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 04/19/2018

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

(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 recertification survey was conducted by Healthcare Licensing and Surveys from 4/16/18 to 4/19/18. Also reviewed in the course of the survey was complaint intake WY000002477. The following common abbreviations are used throughout this document: ADL: Activities of Daily Living. 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.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice.	F 623		5/10/18

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

Electronically Signed | 05/10/2018

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F 623	Continued From page 1	F 623		

(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State

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F 623	Continued From page 2 Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed	F 623	This plan of Correction is the center's credible allegation of compliance.	

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F 623	Continued From page 3 to ensure a transfer notice was issued to 2 of 2 sample residents (#2, #28) with hospital transfers. The findings were: 1. Review of the medical record showed resident #2 was transferred to the hospital for an acute change of condition on 1/8/18 and was readmitted to the facility on 1/10/18. Additionally, the resident transferred to the hospital for an acute change of condition on 2/5/18 and was readmitted on 2/7/18. Further review of the medical record showed no evidence the facility issued a written notice of transfer to the resident or the resident's representative for either transfer. 2. Review of the medical record showed resident #28 was transferred to the hospital for an acute change of condition on 1/7/18 and returned to the facility on 1/10/18. Further review of the medical record showed no evidence the facility issued a written notice of transfer to the resident or the resident's representative. 3. Interview with the administrator on 4/18/18 at 4:19 PM revealed transfer notifications were not provided to residents who were transferred to the hospital. 4. Review of the Transfer and Discharge Policy last updated March 2017 showed ..."5. when the transfer of discharge is initiated the resident receives written notice...10. in case of emergency transfer, written notice...is sent to the resident/responsiple party...".	F 623	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law. Corrective Action: Residents #2 and #28 are currently residing in the facility and have not been transferred out of the facility since survey exit. 2. ID of Others: All residents with the need to be transferred out of the facility are at risk. An audit was conducted by DNS on 4/26/18 to look at resident whom had been out of facility for a transfer notice/policy, no occurrences noted from the time state survey completed to the time of the audit. 3. Systemic Change: Education was provided by DNS on 5/8/18 to licensed nurses, and leadership IDT on transfer notice/policy. The SDC/Designee will educate new employees on the policy and procedure of transfer and bed hold notice. The transfer notice/policy will be added to admission packet to notify resident and family/POA of policy. Transfer notice will be added to transfer packets to ensure that they are provided on transfers. Additional systemic changes include review of any residents medical record if transferred out during the facility morning IDT meeting for validation of bed hold policy notification provided. 4. Monitoring: Audits will be conducted	

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F 623	Continued From page 4	F 623	weekly x 4 and then monthly X 2 months by the ED/designee to ensure the transfer notice/policy are provider on transfers, and to evaluate if the plan of action is being followed or if changes are needed. All results of the audits will be brought to the monthly facility QAPI meeting for review, recommendations and need for ongoing monitoring.	
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	F 625		5/10/18

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F 625	Continued From page 5 specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure a notice of the bed-hold policy was issued to 2 of 2 sample residents (#2, #28) with hospital transfers. The findings were: 1. Review of the medical record showed resident #2 was transferred to the hospital for an acute change of condition on 1/8/18 and was readmitted to the facility on 1/10/18. Additionally, the resident transferred to the hospital for an acute change of condition on 2/5/18 and was readmitted on 2/7/18. Further review of the medical record showed no evidence the facility issued a written notice of the bed-hold policy to the resident or the resident's representative. 2. Review of the medical record showed resident #28 was transferred to the hospital for an acute change of condition on 1/7/18 and returned to the facility on 1/10/18. Further review of the medical record showed no evidence the facility issued a written notice of the bed-hold policy to the resident or the resident's representative. 3. Interview with the administrator (Rich) on 4/18/18 at 4:19 PM revealed the bed-hold policy has not been provided to residents who are transferred to the hospital. 4. Review of the Bed Hold Policy last updated July 2014 showed "...2. At transfer the resident/responsible party receives a copy of the bed hold policy...5. In cases of emergency transfer, notice....may be sent to the	F 625	Corrective Action: Residents # 2, and # 28 have since been readmitted to the facility and have not transferred out of the facility since readmission. 2. ID of Others: All residents are identified to be at risk who are transferred out of the facility. An audit was performed on 4/26/18 to look at resident whom had been out of facility for a bed hold notice/policy, no occurrences noted from the time state survey completed to the time of the audit. 3. Systemic Change: On 5/8/18 the ED/Designee provided education to licensed nurses and facility leadership IDT on bed hold notice/policy. And ensuring it is given to any resident who is transferred out of facility. The SDC/Designee will educate new employees on the policy and procedure of transfer and bed hold notice. The Bed hold notice/policy will be added to admission packet to notify resident and family/POA of policy. Bed hold notice/policy will be added to transfer packets to ensure that they are provided on transfers. Additional systemic changes include review of any residents medical record if transferred out during the facility morning IDT meeting for validation of bed hold policy notification provided. 4. Monitoring: Audits will be conducted weekly x 4 and then monthly times 2 months by the ED/designee to ensure that a bed hold policy was issued and explained upon admission and provided at	

