STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535051	A. BUILDING _____ B. WING _____	C 03/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERMOPOLIS REHABILITATION AND WELLNESS	1210 CANYON HILLS RD THERMOPOLIS, WY 82443

(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 A complaint survey was conducted by Healthcare Licensing and Surveys on 3/14/18. The survey was prompted by complaint intake WY000002572.	F 000		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:	F 625		4/11/18

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

Electronically Signed | 04/06/2018

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.

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F 625	Continued From page 1 Based on medical record review, staff interview, and policy review, the facility failed to ensure a notice of bed-hold policy was provided for 1 of 1 sample residents (#1) who went on leave with return expected. The findings were: Review of the medical record showed resident #1 went on a therapeutic family leave from the facility on 3/9/18 and was expected to be gone for 7 days. Review of a nurse's note dated 3/9/18 at 2:55 PM showed medication and instructions were provided to the resident and family prior to the leave. Interview with the social worker and the administrator on 3/14/18 at 12:48 PM revealed there was no notice provided to the resident related to the bed-hold policy. The social worker stated there were beds available and no risk of the resident not being able to return to his/her bed. Review of the "Bed Hold" policy updated July 2014 showed "...2. At transfer, the resident/responsible party receives a copy of the bed-hold policy as well as information on duration of the bed hold policy under the state plan."	F 625	1. Discharge checklist implemented 3/19/18 to ensure that residents are provided copy of Bed-Hold Notice upon transfer, specifically, "at transfer, the resident/responsible party receives a copy of the bed-hold policy as well as information on duration of the bed-hold policy under the state plan." A 90 day look back/audit of discharges/transfers revealed 6 (six) residents were transferred out of the facility without being provided a Bed-Hold Notice. On 4/11/18 Bed-Hold Notices were mailed out to the responsible parties of the 6 (six) residents who had been transferred in the last 90 days without being presented a Bed-Hold Notice. Resident #1 did not return to facility from therapeutic leave for personal reasons. 2. All residents are identified to have the expectation of being provided a copy of the Bed-Hold Notice upon transfer. A 90 day look back/audit of discharges/transfers revealed 6 (six) residents were transferred to hospital without being provided Bed-Hold Notice. Resident #1 did not return to facility from therapeutic leave for personal reasons. 3. Education was provided to SSD from ED on providing Bed-Hold Notice Policy to residents upon transfer on 3/16/17. Education provided to LN's by DNS/Designee on 3/18/19 to provide Bed-Hold Notice to all residents upon transfer. An in-service was conducted by DNS/Designee with local service providers on 3/19/18 and 4/3/18 to educate on Bed-Hold Notice Policy and finalize draft of discharge checklist.	

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F 625	Continued From page 2	F 625	4. Audits will be conducted by the ED/Designee to ensure residents are being provided copy of Bed-Hold Notice upon transfer Weekly x 4 weeks, then Monthly x 2 months. Results of the Audit will be taken to QAPI x 3 months or until resolved.	
F 660 SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the	F 660		4/11/18

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F 660	Continued From page 3 discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or	F 660		

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F 660	Continued From page 4 resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the discharge plan was fully implemented for 1 of 4 sample residents (#4) reviewed for transfer/discharge needs. The findings were: Review of the 10/18/17 discharge plan showed resident #4 had goals which included: return to his/her previous lifestyle in the community, return to baseline, which was fully independent with all activities of daily living (ADLs), and pursue a move into independent subsidized housing. This discharge plan and goals were established when the resident was admitted on 10/18/17. Review of the 2/16/18 discharge transition plan showed the resident was to be discharged on 2/22/18 to a senior apartment. The resident was working with an outside agency to help secure independent living, and had met his/her goals. This discharge plan showed an apartment was secured, a follow-up appointment had been made for 2/28/18 at 3:15 PM with the primary care physician, and a home health agency provided the resident with a walker to use. Additionally, a home health agency was listed to provide possible skilled nursing and nursing aide services with the name and contact information for the agency included. Review of the 1/9/18 significant change Minimum Data Set (MDS) assessment showed the resident was independent in ADLs with the exception of dressing, which was shown to require extensive assistance. The following concerns were	F 660	1. Home Health received orders for resident #4 on 3/1/18. Discharge checklist implemented on 3/19/18 to ensure all discharge orders are in place with recommended services (including the physician□s orders for such services upon discharge). 2. All residents are identified to have the expectation of being provided a safe discharge which includes all discharge orders are in place with recommended services (including the physician□s orders for such services upon discharge). A 90 day look back/audit of all discharges/transfers revealed that discharge orders were in place and completed for all discharges with the exception of resident #4 who discharged on 2/23/18 without orders for Home Health. Home Health received orders for resident #4 on 3/1/18. 3. Education was provided to SSD from ED on 3/16/18 on providing safe discharges by ensuring all orders are in place with recommended services (including the physician□s orders for such services) upon discharge. An in-service was conducted by DNS/Designee with local service providers on 3/19/18 and 4/3/18 to educate on safe discharges by ensuring all discharge orders are in place with recommended services (including the	

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F 660	Continued From page 5 identified: a. Review of physician orders failed to show a referral order related to home health care needs upon discharge. b. Interview with the social worker on 3/14/18 at 1:13 PM verified the plan was for the resident to be referred for home health services. However, an order for the home health referral was not completed. She stated there had been a miscommunication between the facility and the home health agency resulting in a delay of these services. c. Interview with the administrator on 3/14/18 at 12:30 PM revealed the facility has implemented new procedures including a check list and audits to ensure all needs are addressed and orders are received as needed before a resident discharges.	F 660	physician□s orders for such services) upon discharge. 4. Audits will be conducted by the ED/Designee to ensure discharge orders are in place and completed upon discharge Weekly x 4 weeks, then Monthly x 2 months. Results of the Audit will be taken to QAPI x 3 months or until resolved.	