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 09/25/2018

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 complaint investigation was conducted by Healthcare Licensing and Surveys on 9/25/18. The survey was prompted by complaint intake WY00002636.	F 000		
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 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.	F 645		10/17/18

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

Electronically Signed | 10/15/2018

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 645	Continued From page 1 §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 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 ensure the Preadmission Screening and Resident Review	F 645	1. Corrective Action: Education was provided by ED on 9-28-18 to the social service director, admissions coordinator,	

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F 645	Continued From page 2 (PASRR) determination was completed prior to admission for 2 of 3 sample residents (#2, #3) reviewed. The findings were: 1. Review of the admission record showed resident #2 was admitted to the facility on 3/15/18 from another nursing facility. The resident had diagnoses which included schizophrenia. Review of the Level I PASRR showed a Level II was required. Review of the PASRR Level II showed it was completed after admission, on 3/28/18. 2. Review of the admission record showed resident #3 was admitted to the facility on 6/4/18 from the hospital. The resident had diagnoses which included bipolar disorder. Review of the required PASRR Level II showed the review was completed after admission, on 6/19/18. 3. Interview with the social service director and the business office manager on 9/25/18 at 2:15 PM revealed due to location, there was difficulty in getting the PASRR Level II psychological evaluations completed in a timely manner. The need for resident placement and this delay caused times when residents were admitted prior to the completion of the preadmission screening.	F 645	and business office manager the requirements regarding PASRR II's and category 6's prior to admission. Resident 2's PASSR II was completed on March 28, 2018. Resident 3's PASRR II was completed on June 19, 2018. 2. ID of Others: All residents are identified to be at risk if appropriate PASRR II or category 6 if not completed prior to admission. An audit was conducted on October 1st and the results showed there had been no other residents admitted without a PASSR II or category 6 that required one following the survey conducted on 9-25-18. 3. Systemic Change: Education was provided by ED on 9-28-18 to the social service director, admissions coordinator, and business office manager the requirements regarding PASRR II's and category 6's prior to admission. Potential admits will receive a PASRR I prior to admission and if they qualify for a PASSR II will receive that or a Category 6 prior to admission. 4. Monitoring: All potential admits will be reviewed by the ED, DNS, or designee to ensure that a PASRR I is completed prior to admission, and if necessary a PASRR II or category 6 is completed prior to admission. This will occur for weekly X 4 weeks then monthly X 2 months. Results of audits will be brought to monthly QAPI meeting for review, recommendations and need for ongoing monitoring.	

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F 645	Continued From page 3	F 645	Date of Compliance: October 17, 2018 This plan of Correction is the center's credible allegation of compliance. 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.	