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F 625	Continued From page 6 resident/responsible party within 24 hours.	F 625	time of any resident transfer out of the facility according to regulation. All results of audits will be brought to the facility monthly QAPI meeting for review, recommendations and need for ongoing monitoring.	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a	F 758		5/10/18

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F 758	Continued From page 7 diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure as-needed, (PRN) psychotropic medication orders did not exceed 14 days for 2 of 4 sample residents (#6, #33) reviewed for psychotropic medication use. The findings were: 1. Review of a physician's order dated 3/12/18 showed resident #6 was to receive olanzapine (antipsychotic) 5 mg by mouth every 6 hours as needed. Further review showed no evidence a stop date was indicated. Review of a "Note to Attending Physician/Prescriber" dated 3/26/18 showed the physician was notified that PRN antipsychotics "need to be reevaluated every 14 days only after direct physical examination by physician..." The physician indicated a physical evaluation was performed and the as needed medication order was authorized for an additional 14 days due to "current patient status." Further,	F 758	1. Corrective Action:Resident # 6 and resident #33 psychoactive medications have been reviewed with their physicians and were discontinued on 4/19/2018. 2. ID of Others: A psych IDT meeting was held after survey exit on 4/24/18 and 4/25/18 where all residents who were prescribed a psychoactive medication was review for proper documentation including adequate diagnosis and physician rational or discontinuation of those new admission residents within 14 days. Of this initial audit any concerns identified were immediately corrected upon finding. 3. Systemic Change: The facility SDC provided education on 5/8/18 to all licensed nurses and social services director on the regulatory expectation limiting all PRN orders for psychotropic drugs to 14 days unless a physician	

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F 758	Continued From page 8 the form showed the physician will "document" in progress notes. Review of the medical record showed no evidence the physician documented a rationale for the as needed order. 2. Review of a physician's order for resident #33 dated 3/26/18 and untimed showed "Continue Ativan [antianxiety] 0.5 mg PO [by mouth] q [every] 4 - 6 [hours] PRN [as needed] anxiety, for 180 days per GDR." Review of the medical record showed no evidence the physician documented a rationale for as needed order. 3. Interview with the social service director on 4/18/18 at 5:52 PM revealed there were no documented rationales for PRN psychotropic medication orders for residents #6 or #33. 4. Review of the policy and procedure titled "Psychotropic drugs" last updated 9/2017 showed "...11. PRN Psychotropic Drugs are limited to 14 days EXCEPT if the prescribing physician or practitioner believes that it is appropriate for the PRN orders to be extended beyond 14 days. a. The practitioner documents their rationale in the medical record. 12. PRN Anti-psychotic drugs are limited to 14 days and CANNOT be renewed unless the prescribing physician/practitioner evaluates the resident for appropriateness of that medication. a, The evaluation is not simply a replacement order but an evaluation of the resident's condition to determine continued use..."	F 758	provides rationale and length of time beyond the 14 day timeframe. The SDC/ Designee will educate new licensed nurses on the policy and procedure for psychotropic medications. In addition other systemic changes includes holding a psychotropic IDT meeting every week to review all new admissions for psychotropic medications and ensuring all regulatory compliance is in place. 4. Monitoring: Audits will be conducted by the DNS/Designee on new admission residents on a psychotropic medication to validate appropriate diagnosis and review within 14 days for discontinuation or physician rationale for continuance, weekly X 4weeks then monthly x 2. Results of audits will be brought to the facility QAPI meeting for review, recommendations and need for ongoing monitoring.	