POC accepted 8/10/10 Janeece Conley, OPRL

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

PRINTED: 07/16/2010
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
	535033	A. BUILDING _____ B. WING _____	07/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE ROCK CONVALESCENT CENTER	1445 UINTA DRIVE GREEN RIVER, WY 82935

(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 LPN: Licensed Practical Nurse MDS: Minimum Data Set mg: milligrams Less commonly used abbreviations will be annotated in each deficiency where used.	F 000		
F 282 SS=E	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 that care was provided in accordance with the written plan of care for 4 of 12 sample residents (#2, #33, #37, #42). The findings were: 1. The following concerns were identified regarding the facility's failure to follow the plan of care related to pain medication: a. Review of the MDS assessment dated 6/23/10 showed resident #2 had moderate pain daily. Review of the physician's orders showed Vicodin 5/500 mg one to two tablets and	F 282	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSON'S PER CARE PLAN: The facility will ensure that care will be provided in accordance with the written plan of care for the 4 identified residents and randomly selected residents that have the potential to be affected by identified deficient practice. This standard will be accomplished by the following: (including but not limited to): 1. a. A quality monitoring tool will be utilized to assure that the plan of care is being followed in regard to resident #2. The identified tool is the Effectiveness of Pain Medication Audit. Three additional residents will be audited every week.08/01/2010	~~08/01/10~~

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

John M. Young | Admin | 7/22/10

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.

Changes made per Kathy Kumer, DON on 8/10/10 @ 9:30 Am per phone call with Janeece Conley, OPRL

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F 282	Continued From page 1 Tramadol 50 mg were ordered for pain as needed (PRN). According to the 6/24/10 care plan, staff were instructed to "Administer pain medication as ordered. Assess effectiveness of pain medication." Review of the medication administration record (MAR) for the time period of 6/14/10 through 6/29/10 showed the effectiveness of the PRN pain medications was not documented for 9 of 26 administrations (35%). b. Review of the physician's orders for resident #37 showed an 11/25/08 order for (Lortab) Hydrocodone 7.5 mg and Acetaminophen 500 mg 1-2 tablets by mouth every 4 to 6 hours as needed for pain. Review of the care plan for the resident showed the following approach related to administration of medications for pain: "Evaluate/record effectiveness. Evaluate/record adverse side effects." Review of the MARs for March, April, and May 2010 showed Lortab was administered to the resident and not evaluated for effectiveness or side effects for 5 of 14 (37%) administrations in March, 6 of 9 (67%) administrations in April, and 6 of 13 (46%) administrations in May. c. Review of the physician's orders for resident #42 showed a 4/15/10 order for (Lortab) Hydrocodone 5 mg and Acetaminophen 500 mg 2 tablets by mouth every 4 hours as needed for pain, and a 4/20/10 order for Oxycodone IR [immediate release] 10 mg one by mouth every 4 to 6 hours as needed for pain. Review of the care plan for the resident showed approach/frequency related to administration of medication for pain, "Return to assess effectiveness." Review of the MARs for April, May, and June 2010 showed Lortab was administered to the resident and was not evaluated for effectiveness for 16 of 39 (41%) administrations in April. In addition Oxycodone was administered to the resident and not	F 282	2. b. A quality measuring tool will be utilized to assure that the plan of correction is being followed in regard to resident #37. The identified tool is the Effectiveness of Pain Medication Audit.08/01/10 3. c. A quality measuring tool will be utilized to assure that the plan of correction is being followed in regard to resident #42. The identified tool is the Effectiveness of Pain Medication Audit.08/01/10 4. d. The nurses will be in-serviced regarding documentation of pain management at their next Nurse Meeting.08/04/2010 5. Refer to F309 and F315 for details regarding facility's plan of correction for failure to follow the care plan related to toileting for resident #33. 08/01/10 6. e. The results of the quality monitoring tool will be reported to the Quality Assurance Committee.08/01/10 7. f. The Director of Nursing is responsible for compliance of the above standard.08/01/10	~~08/01/10~~ ~~08/01/10~~ 08/04/10 08/01/10 ~~08/01/10~~ ~~08/01/10~~

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F 282	Continued From page 2 evaluated for effectiveness for 18 of 33 (55%) administrations in April, 28 of 66 (42%) administrations in May, and 9 of 32 (28%) administrations in June. d. During an interview on 6/29/10 at 11:30 AM, the assistant director of nursing (ADON) stated nurses should always document effectiveness after administration of pain medications. 2. Refer to F309 and F315 for details regarding the facility's failure to follow the care plan related to toileting for resident #33.	F 282		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 observation and staff interview, the facility failed to provide care to promote bowel continence for 1 of 8 sample residents (#33) who were incontinent of bowel. The findings were: Review of the 11/11/09 annual and 5/11/10 quarterly MDS assessments showed resident #33 was incontinent of bowel all, or almost all, of the time. Review of the resident's care plan showed the approach/frequency was to "take to the toilet every 2.5-3 hours and as indicated." During an observation on 6/28/10 from 6:40 AM until 12:05	F 309	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING: The facility will provide each resident with the necessary care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being, in accordance with comprehensive assessment and care plan. This standard will be accomplished by the following: (including but not limited to): 1. Resident #33 will receive appropriate care as identified in the facilities incontinence protocols and resident's care plan. A quality measuring to tool regarding toileting, incontinence protocol and adherence to the care plan will be completed for the resident every week in addition to three other randomly selected residents. The name of the tool is Care Plan Audit for Bowel and Bladder. The tool will be utilized on beauty shop day as well as an additional day throughout the week. 08/01/10	8/9/10 ~~09/01/10~~

