STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING _____ B. WING _____	C 08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORLAND HEALTHCARE AND REHABILITATION CENTER	1901 HOWELL AVENUE WORLAND, WY 82401

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F 000	INITIAL COMMENTS A recertification survey was conducted by the Office of Healthcare Licensing and Surveys from 8/6/18 to 8/9/18. Also reviewed in the course of the survey was complaint intake WY00002634.	F 000		
F 623 SS=E	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. (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	F 623		9/14/18

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

Electronically Signed | 08/28/2018

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 623	Continued From page 1 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 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	F 623		

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F 623	Continued From page 2 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 and staff interview, the facility failed to ensure a transfer notice was issued to 3 of 4 sample residents with facility-initiated transfers (#2, #30, #55). The findings were: 1. Review of the 7/30/18 entry/discharge Minimum Data Set (MDS) assessment showed resident #2 was discharged to the hospital on 7/25/18 and returned to the facility on 7/30/18. Review of the medical record showed no evidence the facility issued a written notice of transfer to the resident or the resident's representative.	F 623	The facility will ensure a transfer notice is issued with facility-initiated transfers. Corrective Action: 1. Resident #2 □ Transfer policy signed by self on 9/8/18. 2. Resident #30 □ Resident discharged home on 8/14/18 and transfer policy signed by POA for that discharge. 3. Resident #55 □ Transfer policy signed by POA on 9/8/18 4. On 8/8/18 the IDT members were in-serviced by the facilities Regional Director of Health Services in regards to	

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F 623	Continued From page 3 2. Review of nursing progress notes showed resident #30 was admitted to the hospital for an acute change in condition on 6/27/18 and returned to the facility on 7/23/18. 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. Review of the medical record showed resident #55 was transferred to the hospital on 7/10/18 for an acute change of condition. Further review showed no evidence the facility issued a written notice of transfer to the resident or the resident's representative. 4. Interview on 8/8/18 at 4:23 PM with the social worker confirmed the facility had not issued written notices of transfer with all required information to the residents or the residents' representatives.	F 623	Community Initiated Transfer and Discharge Notices. Identification: Residents discharged from facility to home or to an acute care setting are at risk. An audit was conducted with a start date of July 1, 2108 to ensure compliance and systematic change will ensure compliance for all residents going forward. Systematic Changes: Starting 8/8/18 and up to the allegation date of compliance the Social Services Director and/or Designee will in-service Charge Nurses on the policy and procedures of how and when to complete the Notice of Discharge. An attendance sheet will be reconciled with an active staff roster and those staff unable to attend will be provided 1:1 education. Monitoring: The Social Services Director and/or Designee will conduct daily checks of facility-initiated transfers through communication with the Charge Nurses, Point Click Care Electronic Charting System, and daily manager meeting. Monitoring sheet will be brought each day to manager meeting for review and completion. These issues will also be tracked, trended, and the Social Services Director will present the results in a report to Quality Assurance Performance Improvement Committee monthly for 3 months then as needed for review and suggestions as needed to ensure plan is	

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F 623	Continued From page 4	F 623	implemented, sustained and evaluated for its effectiveness.	
F 625 SS=E	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: Based on medical record review and staff interview, the facility failed to provide written information on the bed-hold policy for 4 of 5	F 625	The facility will provide written information on the bed-hold policy for transfers.	9/14/18

