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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535036	A. BUILDING _____ B. WING _____	C 05/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAWLINS REHABILITATION AND WELLNESS	542 16TH STREET RAWLINS, WY 82301

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F 273 SS=D	483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.) This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to complete a comprehensive assessment within the required timeframe for 1 of 1 sample resident (#39) who required that assessment. The findings were: Medical record review showed resident #39 was admitted to the facility on 4/28/16. Review of the admission minimum data set (MDS) assessment showed the assessment was signed as completed on 5/17/16 (19 days), the day of request by the surveyor. Interview with the MDS coordinator on 5/19/16 at 2 PM confirmed the admission MDS was completed 5 days past the required timeframe.	F 273	**F273-Corrective Action** **ComprehensiveAssessment** Comprehensive assessment completed for resident #39 on 05/17/16. **Identification of others:** DNS designee will conduct an audit of residents admitted to center within the past three months (March 1, 2016 to current) to determine timely completion of the admission MDS. Any admission MDS found to be incomplete will be completed. **Systemic changes:** Education will be provided to the MDS nurse on scheduling MDS assessment and use of the MDS scheduler. MDS nurse to generate weekly report to DNS designee for review of MDS scheduler of complete /incomplete assessments. **Monitoring:** Findings from weekly reports will be brought to the QA committee for review and determination of ongoing assessment.	6/22/16
F 274 SS=D	483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the	F 274	**F274: A significant change of condition** will be completed for residents #14 and #17 on 6/9/16. **Identification of others:** Center will conduct an audit of quarterly MDS assessments for the past three months to verify no other significant change in condition exists . Any significant change identified from audit will be submitted.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis Hoppe | TITLE: Executive Director | (X6) DATE: 6/8/16

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.

Over

6/13/16

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F 274	Continued From page 1 resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to conduct a comprehensive minimum data set (MDS) assessment for 2 of 2 sample residents (#14, #17) who had a significant change in condition. The findings were: 1. Review of the 5/26/15 annual MDS assessment showed the following for resident #14: a. The resident required the extensive assistance of one person for activities of daily living (ADL's) including bed mobility, dressing, toilet use, and bathing. The resident required the extensive assistance of two persons for transfers. b. The resident required supervision and setup help only with eating. c. The resident was not at risk of developing pressure ulcers, and did not have any pressure ulcers. Review of the resident's 2/13/16 quarterly MDS assessment showed the following: a. The resident was totally dependent on the assistance of two persons for ADLs including bed mobility, transfers, and toilet use. The resident was totally dependent on the assistance of one person for ADLs including dressing and bathing.	F 274	**Systemic Changes:** MDS nurse/DNS to complete education related to significant change criteria. MDS error reports to be reviewed weekly at clinical meeting to identify possible significant changers. **Monitoring:** Random audit of quarterly MDS submissions to be reported to QAPI for three months.	6/22/16

6/15/16 - Spoke to Naomi King, DON. This POC accepted between Naomi King, DON and Tony Maddy, Surveyor.

6/15/16

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F 274	Continued From page 2 b. The resident required the extensive assistance of one person for eating. c. The resident was at risk of developing pressure ulcers, but did not have any pressure ulcers. Review of the "Weekly Skin Report: Pressure Ulcers" dated 5/12/16 showed the resident had two pressure ulcers. The first, on the resident's right heel, developed in facility on 3/1/16. The wound was described as a deep tissue injury measuring 2.5 cm by 2.5 cm, with an indeterminate depth. The second, on the resident's right buttock, developed in facility on 5/4/16. The wound was described as an unstageable pressure ulcer measuring 7.5 cm by 8.3 cm by 3 cm. Further review of the resident's medical record failed to show a comprehensive MDS assessment was completed that reflected the resident's increased needs with ADLs, and the development of pressure ulcers. 2. Review of the 7/22/15 annual MDS assessment showed the following for resident #17: a. The resident required supervision and setup only for ADLs including bed mobility, transfers, ambulation, dressing and eating. b. The resident required the limited assistance of one person for ADLs including toilet use and hygiene. c. The resident required the extensive assistance of one person for bathing. d. The resident was occasionally incontinent of bowel and frequently incontinent of bladder. e. The resident was not at risk of developing pressure ulcers, and did not have any pressure	F 274		

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F 274	Continued From page 3 ulcers. Review of the resident's 4/22/16 quarterly MDS assessment showed the following: a. The resident was totally dependent on the assistance of one person for ADLs including bed mobility, transfers, dressing, eating and hygiene. b. Ambulation did not occur, and the resident required the extensive assistance of one person for locomotion in a wheelchair. c. The resident was totally dependent on the assistance of two persons for ADLs including toilet use and bathing. d. The resident was always incontinent of both bladder and bowel. e. The resident had a stage 3 pressure ulcer. Further review of the resident's medical record failed to show a comprehensive MDS assessment was completed that reflected the resident's increased needs with ADLs, and the development of pressure ulcers. 3. Interview with the MDS coordinator on 5/19/16 at 9:33 AM confirmed significant change MDS assessments should have been conducted.	F 274		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS 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, medical record review, and staff interview, the facility failed to develop an interim care plan which addressed specific care	F 281	**F281:Comprehensive Care Plan** has been completed on 6/9/16 on resident #39 to include transfer status, wound, catheter care **Identification of others:** DNS/designee to conduct an audit of admissions for past three months to ensure care plan reflects resident needs. **Systemic changes:** Interim plan of care education to be provided to direct care staff . Interim plan of care to be initiated on day of admission that reflects resident needs. IDT to review interim plan of care for new residents within seventy-two hours of admission. **Monitoring:** DNS/designee to conduct a random audit of new admissions care plans to ensure care plan reflects resident needs. Results of random audits to be reviewed at QAPI for three months.	6/22/16

6/15/16

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F 281	Continued From page 4 needs for 1 of 11 sample residents (#39) reviewed concerning care plan requirements. The findings were: Medical record review showed resident #39 was admitted to the facility on 4/28/16 with diagnoses which included spinal stenosis. Review of the 5/17/16 admission MDS assessment showed the resident was admitted to the facility with an indwelling urinary catheter and a sacral pressure wound. The review also showed the resident required extensive assist of 2 or more staff members for transfer. Observation on 5/17/16 at 10:20 AM showed the resident use a slide board to transfer from the wheelchair to the bed. CNA #1 used a gait belt on the resident during the transfer with the staff development coordinator (SDC) present. After the transfer, the observation showed the SDC perform wound care on the resident's sacral pressure wound. The observation also showed the resident had an indwelling urinary catheter to bedside drainage. The following issues related to the resident's plan of care was identified: a. Care plan review showed the facility failed to address the resident's indwelling urinary catheter. b. The care plan review showed the resident's sacral wound identified and dressing information was in the plan. However, the facility failed to address measures to prevent future skin breakdown and encourage healing for the present sacral wound in the care plan. c. Care plan review showed the resident's use of a slide board (board used for transfer from wheelchair to bed, bed to wheelchair, etc.) was not addressed in the plan. d. Interview with the MDS coordinator on 5/19/16 at 2 PM confirmed the current care plan	F 281		

4/15/16

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F 281	Continued From page 5 for resident #39 did not address the resident's indwelling urinary catheter, the resident's use of a slide board for transfer, and preventative measures for skin breakdown. She further stated the facility would address those issues in the resident's care plan, but the facility had failed to do so in a timely manner.	F 281		

6/15/16