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 12/11/2018

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 12/10/18 to 12/11/18. The survey was prompted by complaint intakes WY00002741 and WY00002747. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide DON- Director of Nursing GNA- Graduate Nurse Aide MAR- Medication Administration Record mg- milligrams ml- milliliters Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility policies and procedures, the facility failed to ensure interventions to prevent constipation were implemented for 2 of 5 sample residents (#1, #2). The findings were:	F 684	1. Bowel programs and bowel protocol interventions were immediately validated and resumed for residents #1 and #2 on 12/12/18. 2. All resident records were immediately audited on 12/12/18 to ensure bowel	1/25/19

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

Electronically Signed | 01/06/2019

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F 684	Continued From page 1 1. Review of a 11/28/18 physician's progress note showed resident #2 had a past medical history which included constipation. Review of physician's orders dated 10/11/18 showed orders for "Milk of Magnesia 400 mg/5 ml, give 30 ml as needed for constipation. If resident does not have a bowel movement for three days, administer on day four." In addition, there were orders for "Biscodyl Suppository 10 mg as needed for constipation, If no results from MOM, administer on next shift, during waking hours only" and for a Fleets enema if the suppository was not effective. The following concerns were identified: a. Review of the "bowel monitor" documentation showed the resident had a bowel movement on 12/1/18 and then on 12/7/18. The resident did not have a bowel movement on 12/2, 12/3, 12/4, 12/5 or 12/6 (five days). Review of the December 2018 MAR showed no evidence any as needed (PRN) interventions for constipation were implemented during that timeframe. Review of nursing notes during that timeframe showed no evidence interventions were implemented. b. During an interview on 12/11/18 at 4:28 PM the DON stated documentation of interventions for constipation should be documented on the MAR. She stated milk of magnesia (MOM) should be given after the 3rd day of no bowel movement, followed by a suppository if no results from the MOM, and then an enema if no results from the suppository. 2. Review of physician's orders dated 2/1/17 for resident #1 showed orders for "Milk of Magnesia 400 mg/5 ml, give 30 ml as needed for constipation. If resident does not have a bowel movement for three days, administer on day four." In addition, there were orders for "Biscodyl tablet 5 mg, give 2 tablets as needed for	F 684	programs and bowel protocol interventions are employed for all appropriate residents and that documentation is complete and accurate for bowel evaluations, bowel protocol Interventions and bowel movements. 3. Nursing staff was educated on 12/12/18 on the facility's bowel program policies and procedures as well as the necessity of complete and accurate documentation related to bowel protocol interventions and bowel movements. 4. Director of Nursing Services/designee will audit documentation for bowel protocol interventions as well as bowel movements weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI.	

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F 684	Continued From page 2 constipation" and "Docusate Sodium capsule 100 mg, give one as needed for constipation." The following concerns were identified: a. Review of the "bowel monitor" documentation showed the resident had a bowel movement on 11/14/18 and then on 11/19/18. The resident did not have a bowel movement on 11/15, 11/15, 11/17 or 11/18 (four days). Review of the November 2018 MAR showed no evidence any as needed (PRN) interventions for constipation were implemented during that timeframe. Review of nursing notes during that timeframe showed no evidence interventions were implemented. b. During an interview on 12/11/18 at 4:28 PM the DON stated documentation of interventions for constipation should be documented on the MAR. 3. Review of the facility's "Bowel Protocol" policy (updated March 2018) showed "Each resident is placed on a daily bowel monitoring program...The licensed nurse reviews the bowel monitor daily...If a resident does not have bowel movement for three days, the nurse administers the physician ordered bowel program...In the event the Center has no specific bowel program the nurse administers medication as ordered as follows: *Administer milk of magnesia per physician order on day four. *If milk of magnesia offers no results, administer a stimulant laxative suppository (Biscodyl, etc) per physician order on the next shift, during waking hours only. *If resident continues to have no results from suppository, administer an enema on the next shift, during waking hours only. *If no results from enema, notify physician."	F 684		
F 728	Facility Hiring and Use of Nurse Aide	F 728		1/25/19

