DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535042	A. BUILDING _____ B. WING _____	C 01/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY REHABILITION AND WELLNESS	60 MAGNOLIA CASPER, WY 82604

(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 1/25/19. The survey was prompted by complaint intake WY000002768. The following common abbreviations are used throughout this document: DON: Director of Nursing MAR: Medication Administration Record TAR: Treatment Administration Record Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(l) § 483.25(l) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on medical record review, and resident and staff interview, the facility failed to ensure physician-ordered respiratory services were provided/monitored for 2 of 4 sample residents (#1, #3) with respiratory care needs. The findings were:	F 695	The facility will ensure physician-ordered respiratory services are provided/monitored for all residents with respiratory needs. This will be accomplished by: Resident 1 is receiving the respiratory treatments per physician orders. Resident 3 was discharged home according to his transition plan. Resident 1's CPAP was added to the Treatment Record and is being recorded and monitored. Oxygen and CPAP use was added to the care plan.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (Interim) (X6) DATE 2/11/19

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

POC accepted. Spoke to Jill Holt, E.D. on 2/12/19 @ 2:45pm.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: MLQK11 Facility ID: WY0027 If continuation sheet Page 1 of 3

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F 695	Continued From page 1 1. Review of the medical record showed resident #1 was admitted to the facility on 11/15/18 and was hospitalized on 12/21/18. When the resident returned to the facility on 1/5/19 diagnoses included: acute embolism and thrombosis of left femoral vein, depression, anxiety, heart disease, atrial fibrillation, and chronic obstructive pulmonary disease (COPD). Physician orders at that time included supplemental oxygen to maintain oxygen saturation levels between 88-92%. Review of the oxygen saturation summary for January 2019 showed the levels were taken daily and maintained between 88 to 99%. Review of a 1/9/19 nurse's note showed a communication to the physician related to the resident's family request for an order for the use of the continuous positive airway pressure (CPAP) machine which had been used previous to the hospitalization. The physician's response was signed the same day, 1/9/19, and showed "ok continue home settings." The following concerns were identified: a. Review of the January 2019 MAR and TAR failed to show any use or monitoring of the CPAP machine. b. Review of the care plan failed to identify the resident used supplemental oxygen or a CPAP machine for breathing and respiratory care. 2. Review of the medical record showed resident #3 was admitted to the facility on 1/17/19 with diagnoses that included status post-coronary artery bypass graft surgery, chronic obstructive pulmonary disease, and hypertension. Review of the 1/17/19 physician orders included "patient to use own CPAP at night per home settings." The following concerns were identified: a. Interview with the resident on 1/25/19 at 11:05 AM revealed the staff filled the CPAP	F 695	All residents who use respiratory equipment such as CPAP's, BIPAP's or supplemental oxygen are at risk. A complete audit of all residents was conducted to ensure these respiratory treatments were on the Medication or Treatment Record and included in the plan of care. The Director of Nursing will educate all nurses no later than February 13, 2019 on ensuring any resident with an order for CPAP, BiPAP or oxygen is placed on their Medical Record or Treatment Record to document use or refusal of use. Nurses not in attendance at the education session due to vacation, illness or casual work status will be educated upon their first shift worked. The DON or Designee will audit 3 random residents each week to ensure any CPAP, BIPAP or oxygen order is included on the Medication or Treatment Record to monitor use and such use is recorded in the plan of care. Audits will be weekly for four weeks and then monthly for two months. Results of audits will be discussed at monthly AAPI meeting to discuss continuation or discontinuation based on audit findings.	02/13/19

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F 695	Continued From page 2 reservoir and s/he managed the settings. b. Review of the January 2019 MAR and TAR failed to show any use or monitoring of the CPAP machine. 3. Interview with the interim DON on 1/25/19 at 11:07 AM verified there was no documentation in the record to show if the CPAP machine was being used for these residents. She also stated respiratory needs/problems were expected to be included on the care plan.	F 695		