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 _____	09/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHABILITAT	3128 BOXELDER DRIVE CHEYENNE, WY 82001

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S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 06/26/2000 Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000 A State licensure survey was conducted by Healthcare Licensing and Surveys on 8/31/15 through 9/3/15. The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide DON: Director of Nursing LPN: Licensed Practical Nurse MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S2910	Ch 11 Sec 5 (b)(iv) Organization and Administration (b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices. (iv) Written policies shall ensure a safe and sanitary environment for residents and personnel. (A) Tuberculin testing shall be accomplished for each employee upon	S2910	S2910 Corrective Action: All current employees have had TB test completed. All new employees will have test completed prior to beginning work. Identification of Others: Employee files have been checked to verify all employees have had their TB tests completed.	11/1/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 9-22-15

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S2910	Continued From Page 1 employment and before resident contact begins and annually thereafter. (B) Employees having known positive skin test shall provide a certificate of noninfectiousness for a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. (C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time. (D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up by a physician at this time. (II) A positive reaction (10mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required from the physician. This RULE: is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure tuberculin	S2910	System Changes: The SDC, who is responsible for completion of TB testing, will be in-serviced in regards to the policy and regulation of employee TB testing. The SDC/designee will conduct random weekly audits for 90 days to confirm that TB testing was provided to all new employees prior to resident contact. Monitoring: A QA tool will be used by ED/designee to look at new hire paperwork and ensure TB test has been given and read timely one time weekly x 3 months. This will be reviewed at monthly QA meeting for further review and educational opportunities.	

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S2910	Continued From Page 2 (TB) testing was completed for each employee before resident contact for 2 of 8 employees reviewed. The findings were: 1. Review of the employee record for housekeeper #1 showed her date of hire was 6/10/15. Further review of the record showed the employee did not receive the test for TB until 9/1/15, approximately 3 months following her date of hire. 2. Review of the employee record for CNA # 4 showed his date of hire was 3/16/15. The first day of resident contact was on 3/28/15. Further, the record showed a negative TB test on 4/5/15, completed 8 days following initial resident contact. 3. An interview on 9/3/15 at 6:25 PM, she acknowledged the TB testing needed to be completed prior to resident contact.	S2910		
S2928	Ch 11 Sec 6 (b)(iii) Physical Environment (b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections. (iii) The facility shall report the required diseases/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. §35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officers, the County Health Officer, and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition	S2928	S2928 Corrective Action: The Licensing Division has been informed about the prior outbreak, which is no longer active. Identification of Others: The Staff Development Coordinator/designee will assess the clinical condition of residents to determine signs and symptoms of an outbreak. No signs or symptoms of flu have been reported.	11/1/2015

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S2928	Continued From Page 3 to the Licensing Division . This RULE: is not met as evidenced by: Based on review of Licensing Division records, and staff interview, the facility failed to notify the Licensing Division of an outbreak of infectious disease in the facility. The findings were: Review of Licensing Division records failed to show any report to that agency of an outbreak of infectious disease at the facility in the month of October, 2014. Interview with the infection control nurse on 9/3/15 at 3:10 PM revealed the facility had identified an outbreak of influenza in the facility, with residents testing positive for influenza where notification was done to the state epidemiologist, but confirmed the facility failed to notify the Licensing Division.	S2928	System Changes: The SDC/designee will audit all infections weekly for 90 days and determine if an outbreak exists. The Infection Control nurse, who is responsible for completion and submission of proper forms, will be in-serviced in regards to the policy of reporting outbreaks to state and monitoring protocols. Monitoring: A QA tool will be used by ED/designee to ensure outbreaks are reported to all necessary authorities and agencies. The audit tool will be completed during daily clinical meeting x 3 months. This will be reviewed at monthly QA meeting for further review and education opportunities.	
S2968	Ch 11 Sec 9 (c)(iv) Nursing Services The facility shall have sufficient nursing staff to meet the needs of the residents. (c) Restorative Nursing Care. There shall be an active program of restorative nursing care directed towards assisting each resident to achieve and maintain his/her highest level of self care and independence. This program shall include: (iv) Assisting residents to carry out the prescribed therapy regimen between visits of the physical, occupational, and speech therapists. This RULE: is not met as evidenced by:	S2968		

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S2968	Continued From Page 4 Based on medical record review and staff interview, the facility failed to have an active program of restorative nursing care for 4 of 4 sample residents with identified range of motion limitations. The findings were: Review of the 6/15/15 annual MDS assessment for resident #17 showed the resident had functional limitation in range of motion with both lower extremities. Review of the medical record showed no evidence the resident was receiving restorative nursing services designed to increase range of motion or prevent further decrease. Review of the 8/5/15 admission MDS assessment for resident #47 showed the resident had functional limitation in range of motion of one lower extremity. Review of the medical record showed no evidence the resident was receiving restorative nursing services designed to increase range of motion or prevent further decrease. Review of the 8/26/15 quarterly MDS assessment for resident #55 showed the resident had functional limitation in range of motion of one lower extremity. Review of the medical record showed no evidence the resident was receiving restorative nursing services designed to increase range of motion or prevent further decrease. Review of the 7/10/15 quarterly MDS assessment for resident #77 showed the resident had functional limitation in range of motion with both upper extremities. Review of the medical record showed no evidence the resident was receiving restorative nursing services designed to increase range of motion or prevent further decrease. Interview with rehabilitation technician #1 on 9/3/15 at 2:15 PM revealed the facility did not have a restorative nursing program. She was unable to	S2968	S2968 Corrective Action: Resident #17, 47, 55, and 77 have received therapy evaluations. Identification of Others: The Director of Nursing/Designee will conduct a facility-wide audit to confirm that residents requiring restorative nursing services are provided those services. System Changes: SDC will provide education to CNAs to provide ROM, walk to dine, or appropriate programs during their assignments The Director of Nursing/Designee will conduct routine weekly audits for 90 days to confirm that residents requiring restorative nursing services are provided those services.	11/1/2015

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S2968	Continued From Page 5 say exactly when the restorative program had ceased, but said it had "been months" since there had been a restorative program in the facility. Interview with the DON on 9/3/15 at 6:25 PM revealed the facility did not have a restorative program due to inadequate staffing levels. She further acknowledged residents would benefit from having a restorative program, and instead the facility was referring residents for skilled therapy whenever they showed a decline.	S2968	Monitoring: A QA tool will be implemented and completed 3x week x 30 days and 1x weekly for 60 days thereafter, by the DNS/ Designee with results taken to the monthly QA meeting for identification of trends and recommendation for lesser frequency.	
S3001	Ch 11 Sec 11 (a)(i) Dietetic Services The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration. (a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. (i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary's managers' educational program approved by the Certifying Board of Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable.	S3001		

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S3001	Continued From Page 6 This RULE: is not met as evidenced by: Based on staff interview the facility failed to ensure the minimum qualifications were met for the dietary manager. The census was 83. The findings were: Interview with the dietary manager on 9/2/15 at 3:50 PM revealed she did not meet the requirement for being a certified dietary manager and was not enrolled in any certification program at that time.	S3001	S3001 - IDR Corrective Action: Registered Dietician is employed full time with the facility and has been assigned as the dietetic supervisor. Identification of Others: This section is not applicable, as the facility only has 1 dietary department/supervisor. System Changes: Registered Dietician will continue to oversee the department on a full time basis Monitoring: The ED will ensure an RD is in place or a qualified Dietary Manager	