8/10/10

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F 309	Continued From page 3 PM (5 hours and 25 minutes); the resident was not toileted. When CNA #1 toileted the resident at 12:05 PM, the resident was observed to have been incontinent of stool. During an interview immediately after the observation, the CNA stated that residents sometimes did not get toileted on schedule on "beauty shop day."	F 309	2. An in-service on facility policy on incontinence and peri-care will be presented at the next CNA meeting on July 28, 2010. 08/28/10 3. The results of the quality monitoring tool will be reported to the Quality Assurance Committee. 08/01/10 4. The Director of Nursing is responsible for compliance of the above standard. 08/01/10	~~08/28/10~~ ~~08/01/10~~ ~~08/01/10~~ 8/4/10
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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, medical record review, staff interview, and review of policies and procedures, the facility failed to assist 1 of 5 residents (#15) with appropriate and adequate perineal care. The findings were: Review of the 5/19/10 quarterly MDS assessment for resident #15 showed s/he was incontinent of bladder all, or almost all, of the time. Further review showed the resident was totally dependent upon staff for personal hygiene. During an observation on 6/29/10 at 11:30 AM, the resident was toileted in his/her bathroom by CNA #2. The resident had been incontinent of urine, and the urine visibly touched the front thighs of the resident. The observation also showed the aide cleaned the resident from behind, but not in front. The thighs were never cleaned before the CNA placed a clean brief on the resident. During an interview with the CNA immediately	F 312	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS: The Facility will ensure that when a resident is unable to carry out activities of daily living that the resident will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This standard will be accomplished by the following: including but not limited to): 1. a. A mandatory in-service regarding facility policy and appropriate peri-care will be provided for CNAs on July 07/28/10. 07/28/10 2. b. A quality measuring tool will be utilized weekly regarding appropriate perineal care is being provided to resident #15. In addition,	~~07/28/10~~ ~~08/01/10~~

8/10/10

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F 312	Continued From page 4 after the observation, she stated the resident should have been cleaned from front to back, and all areas in contact with urine should have been cleaned. Review of the facility policy and procedure for perineal care documented the following required procedure, "Using a clean cloth, cleanse the pubis area, inner thighs and the perineal area....Always use front to back technique."	F 312	three other randomly selected residents will be audited during the week. The name of the tool is: "Quality Monitoring Tool for Perineal Care and Proper Placement of Catheter Bag. 08/01/10 3. c. The results of the quality monitoring tool will be reported to the Quality Assurance Committee. 08/01/10 4. d. The Director of Nursing is responsible for compliance of the above standard. 08/01/10	~~08/01/10~~ ~~08/01/10~~ ~~08/01/10~~
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 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 policy and procedure, the facility failed to provide care to promote bladder continence for 1 of 9 sample residents (#33) who were incontinent of bladder. In addition, the facility failed to handle urinary drainage bags in a manner to prevent risk of urinary tract infections for 1 of 1 sample resident (#42) with a urinary catheter. The findings were: 1. Review of the 11/11/09 annual and 5/11/10	F 315	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER: The facility will 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 bladder function as possible. This standard will be accomplished by the following: (including but not limited to): 1. Resident #33 will receive appropriate care as identified in the facilities incontinence	8/4/10 ~~08/01/10~~

8/10/10

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F 315	Continued From page 5 quarterly MDS assessments showed resident #33 was incontinent of bladder all, or almost all, of the time. Review of the resident's care plan showed the approach/frequency was to "take to the toilet every 2.5-3 hours and as indicated." During an observation on 6/28/10 from 6:40 AM until 12:05 PM (5 hours and 25 minutes), the resident was not toileted. When CNA #1 toileted the resident at 12:05 PM, the resident was incontinent of urine. During an interview immediately after the observation, the CNA stated that residents sometimes did not get toileted on schedule on "beauty shop day." 2. During an observation of resident #42 on 6/30/10 at 10:50 AM, bath aide #1 used a lift to place the resident in the bath. The aide placed the resident's urinary drainage bag on the lift railing at the level of the resident's shoulders and above the bladder. A small amount of urine in the tubing was observed to backflow toward the resident's bladder. The aide left the resident in this position while LPN #1 removed a dressing from the resident's right hip (5 minutes). The aide then placed the resident in the bath and repositioned the urinary drainage bag below the resident's bladder. During an interview with the aide immediately after the observation, she stated that urinary drainage bags should be placed below the resident's bladder. Review of the facility's policy and procedure for urinary catheter drainage systems directed staff to "Keep the drainage bag below the level of the bladder."	F 315	protocols and resident's care plan. A quality measuring to tool regarding toileting, incontinence protocol and adherence to the care plan will be completed for the resident every week in addition to three other randomly selected residents. The tool will be utilized on beauty shop day as well as an additional day throughout the week. 08/01/10 5. A quality measuring tool, Quality Measuring Tool for Perineal Care and Catheter Care and Proper Placement of Catheter Bag, will be utilized weekly with resident #42. In addition, three other randomly selected residents will also be audited during the week. 08/01/10 6. The CNAs will be in-serviced regarding peri-care and appropriate placement of catheter bag at the next CNA meeting on 07/28/10. 07/28/10 7. The results of the quality measuring tools will be reported to the Quality Assurance Committee. 08/01/10 8. The Director of Nursing is responsible for compliance of the above standard. 08/01/10	~~08/01/10~~ ~~07/28/10~~ ~~08/01/10~~ ~~08/01/10~~

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	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

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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.	8-29-10
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

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