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F 728 SS=E	Continued From page 3 CFR(s): 483.35(d)(1)-(3) §483.35(d) Requirement for facility hiring and use of nurse aides- §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (i) That individual is competent to provide nursing and nursing related services; and (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or (B) That individual has been deemed or determined competent as provided in §483.150(a) and (b). §483.35(d)(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1)(i) and (ii) of this section. §483.35(d)(3) Minimum Competency A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual- (i) Is a full-time employee in a State-approved training and competency evaluation program; (ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or (iii) Has been deemed or determined competent as provided in §483.150(a) and (b).	F 728		

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F 728	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on review of employee files, staff interview, and review of staffing schedules and Wyoming regulations, the facility failed to ensure individuals who performed nurse aide duties had completed a training and competency evaluation program and had a Wyoming graduate nurse aide permit for 4 of 4 aides reviewed (nurse aides #1, #2, #3, #4). The findings were: 1. Review of the CNA schedule for December 2018 showed all the nurse aides were CNAs except for four nurse aides, which had "GN" [graduate nurse aide] or "EA" [environmental aide] next to their names. 2. Review of the personnel files for the four non-certified nurse aides revealed: a. Nurse aide #1 was hired on 10/3/18. The file lacked evidence of completion of a CNA class or Wyoming GNA or CNA license. b. Nurse aide #2 completed the NATCEP (CNA class) on 2/5/18, but a note stated "did not pass." c. Nurse aide #3 showed a hire date of 9/25/18. There lacked evidence of completion of a CNA class or a Wyoming GNA or CNA license. d. Nurse aide #4 was hired 11/15/18. There lacked evidence of completion of a CNA class or a Wyoming GNA or CNA license. 3. During an interview on 12/11/18 at 4:28 PM the DON stated nurse aide #1 took the CNA class, but had not taken the test yet. She stated she was unable to get a Wyoming GNA license, because she had one previously, so she was working as an EA. She stated nurse aide #2 took the CNA test but did not pass, so she was	F 728	1. All Environmental Aide, Graduate Nurse Assistant, and Certified Nurse Assistant employee files were immediately audited on 12/12/18 to ensure proper certification was in place from the Wyoming State Board of Nursing. Any outliers were immediately relieved from duty in their respective role. 2. All Environmental Assistant, Graduate Nurse Assistant and Certified Nurse Assistant files were audited on 12/12/18 to ensure proper credentials and certifications were in place. Any outliers were immediately relieved from duty in their respective role. 3. EAs/GNAs/CNAs were educated on 12/12/18 regarding their respective job descriptions and scope of practice related to their specific roles and that at no time is any individual to operate outside of their scope of practice. 4. DNS/designee will make random, daily observation rounds during both shifts (Day/NOC) monitoring EAs, GNAs, etc. to ensure that staff are operating within scope of practice. Outliers to be addressed immediately. Executive Director/designee will audit EA/GNA/CNA files for proper credentials and certifications weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI.	

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F 728	Continued From page 5	F 728		

working as an EA. She also stated nurse aide #4 had just taken the CNA class and had not yet applied for a Wyoming GNA license so she was working as an EA. The DON stated EAs did not perform nurse aide duties, but did things like make beds, take out trash, etc. She further stated she assumed nurse aide #3 had a Wyoming GNA license and therefore was working as a nurse aide. However, the DON stated on 12/11/18 at 4:55 PM that she checked the Wyoming Board of Nursing license verification site and did not see a license for nurse aide #3.

4. Interviews with nurse aides #1 and #2 on 12/11/18 at 9:25 AM and 4:16 PM revealed although they were EAs, they sometimes performed nurse aide duties such as assisting with transfers, dressing and perineal care.

5. During an interview on 12/11/18 at 4:12 PM nurse aide #3 stated she applied for a Wyoming GNA license, but did not remember receiving one. She stated she performed nurse aide duties such as transferring, dressing and perineal care.

6. During an interview on 12/11/18 at 4:55 PM the DON stated EAs should not be doing nurse aide duties, and if they have been, it's probably because they were trying to be helpful. She stated she was not aware it was happening.

7. Review of the Wyoming Nurse Practice Act showed "33-21-132 Temporary permit. (a) The board may issue a temporary permit to practice nursing or nurse assisting to a graduate of an approved nursing or nursing assistant education program, pending the results of a the first board approved national nursing licensure or certification examination offered after

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F 728	Continued From page 6 graduation..."	F 728		