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F 625	Continued From page 5 sample residents (#2, #30, #55, #58) reviewed for transfers. The findings were: 1. Review of the 7/30/18 Minimum Data Set (MDS) entry/discharge assessment showed resident #2 transferred to the hospital on 7/25/18 for an acute change in condition and returned on 7/30/18. 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 nursing progress notes showed resident #30 transferred to the hospital on 6/27/18 for an acute change in condition and returned to the facility on 7/23/18. 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. Review of the medical record showed resident #55 was transferred to the hospital on 7/10/18 for an acute change of condition. Further review showed no evidence the facility issued a written notice of the bed-hold policy to the resident or the resident's representative. 4. Review of the medical record showed resident #58 was transferred to the hospital on 7/2/18 for an acute change of condition. Further review showed no evidence the facility issued a written notice of the bed-hold policy to the resident or the resident's representative. 5. Interview on 8/8/18 at 4:23 PM with the social worker confirmed the facility did not issue written notices of the bed-hold policy when residents were transferred to the hospital.	F 625	Corrective Action: 1. Resident #2 □ Bed Hold Policy signed by self on 9/8/18. 2. Resident #30 □ Resident discharged home on 8/14/18 □ bed hold policy not signed for 6/27/18 discharge. 3. Resident #55 □ Bed Hold Policy signed by POA on 9/8/18. 4. Resident #58 □ Bed Hold Policy signed by self on 9/8/18 5. On 8/8/18 the IDT members were in-serviced by the facilities Regional Director of Health Services in regards to Bed Hold Policy. Identification: Residents out of the facility past midnight are at risk. An audit was conducted with a start date of July 1, 2108 to ensure compliance and systematic change will ensure compliance for all residents going forward. Systematic Changes: Starting 8/8/18 and up to the allegation date of compliance the Social Services Director and/or Designee will in-service Charge Nurses on the policy and procedures of how and when to complete the Bed Hold Policy. An attendance sheet will be reconciled with an active staff roster and those staff unable to attend will be provided 1:1 education. Monitoring: The Social Services Director and/or Designee will conduct daily checks of facility-initiated transfers through communication with the Charge Nurses,	

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F 625	Continued From page 6	F 625	Point Click Care Electronic Charting System, and daily manager meeting. Monitoring sheet will be brought each day to manager meeting for review and completion. These issues will also be tracked, trended, and the Social Services Director will present the results in a report to Quality Assurance Performance Improvement Committee monthly for 3 months then as needed for review and suggestions as needed to ensure plan is implemented, sustained and evaluated for its effectiveness.	
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability	F 645		9/14/18

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F 645	Continued From page 7 authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an	F 645		

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F 645	Continued From page 8 intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to complete required PASARR screenings prior to admission for 1 of 5 residents reviewed (#31). The findings were: Review of the Preadmission Screening and Resident Review (PASARR) Level I showed it was completed on 3/6/18, which was also the date of admission for resident #31. The resident was admitted from home. Based on the answers to the screening questions the summary referred to a Level II evaluation, however, the Level II process was not completed prior to the admission. The Level II PASARR was requested on 3/14/18. Interview with the administrator on 8/08/18 at 4:19 PM revealed the Level I PASARR questions had not been answered correctly related to the categorical determination, and had the questions been answered correctly, the date for completion of the Level II screening may have been extended.	F 645	The facility will complete required PASARR screenings prior to admission. Corrective Action: 1. Resident did not reside in facility at time of survey. Administrator reviewed Resident #31 PASARR Level I in question. Findings were that a mistake was made by error when answering questions regarding length of stay. 2. On 8/8/18 the IDT members were in-serviced by Administrator on the need to make sure PASARR□s were completed prior to admission to determine if further screenings are necessary. Identification: The system change will correct the deficiency for all residents. Systematic Changes: Starting 8/8/18 and up to the allegation date of compliance the Administrator/Designee will in-service IDT members on the importance of completing the PASARR Level I screening prior to admission to determine if further screenings are needed in order for admission to take place to facility. Monitoring: The Administrator/Designee will review	

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F 645	Continued From page 9	F 645	each PASRR Level I completed prior to committing to admission. Findings will be tracked, trended and the Administrator will present the results in a report to Quality Assurance Performance Improvement Committee monthly for 3 months then as needed for review and suggestions as needed to ensure plan is implemented, sustained and evaluated for its effectiveness.	
F 812 SS=F	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 review of product information, the facility failed to ensure proper hand washing, food labeling/date marking, and the use of hair restraints while working with	F 812	The facility will ensure proper hand washing, food labeling/date marking, and the use of hair restraints while working with food in 3 of the 3 food service areas.	9/14/18

