed the CNA used the same wipe to cleanse the catheter at the meatus that she used to cleanse feces from the rectum. Interview with this CNA on 5/13/09 at 4 PM revealed she knew to discard a wipe soiled with feces instead of using it to cleanse another area of the body. She also stated she knew to always clean from front to back. The CNA stated the reason she forgot to use the proper technique was because she was "rushed" due to being short staffed on that shift. In addition, on 5/11/09 prior to perineal care, observation revealed CNA #1 removed the resident's dentures and placed them into a cup of denture cleanser. At that time, the CNA made the comment the resident's mouth had white stuff in it, yet she provided no oral care to the mouth or gums. 2. Review of the 2/23/09 quarterly MDS	F 312	483.254(a) (3) ACTIVITES OF DAILY LIVING The facility will assure that 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 will be met by the following (including but not limited to): A) Resident # 4 will receive appropriate care for her personal hygiene, including appropriate perineal care and catheter care. A quality monitoring tool will be performed once a week on resident #4 along with another randomly selected resident to assure that personal hygiene in areas identified are being appropriately provided for both residents. See attached tool (#2). B) Resident # 34 will receive appropriate oral care including denture care in am and pm. A quality monitoring tool regarding oral care will be performed once a week on resident #34 along with another randomly selected resident to assure that appropriate oral and denture care is being provided. See attached tool (#3).	06/16/09 06/16/09

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F 312	Continued From page 2 assessment for resident #34 revealed s/he was totally dependent upon staff for personal hygiene. Observation on 5/11/09 at 7:22 PM revealed CNA #2 assisted the resident in removing his/her upper dentures. The CNA and the resident were both unable to remove the lower dentures. Upon removal of the upper dentures the resident said "yuck" and the CNA said "that's slimy." Continued observation revealed the resident received no oral care to cleanse the mouth or gums. In addition, the lower dentures that remained in the resident's mouth were not brushed or cleansed. Review of the 2/26/09 care plan revealed instructions for oral care in the "am, pm, at bedtime and as indicated."	F 312	C) A CNA in-service on June 3, 2009 will review and re-enforce the Dental In-service provided on April 22, 2009. D) Quality measuring tools results will be reported to the Quality Assurance Committee meeting. E) Director of Nursing Services is responsible for compliance with the above standard.	06/16/09 06/16/09 06/16/09
F 315 SS=D	483.25(d) URINARY INCONTINENCE 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 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, staff interview, and review of facility incontinence protocols, the facility failed to ensure that staff provided toileting in a timely manner to promote dryness for 2 of 8 sample residents (#34, #39) who were incontinent of urine. The findings were: 1. According to the 11/24/08 initial and the	F 315	483.25(d) URINARY INCONTINENCE The facility will ensure that residents who enter the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrated that 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. These actions will be accomplished by (including but not limited to):	

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F 315	Continued From page 3 2/23/09 quarterly Minimum Data Set (MDS) assessments, resident #34 had short and long term memory loss, was incontinent of urine, and was totally dependent on staff for transfers and toilet use. Review of the 11/9/08 bowel and bladder assessment revealed the resident should be checked and changed every 1.5 to 2 hours. Review of the care plan dated 2/26/09 revealed the resident was on a scheduled toileting program. Review of the facility's urinary incontinence management program protocol, revised 2/8/05, page 2, revealed a scheduled voiding program means toileting the resident at regular and fixed intervals, usually every 2 hours with the goal of preventing an incontinent episode. However, observation on 5/11/09 from 5 PM until 5:42 PM revealed the resident was in the dining room. At 5:42 PM the resident was placed in the area where the facility's aviary was located. Observation at 6 PM revealed the resident was seated in the hallway next to the nurse's station ~~until 7:22 PM. At 7:30 PM, certified nurse aide~~ (CNA) #2 assisted the resident to the toilet. Observation of the resident's disposable brief revealed it was dated as last checked and changed at 3:30 PM. Observation also showed the incontinence brief was wet with urine. During an interview with the CNA at this time, she stated the resident was last checked and changed at 3:30 PM (4 hours earlier). 2. Review of the 8/28/08 annual, and the 11/26/08 and 2/25/09 quarterly MDS assessments for resident #39 revealed s/he was incontinent of bowel and bladder and was totally dependent upon staff for personal hygiene. Observation on 5/11/09 at 8:15 PM revealed the disposable pad on the bed was saturated with urine. Interview with CNA #3 at the time revealed she had last	F 315	A) Residents #34 and #39 will receive appropriate care as identified in the facility incontinence protocols. A quality measuring tool regarding toileting and incontinence protocol will completed weekly for resident #34 and resident # 39 (See attachment #4). B) In addition the quality measuring tool will be completed once a week on ~~on a~~ three randomly selected residents to ensure that ~~all residents are~~ receiving appropriate toileting according to the incontinence protocol. C) The results of the quality Measuring tool will be reported to Quality Assurance Committee. D) Administrator is meeting with nursing staff including nurses and CNAs as well as all departments to stress the	06/16/09 06/16/09 06/16/09 06/16/09

