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 03/05/2019

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 3/4/19 to 3/5/19. The survey was prompted by complaint intake WY00002786.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		3/26/19

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

Electronically Signed | 03/22/2019

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F 580	Continued From page 1 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the resident's family or representative was notified of a significant change in status or a need to alter treatment for 1 of 4 sample residents (#1). The findings were: Review of nursing notes dated 1/21/19 and 1/22/19 showed resident #1 had "scratched and opened" areas to his/her skin. Review of a physician's progress note date 1/22/19 showed the resident was complaining of itchiness. The note showed the resident had several open scratches where s/he was picking and itching. The areas were on the neck, arms, thighs and lower legs. The physician ordered hydrocortisone 1% to the affected areas twice daily and hydrochlorothiazide 12.5 milligrams once daily. The following concerns were identified: a. Further review of the medical record	F 580	1. No immediate correction could be made for the missed notification of resident's change of condition and new medication. Family was aware of her condition. Resident discharged from facility on 2/18/19. 2. All residents are at risk for not having documented changes of condition conveyed to their family/responsible party. Resident changes of condition and new orders will be reviewed at morning quality conference and will be checked to ensure appropriate notification is documented in the medical record. 3. Nursing staff will be educated by the DON no later than March 25, 2019 on ensuring family members or responsible parties are notified with any resident change of condition, which includes medication changes or additions, and to	

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F 580	Continued From page 2 showed no evidence the family was notified. b. During an interview on 3/5/19 at 4 PM the director of nursing (DON) stated there was no documentation to show the family was notified.	F 580	document notification in the medical record. Those not in attendance at education session due to illness, vacation, or casual work status will be educated prior to first shift worked. 4. The Director of Nursing (DON) or designee will audit ten random residents each week to ensure any changes of condition/changes in medication have documented family or responsible party notification. Audits will be weekly for four weeks and then monthly for two months. Results of audits will be discussed at the monthly Quality Assurance Process Improvement (QAPI) meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results. 5. March 26, 2019	