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F 812	Continued From page 10 food in 3 of 3 food service areas (main kitchen, assisted dining kitchen, the secured unit dining area). The findings were: 1. Observation in the main kitchen on 8/8/18 from 5 to 6 PM showed cook #1 and dietary aide #1 were preparing the evening meal. During the meal preparation both employees were observed on multiple occasions to handle the refrigerator doors and not wash their hands prior to continuing to work with food and clean articles. Additionally, at 5:23 PM cook #1 handled a thermometer, and paper and pen during temperature recording of the food items. She failed to perform any hand washing prior to the start of the meal service. Interview with the dietary manager on 8/09/18 at 8:57 AM revealed additional education was needed related to hand hygiene. 2. Observation on 8/09/18 at 8:42 AM in the assisted dining room kitchen showed 8 cartons of thickened liquids in the refrigerator that had been opened. These boxes were not dated to show when they were opened. Review of the product information on the boxes showed "once opened refrigerate for up to 7 days." Interview with the dietary manager on 8/09/18 at 8:57 AM confirmed the cartons of thickened liquids needed to be dated. She thought maybe some of the newer staff did not realize this. 3. Observation in the secured unit dining area on 8/08/18 at 11:39 AM showed a nursing staff member went table to table to serve the food for the noon meal from bulk containers/pans. The staff member failed to wear a hair restraint while serving the food. Additional observation on 8/8/18 at 5:37 PM showed LPN #1 was serving food	F 812	Corrective Action: 1. On 8/8/18 cook #1 and dietary aide #1 were in-serviced on proper hand washing procedures. 2. On 8/9/18 the Dietary Manger discarded the open boxes of thickened liquids that failed to be dated. 3. On 8/8/18 the staff member dishing-up the food on the Secured Unit will wear a hair restraint. Identification: The system change will correct the deficiency for all residents. Systematic changes: Starting on 8/8/2018 and up to the allegation date of compliance the Certified Dietary Manager/ Designee will in-service dietary staff on proper hand washing, food labeling/date marking, and the use of hair restraints while working with food in all 3 food service areas. An attendance sheet will be reconciled with an active staff roster and those staff unable to attend will be provided 1:1 education. Monitoring: The Certified Dietary Manager, Infection Control Nurse and/or Registered Dietician will complete random hand washing checks 5 times a week for one month, then weekly and as needed to identify concerns regarding hand washing. The The Certified Dietary Manager and/or Designee will conduct inspections of refrigerators for proper food labeling/date marking three times a week, then	

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F 812	Continued From page 11 without wearing a hair restraint. Interview with the dietary manager on 8/09/18 at 8:57 AM confirmed hair restraints were required for those dishing-up food. 4. According to Food Code 2017, U.S. Public Health Service: 3-501.17 "(A)...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 5°C (41°F) or less for a maximum of 7 days." 5. According to Food Code 2017, U.S. Public Health Service 2-301.14 "FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms ...(H) Before donning gloves to initiate a task that involves working with FOOD; and (I) After engaging in other activities that contaminate the hands." 6. According to Food Code 2017, U.S. Public Health Service: 2-402.11 "(A) ...FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT,	F 812	bi-monthly for a month, then monthly and as needed to identify concerns regarding food labeling/dating. The Certified Dietary Manager will perform random weekly checks to ensure the use of hair restraints on the Secure Unit during meal time. These issues will also be tracked, trended, and the Certified Dietary Manager will present the results in a report to Quality Assurance Performance Improvement Committee monthly for 3 months then as needed for review and suggestions as needed to ensure plan is implemented, sustained and evaluated for its effectiveness.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535048	A. BUILDING _____ B. WING _____	C 08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 812	Continued From page 12 UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES."	F 812		