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 03/20/2019

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 3/20/19. The survey was prompted by complaint intake WY00002796.	F 000		
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 medical record review, resident and staff interview, and review of medication error reports, the facility failed to ensure effective pain management was provided for 1 of 7 sample residents (#5) reviewed. The findings were: 1. Review of the physician orders for resident #5 showed the resident was to receive oxycodone 30 mg tablet 4 times a day for pain, to be given every 6 hours. Review of the medication administration record showed the resident did not receive the prescribed oxycodone 30 mg on 3/11/19 at 5 PM or 11 PM, and 3/12/19 at 5 AM (3 missed doses). Review of the progress note dated 3/11/19 and timed 5:38 PM showed the medication had not been administered because the facility was "...awaiting script from dr [doctor]." Review of the progress note dated 3/11/19 and timed 11:02 PM showed the medication had not been administered because the physician "..had not signed a script with amount." Review of the progress note dated 3/12/19 and timed 5:15 AM showed the medication had not been	F 697	1. Identified medication has been re-stocked and is available for Resident #5. Resident #5 is receiving physician ordered medications as prescribed. 2. Medication administration audit for administration concerns related to pain medication was performed for others who may be affected on 4/2/19 by DON with identified concerns corrected. Missed medication report will be reviewed at morning quality conference and checked to ensure pain medications are administered as ordered. 3. Licensed nurses and med techs will be educated no later than 4/7/19 by DON/Designee related to the process of keeping medications on hand and available for administration. Those not in attendance at education session due to illness, vacation, or casual work status will be educated prior to first shift worked. 4. DON/designee will audit ten residents each week, including the cited resident, to	4/7/19

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

Electronically Signed | 04/04/2019

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F 697	Continued From page 1 administered because the facility was "...Awaiting script from doctor." 2. Review of the resident's care plan showed "I have pain/discomfort related to low back pain." Interventions included "...nursing to administer scheduled and prn [as needed] pain medications as ordered." Review of the 3/12/19 medication error report showed the medication had not been administered because the resident had run out of medication, and the pharmacy needed a prescription to authorize emergency medication. Further review showed the resident ran out of the medication because the facility failed to fax a prescription dated 3/5/19 to the pharmacy in a timely manner. 3. During an interview on 3/20/19 at 3:58 PM the resident stated "Often times I go a day without a medication. The last time I waited 26 hours for my medication." The resident further stated this happened almost every month. 4. Interview with the DON on 3/20/19 at 5:46 PM revealed it was her expectation staff would request medications 3 days prior to running out of any medication. She also stated the nurses could request the physician call the pharmacy directly, which would allow the facility to get permission to retrieve the medication out of the emergency Pyxis (medication dispensing system).	F 697	ensure residents have pain medications available and are receiving it as ordered. Audits will be weekly for four weeks, then monthly for two months. Results of audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation of audits based on results. 5. Date of compliance: 4/7/19.	