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	535051	A. BUILDING _____ B. WING _____	05/03/2018

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THERMOPOLIS REHABILITATION AND WELLNESS	1210 CANYON HILLS RD THERMOPOLIS, WY 82443

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F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 4/30/18 to 5/3/18. Also reviewed in the course of the survey was complaint intake WY000002598. 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 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other	F 583		

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

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 583	Continued From page 1 materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and resident and staff interview, the facility failed to ensure resident privacy was maintained for 1 of 15 sample residents (#8) reviewed. The findings were: Review of the 2/16/18 quarterly MDS assessment showed resident #8 had a brief interview for mental status (BIMS) score of 15, indicating s/he was cognitively intact. Interview with the resident on 5/1/18 at 9:59 AM revealed "certain" staff treated him/her without dignity, "acted like they are better" than him/her, and didn't treat the resident as an equal. Observation on 5/1/18 at 11:22 AM showed an unidentified staff member entered the resident's room during the interview with the resident, and did not knock or wait for approval to enter. At that time, the resident was positioned with his/her back to the door and asked who came in. The staff member stated "It was me, [resident name]." After the staff member	F 583		

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F 583	Continued From page 2 exited, the resident stated s/he was unsure who the staff member was. Interview with the DON on 5/3/18 9:52 AM revealed staff should knock and announce themselves prior to entering a resident room as it was the resident's home and they should be allowed to have privacy.	F 583		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and resident and staff interview, the facility failed to ensure residents received adequate pain control for 1 of 1 sample residents (#8) identified with pain. The findings were: 1. Review of the 2/16/18 quarterly MDS assessment showed resident #8 had a BIMS score of 15 (indicating intact cognition), and diagnoses which included chronic pain, scoliosis, muscle spasm, and muscle disorder. Further, the resident was coded as having frequent pain rated at a 7 out of 10. The following concerns were identified: a. Observation on 5/1/18 at 10:54 AM showed the resident was sitting in a wheelchair holding his/her head and looking down. b. Interview with the resident on 5/1/18 at 11:21 AM revealed s/he had increased pain that "never gets below a 5" and s/he felt a pain level of 3 out 10 would be tolerable.	F 697		

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F 697	Continued From page 3 c. Review of the care plan, last revised on 10/27/17, showed the resident had chronic pain related to scoliosis and muscle spasms. Further, there was no evidence of an identified tolerable pain level and interventions included "If not time for additional pain medication offer non pharmacologic [sic] interventions such as: a back rub, warm milk, change of position." Interview with the resident on 5/02/18 at 3:08 PM revealed the facility did not attempt non-pharmacological interventions and s/he was not aware of any interventions other than her medications that would be effective. d. Review of the medication administraion record (MAR) for April 2018 showed the resident received Morphine Sulfate ER (extended release) capsule 20 mg by mouth three times per day. Further review showed the resident's pain level was only assessed 7 out 30 times during the 8 AM administration time, 8 out of 30 times during the 2 PM administration time, and 7 out of 30 times during the 8 PM administration time. Further, the pain was not assessed during any of the scheduled administration times from 4/14/18 through 4/30/18 and there was no evidence non-pharmacological interventions were attempted. e. Review of the MAR for April 2018 showed the resident received Morphine Sulfate 15 mg by mouth every 12 hours as needed for increased pain. Further, the resident received the medication on 18 out of 30 days and there was no evidence non-pharmacological interventions were attempted. f. Interview with the DON and divisional director of clinical operations on 5/03/18 at 9:44 AM revealed pain should be assessed every shift.	F 697		
F 700	Bedrails	F 700		

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F 700	Continued From page 4	F 700		
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure safety assessments were performed for 2 of 2 sample residents (#15, #21) with side rails. The findings were: 1. Observation on 5/01/18 at 1:47 PM showed resident #15 had bed rails on both sides of the upper half of his/her bed and the right side of the bed was against the wall. Review of the 10/17/18 significant change MDS assessment showed the resident had side rails coded at that time. The	F 700		

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F 700	Continued From page 5 bed rails were designed with 2 holes which measured 4 inches by 24 inches. The following concerns were identified: a. Review of the medical record showed the facility completed a safety assessment on 5/1/18; however, the risk for entrapment was not assessed. b. Interview with the DON and divisional director of clinical operations on 5/3/18 at 9:16 AM revealed the entrapment risk should have been assessed and an assessment should have been performed prior to 5/1/18. 2. Observation on 4/30/18 at 4:48 PM showed resident #21 had a half side rail to the upper left side of the bed and the right side of the bed was placed against the wall. The bed rails was designed with 5 holes, 2 which measured 4 inches by 7 inches and 3 which measured 2 inches by 9 inches. Review of the 3/15/18 quarterly MDS assessment showed side rails were not coded. The following concerns were identified: a. Review of the medical record showed no evidence a the facility completed a safety assessment related to the use of side rails. b. Interview with the DON and divisional director of clinical operations revealed a safety assessment was not completed for the resident because the side rail should not be in use.	F 700		
F 712 SS=D	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.	F 712		

