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 05/23/2019

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 recertification survey was conducted by Healthcare Licensing and Surveys from 5/20/19 to 5/23/19. Also reviewed in the course of the survey were complaint intakes WY00002734, WY00002773, and WY00002827.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) 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 observation, medical record review, resident and staff interview, and review of the policy and procedure, the facility failed to ensure physician orders for respiratory care were provided/monitored for 1 random observation of resident care (#34). The findings were: 1. Review of the medical record showed resident #34 was readmitted to the facility on 6/13/18. The resident diagnoses included cardiac arrhythmias, chronic obstructive pulmonary disease (COPD) with (acute) exacerbation, cerebrovascular disease, sleep-related hypoventilation, and thoracic aortic aneurysm without rupture. Review of the physician orders dated 11/1/17 showed supplemental oxygen was ordered at 2 liters per minute by nasal cannula continually. Review of the care plan showed the resident had oxygen	F 695	1. Corrective action: Oxygen tank for resident #34 was changed immediately upon noting it to be empty. Which was documented on the 2567 by survey. 2. ID of others: Audit will be performed on 6/12/19 of all oxygen tanks All resident that currently use portable oxygen are at risk for having their oxygen tank run out/ be empty. Audit complete by DNS/designee to identify oxygen concerns. 3. Plan of correct: Staff education provided on new routine of checking oxygen tanks. Tanks will we be checked at each shift change 6am, 2pm and 10pm. Along with prior to each meal. Staff education provided on 6/11/19 by DNS. 4. Monitoring: Audits of a random	6/18/19

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

Electronically Signed | 06/14/2019

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F 695	Continued From page 1 therapy related to low oxygen saturation. The interventions/tasks showed "Make sure resident's O2 is full when in wheelchair..." Review of the policy "Respiratory Care; Oxygen Administration," showed "1. Oxygen is administered per physician order..."The following concerns were identified: a. Observation on 5/22/19 at 10:25 AM showed resident #34 was slumped down in his/her wheelchair, facial color was ashen, and breathing was labored. Two staff members (#LPN 1, #RN 2) went to the resident and were heard to comment that the resident's oxygen tank was empty. The staff took the resident down to where the full oxygen tanks were stored and replaced the empty tank with a full tank. b. Interview with RN #2 right after returning from changing the oxygen tank confirmed the tank was empty and s/he was unsure when the tanks were checked or changed. c. Interview with the resident on 5/22/19 at 10:30 AM revealed s/he had COPD and when s/he ran out of air his/her mind would just shut down. S/he confirmed s/he received oxygen continuously via nasal cannula at 2 liters per minute.	F 695	sample oxygen tanks will be completed weekly x 4, monthly x2 and then as needed. Results of audits will be discussed at the monthly QAPI meeting to determine correction compliance and continuing or discontinuing audits based on results. 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.	