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F 315	Continued From page 4 checked and changed the resident at approximately 4:30 PM (3 hours and 45 minutes earlier). Review of the 2/26/09 care plan revealed the resident was on a check and change toileting program. Interview with licensed practical nurse (LPN) #1 on 5/14/09 at 9:40 AM revealed check and change for this resident meant the resident was to be checked every two to three hours and changed if necessary. Interview with CNA #4 on 5/14/09 at 9:45 AM revealed this resident was to be checked and changed every two hours.	F 315	importance and necessity of following standards of care in providing care to our residents. E) An in-service for CNAs will be provided on June 3, 2009 regarding appropriate hand washing, washing hands before and after removing gloves, terms for incontinence programs, policy on bowel and bladder. The agenda will include the importance of toileting residents per plan of care, providing appropriate peri-care, catheter care, bowel and bladder policy (prompted toileting). A mail box in-service will be provided for those who can not attend the scheduled in-service.	06/16/09
F 356 SS=B	483.30(e) NURSE STAFFING The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.	F 356	F) The Director of Nursing Services is responsible for compliance with this standard.	06/16/09

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F 356	Continued From page 5 The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to complete the nurse staffing posting at the beginning of each shift during 4 of 4 survey days. The findings were: Upon entrance into the facility on 5/11/09 at 1:40 PM, observation revealed the nurse staffing posted had all three shifts posted at the same time. Observations on 5/12/09, 5/13/09, and 5/14/09 revealed all three shifts were posted at the same time. Interview with the administrator and assistant director of nursing on 5/14/09 at 11 AM revealed they were unaware the posting of the nurse staffing was required at the beginning of each shift instead of once daily.	F 356	483.30(e) NURSE STAFFING Comprehensive Assessments: The facility will ensure that the following information is posted on a daily basis: • Facility name • The current date • The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: o Registered nurses. o Licensed practical nurses or licensed vocational nurse (as defined under State Law). o Certified nurse aides. • RESIDENT CENSUS The facility will post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: • Clear and readable format. • In a prominent place readily accessible to residents and visitors.	
F 425 SS=D	483.60(a),(b) PHARMACY SERVICES The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of	F 425		

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F 425	Continued From page 6 a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure there were no outdated medications available for resident use in one of two medication carts. The findings were: Observation on 5/13/09 at 10:45 AM revealed there were 65 ampules of Albuterol (used in administering breathing treatments) which were past the expiration dates. Interview with LPN #3 on 5/13/09 at 10:45 AM, verified the outdated medications were stored on the medication cart and were available for administration to residents.	F 425	The facility will, upon oral or written request, make staffing data available to the public for review at a cost not to exceed the community standard. The facility will maintain the posted daily runs staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This standard will be accomplished by (including but not limited to): A) A large staffing board on east hall displays the information as described above. Daily nurse staffing information will be posted for review to residents and visitors by the nurse on each shift. The nurse on each shift will update the board after receiving report. A quality monitoring tool (Attachment # 5) will be completed every weekend to assure compliance with the standard. During the weekday The DON and ADON will check the board for accuracy and compliance.	06/16/09
F 444 SS=D	~~483.65(b)(3) PREVENTING SPREAD OF~~ INFECTION The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of facility policies and procedures, the facility failed to ensure staff practiced acceptable hand hygiene during two of four random observations of personal care. The findings were: 1. Observation on 5/11/09 at 6:52 PM revealed	F 444		

