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 01/25/2024

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

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 1/24/24 to 1/25/24. The survey was prompted by complaint intakes WY000003776, WY000003773, WY000003766, WY000003752, WY000003739, WY000003738. The following common abbreviations are used throughout this document: ADLs: Activities of Daily Living BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant DON: Director of Nursing LPN: Licensed Practical Nurse MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 677 SS=E	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 medical record review, resident and staff interview, concern form review, and policy and procedure review, the facility failed to ensure residents received services to maintain good personal hygiene for 4 of 9 sample residents (#1, #6, #7, #9) reviewed for bathing. The findings were: 1. Review of the quarterly MDS assessment dated 11/21/23 showed resident #9 had a BIMS score of 13 out of 15 (cognitively intact). Review	F 677	F677 1) PROBLEM STATEMENT: FACILITY FAILED TO ENSURE COMMUNITY MEMBERS RECEVIED SHOWERS PER THEIR PREFERENCE/SCHEDULE: COMMUNITY MEMBERS #1,6,7,9 WERE IDENTIFIED AS AFFECTED BY THE ALLEGED DEFICIENT PRACTICE. AN INDIVIDUAL INTERVIEW WILL BE CONDUCTED WITH EACH COMMUNITY MEMBER LISTED TO	3/28/24

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

Electronically Signed | 02/15/2024

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F 677	Continued From page 1 of the care plan last revised on 11/21/23 showed the resident has a self-care deficit related to new onset of confusion. Further review showed the resident had showers scheduled twice per week on Tuesday and Friday and required staff supervision and set-up help. The following concerns were identified: a. Review of the 30 day look back for the showers task showed the resident went 7 days without a shower from 1/2/24 through 1/9/24, and 1/9/24 through 1/16/24. Further review showed the resident went 8 days without a shower from 1/16/24 through 1/24/24 and refused a shower once during that time. b. Interview with the resident on 1/25/24 at 1:05 PM revealed s/he was not getting showers like s/he was suppose too. 2. Review of the annual MDS assessment dated 12/4/23 showed resident #1 had a BIMS score of 15 out of 15 (cognitively intact), and had range of motion impairment of one side of his/her lower extremities with a prosthesis. Review of the care plan last revised on 12/12/23 showed the resident had a self-care deficit related to a below the knee amputation. Further review showed the resident had scheduled showers on Monday and Friday and required assistance of 1 staff member. The following concerns were identified: a. Review of the 30 day look back for the showers task showed the resident went without a shower for 14 days from 1/5/24 through 1/19/24, and 5 days without a shower from 1/19/24 through 1/24/24. b. Interview with the resident on 1/24/24 at 12:35 PM revealed s/he was not getting his/her baths like s/he was suppose too. 3. Review of the quarterly MDS assessment	F 677	ENSURE PREFERENCE FOR AN ACCEPTABLE DAY AND TIME FOR BATHING IS OBTAINED AND PLACED ON THEIR CARE PLAN/KARDEX ALL NURSING STAFF WILL RECEIVE EDUCATION ON THE BATHING PROCESS, PREFERENCE, AND DOCUMENTATION, TO INCLUDE; REFUSAL PROTOCOLS AND POC EDUCATION REGARDING ADL ENTRY , TO INCLUDE; ACCEPTABLE DOCUMENTATION. 2)INDENTIFICATION OF OTHERS: 100% AUDIT FOR ALL COMMUNITY MEMBERS FOR BATHING COMPLIANCE AND BATHING PREFERENCE IS DOCUMENTED ON THEIR CARE PLAN/KARDEX ALL COMMUNITY MEMBERS WILL BE REVIEWED FOR PREFERENCE AND ENSURING THEIR PREFERRED SCHEDULE IS REFLECTED IN THE TASK MANAGEMENT WITH A PRN OPTION IN PCC 3)SYSTEMIC CHANGES: BASED ON THE COMPREHENSIVE ASSESSMENT OF THE COMMUNITY MEMBERS AND CONSISTENT WITH THE COMMUNITY MEMBER'S PREFERENCES, THE FACILITY WILL PROVIDE/OFFER BATHING ADL PER PREFERENCES, UNLESS CIRCUMSTANCES OF THE INDIVIDUAL COMMUNITY MEMBER CLINICAL CONDITION DEMONSTRATES THAT SUCH A TASK WAS UNAVAOIDABLE. THE FACILITY WILL ENSURE	

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F 677	Continued From page 2 dated 12/6/23 showed resident #7 had a BIMS score of 15 out of 15 (cognitively intact). Review of the care plan last revised on 12/6/23 showed the resident had a self-care deficit related to progressive cognative loss from underlying dementia and multiple sclerosis. Further review showed the resident had showers scheduled twice per week on Monday and Friday and required assistance of 1 staff member. The following concern was identified: a. Review of the 30 day look back for the showers task showed the resident went 7 days without a shower from 1/5/24 through 1/12/24, and 7 days from 1/12/24 through 1/19/24. 4. Review of the MDS assessment dated 12/15/23 showed resident #6 had a BIMS score of 14 out of 15 (cognitively intact), and had upper and lower extremity impairment on one side. Review of the care plan last revised on 1/18/24 showed the resident had a self-care deficit related to hemorrhagic stroke resulting in left non-dominate hemiplegia/neglect, dysphagia, left hemianopsia, and loss of ability to independently manage ADLs. Further review showed the resident had showers scheduled twice per week on Tuesday and Saturday and required moderate assistance of 1 staff member. The following concerns were identified: a. Review of the 30 day look back for the showers task showed the resident went 7 days without a shower from 1/13/24 through 1/20/24. b. Interview with the resident on 1/25/24 at 10 AM revealed s/he was not getting his/her baths like s/he wanted. 5. Review of a "Concern & Comment Form" dated 11/1/23 and timed 3 PM showed a resident representative wanted a resident to get "2	F 677	DOCUMENTATION FOR SHOWERS ARE DOCUMENTED APPROPRIATELY IN PCC/POC AND IF THERE IS A REFUSAL THE NURSE WILL BE NOTIFIED AND A SECOND ATTEMPT WILL BE MADE AND DOCUMENTED APPROPRIATELY. MONITORING: DON/UM/DESIGNEE: WILL AUDIT ALL NEW ADMISSIONS WITH 48 HOURS TO ENSURE COMMUNITY MEMBERS PREFERENCES ARE NOTED IN TASKS AND SHOWERS ARE SCHEDULED DAILY X 90 DAYS OR UNTIIL COMPLIANCE IS ACHIEVED WILL RUN THE SHOWER REPORT DAILY TO ENSURE SCHEDULED RESIDENTS FROM THE DAY PRIOR RECEIVED THEIR BATH AND IS DOCUMENTED APPROPRIATEL X 90 DAYS OR UNTIL COMPLIANCE IS ACHIEVED EDUCATION WILL BE PROVIDED TO STAFF FOR MISSING OR INACCURATE DOCUMENTATION PLAN WILL BE REVIEWED IN QAPI X 3 MONTHS OR UNTIL COMPLIANCE IS ACHIEVED.	

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F 677	Continued From page 3 showers a week- minimum!" 6. Review of a "Concern & Comment Form" dated 1/23/24 and timed 3:10 PM showed resident reported not having showers enough and being itchy. 7. Interview with the DON on 1/25/24 at 2:18 PM confirmed the facility expected the residents to get bathed per the care plan. 8. Review of the "Lippincott Procedures - Tub baths and showers" hand delivered on 1/25/24 at 2:18 PM by the DON showed "...Bathing Frequency - Tub baths or showers will be scheduled at least two (2) times per week based on resident preferences..."	F 677		