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F 712	Continued From page 6 §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure timely physician visits for 2 of 4 sample residents (#8, #16). The findings were: 1. Medical record review showed resident #8 had a physician visit performed on 12/5/17. The next physician visit was not performed until 3/26/18, 111 days later. 2. Medical record review showed resident #16 had a physician visit on 11/16/17. The next physician visit was not performed until 2/27/18, 103 days later. 3. Interview with the DON on 5/3/18 at 10:28 AM revealed the facility was unable to find physician visits for resident #8 between 12/5/17 and 3/26/18 and for resident #16 between 11/16/17 and 2/27/18. Further, it was confirmed that visits should have been conducted during those time periods.	F 712		

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F 812	Continued From page 7	F 812		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure proper food handling and storage in 1 of 1 food preparation area (Kitchen). The Census was 43. The findings were: 1. Observation of the walk-in cooler on 4/30/18 showed the following identified concerns: a. A bag labeled "Shredded low moisture mozzarella cheese" which did not have a use by date. b. A bag labeled "Fancy shredded cheddar cheese" which did not have a use by date. c. A plastic container of noodles in a yellow broth which was not labeled, and did not have a	F 812		

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F 812	Continued From page 8 d. A plastic bag labeled pancakes which was dated 4/22/18. e. A plastic bag of what appeared to be corn tortillas (not labeled) and was dated 3/29/18 2. Observation of the walk-in cooler on 5/2/18 at 11:12 AM showed the following identified concerns: a. An unidentified food wrapped in aluminum foil and plastic wrap which was not labeled or dated. b. A plastic bag of what appeared to be corn tortillas (not labeled) and was dated 3/29/18. c. A plastic bag labeled pancakes which was dated 4/22/18. d. A bag labeled "Shredded low moisture mozzarella cheese which did not have a use by date. e. Observation of a sign posted on the walk in door titled "Date it correctly"showed "R:2/22/17 UB: 8/22/17 1. When it comes in....Write or Date Stamp month/year 2. When you open it.. Write the use by date on the container. 3. ALL house supplement shakes need to have the use by date on them 4. Prepared juices/drink mixes must be labeled with the use by date." f. Review of the "Use By Date Food labeling Guide" posted next to the walk-in showed "Manufacturer's expiration date, when available, is the "use by" for unopened items. "Use by" dates should not exceed the manufacture's expiration date. When unclear how to date an item, refer to the person in charge of the kitchen, and when necessary the food service distributor may be contacted for assistance...cooked leftovers=3 days after the original cooking date, shredded cheese=1 month after opening..." 3. Observation of the meal service preparation on	F 812		

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F 812	Continued From page 9 5/2/18 at 11:31 AM showed cook #1 began preparing broccoli. After removing the broccoli from a plastic bag, cook went to the sink to spray the broccoli and picked up a soiled rag from kitchen floor. The cook did not remove her gloves, rinsed the broccoli, went to the prep table, and began cutting broccoli. The cook covered one plate of broccoli with plastic wrap and placed it in the walk-in cooler, then returned, and cut another plate of broccoli without removing the contaminated gloves. 4. Observation of meal service on 5/2/18 at 11:53 AM showed cook #1 was serving meal trays for the lunch meal. The cook left the serving line while wearing gloves, entered the walk-in cooler, and returned to service line. The cook did not perform hand hygiene or change her gloves, and continued to serve resident meal trays. 5. Interview with the dietary manager on 5/2/18 at 12:04 PM revealed all items in the walk-in cooler were available for resident consumption and should be labeled and dated with a use-by date. Further, cook #1 should have performed hand hygiene and/or gloves change after touching the soiled wash cloth and prior to returning to the service line. 6. Review of the policy titled "Food Storage" last revised on 10/2017 showed "...10. Opened items have "use by" dates indicated on them. This "use by" date may be circled to differentiate it from date received or date opened. May indicate date opened or date prepared if required by your survey agency..." 7. Review of the policy titled "Handwashing" last revised on 3/2016 showed "Appropriate	F 812		

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F 812	Continued From page 10 handwashing procedures are followed:...After working with unclean equipment, work surfaces, clothing, wash cloths, etc. Before preparing or handling food..." 8. According to Food Code 2013, U.S. Public Health Service: 3-501.17 "(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (D) and (E) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5ºC (41ºF) or less for a maximum of 7 days."	F 812		