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F 444	Continued From page 7 resident #4 was incontinent of feces. Refer to F312 for details regarding staff failure to follow acceptable standards in infection control during perineal care provided to this resident. In addition, the following handwashing concerns were identified: a. Observation revealed after providing perineal care, certified nurse aide (CNA) #1 inserted the nasal cannula in the resident's nares without removing her gloves and washing her hands. The CNA wore the same gloves she used to cleanse feces from the resident's buttocks and rectal area. b. Observation on 5/11/09 at 6:52 PM revealed CNA #1 removed the resident's dentures. With the same gloves on, the CNA then washed the resident's face and eyes. c. Interview with CNA #1 on 5/13/09 at 4 PM revealed she knew to she should have changed her gloves and washed her hands after removing the resident's dentures and after providing perineal care. The CNA stated the reason she forgot to perform the proper procedure was because she was "rushed" due to being short staffed on that shift. d. Review of the facility's policy on perineal care, revised 8/7/07, revealed the following instructions: "After....and performing peri-care, you must remove your gloves....Wash hands, continue cares....". 2. Observation on 5/11/09 at 7:22 PM revealed CNA #2 assisted resident #34 with the removal of his/her upper dentures and attempted to remove the lower ones as well. After removal of the upper dentures, the CNA brushed them in the sink. Without removing the soiled gloves and washing her hands, the CNA then washed the resident's face and eyes.	F 444	B) The results of the quality monitoring tool will be presented to the Quality Assurance Committee. C) The Director of Nursing Services is responsible for compliance with this standard. 483.60(a), (b) PHARMACY SERVICES The facility will provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. The facility will provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the	06/16/09 06/16/09

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			provision of pharmacy services in the facility. These standards will be accomplished by (including but not limited to):	
			A) Nurses will comply with the Wyoming Nursing Practice Act July 2003, and Administrative Rules and Regulations, November 2003. An in-service will be provided for the nursing staff to ensure that they are aware of the Wyoming Nursing Practice Act July 2003 and Administrative Rules and Regulations regarding the administration of medications and appropriate storage of medications.	06/16/09
			B) Cart Audits will be completed once a month with a focus on outdated medications stored on the medication carts. (See Audit Attachment # 6)	06/16/09

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			C) The Quality Assurance Committee will monitor the effectiveness of the cart audit.	06/16/09
			D) The Director of Nursing Services is responsible for compliance with this standard.	06/16/09
			483.65(b)(3) PREVENTING SPEAD OF INFECTION The facility will ensure that all staff members wash their hands after each direct contact with residents for which hand washing is indicated by accepted professional practice. This standard will be accomplished by (including but not limited to):	
			A) A CNA in-service will be provided June 10, 2009 to address appropriate hand washing and indications for hand washing and changing gloves. The agenda will include infection control; appropriate hand washing techniques; washing hands and	06/16/09

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			changing gloves after each contact with a resident; washing hands after utilizing resident's equipment; hand washing and changing gloves after providing multiple types of personal care to the same resident; and when to change gloves during care of residents.	
			B) A quality measuring tool (attachment # 7) will be completed every week to ensure that hand washing is being appropriately completed.	06/16/09
			The facility celebrated on May 5, 2009 an internationally recognized day to promote hand washing in our facility with a contest for the best hand washing. Rewards where provided for the top three hand washers. The facility will utilize their bug cart to check appropriate hand washing randomly throughout the year.	06/16/09 06/16/09

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			C) Administrator will address the standards for proper hand washing and following infection control standards with all staff. He will stress the critical importance of these topics.	06/16/09
			D) The results of the quality measuring tool will be reported to the Quality Assurance Committee.	06/16/09
			E) The Director of Nursing Services is responsible for compliance with this standard.	06/16/09