STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535031	A. BUILDING _____ B. WING _____	C 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNESS	1002 FOREST DRIVE RIVERTON, WY 82501

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 9/16/19 to 9/19/19. The survey was prompted by complaint intakes WY00002934 and WY00002935. The following common abbreviations are used through this document: DON: Director of Nursing RN: Registered Nurse LPN: Licensed Practical Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure treatment and services were provided to promote healing of pressure injuries to 1 of 1 sample residents (#1)	F 686	This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Wind River Rehabilitation and Wellness Center	10/4/19

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

Electronically Signed | 10/11/2019

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F 686	Continued From page 1 with pressure injuries. The findings were: 1. Review of a significant change MDS assessment dated 8/5/19 showed resident #1 had diagnoses which included non-Alzheimer's dementia, anxiety disorder, depression, and clostridium difficile infection. The resident required total assistance of 1 or more person for bed mobility, transfers, dressing, toilet use, and personal hygiene. Further review showed the resident had 2 stage II facility-acquired pressure injuries present. The following concerns were identified: a. Review of a "Weekly Skin Evaluation" dated 7/24/19 showed the resident had a "stage I" pressure ulcer to his/her coccyx which measured 0.1 centimeters [cm] by 0.1 cm by 0.1 cm and was described as "pinhole round." Further review showed the wound had 5 percent slough (a white or yellow covering on the base of the wound), 5 percent granulation (new connective tissue and microscopic blood vessels that form on the surfaces of a wound during the healing process), and 90 percent epithelialization (process by which the skin and mucous membranes replace superficial epithelial cells damaged or lost in a wound). Review of the July 2019 MAR showed no evidence a specific treatment was identified for the wound at that time. b. Review of a "Weekly Skin Evaluation" dated 7/31/19 showed the resident had a pressure ulcer, with no stage noted, which measured 0.3 cm by 0.3 cm by 0.3 cm "on the coccyx" and a pressure ulcer, with no stage noted, which measured 0.2 cm by 0.3 cm by 0.1 cm "on the left buttock." Further review showed there was no wound bed documentation. Review of the MAR for July 2019 showed no evidence a specific treatment was identified for the wounds	F 686	does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency. Corrective Actions: Resident #1 has been discharge from our Center therefore we cannot correct this particular Resident. Identification of Others Audit of current residents was conducted on 09/19/2019 by DNS for skin impairments, and appropriate dressing orders were obtained to match the current order. Weekly Skin Evaluations per policy will be conducted by LN and reviewed by DNS. Systemic Changes Licensed nurses were re-educated on 09/18-19/2019, regarding the Skin Policy and Procedure to ensure understanding. LN were re-educated to ensure the dressing orders are appropriate and are matching to the MD orders, including measurements of size, color, presence of odor, including interventions. Monitoring for Compliance Weekly skin evaluations will be conducted by the LN, reviewed by the clinical team	

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F 686	Continued From page 2 at that time. c. Review of a "Weekly Skin Evaluation" dated 8/6/19 showed the resident had a "stage I" pressure ulcer to his/her coccyx which measured 0.2 cm by 0.2 cm by 0.1 cm. Further review showed the wound had 10 percent slough, 10 percent granulation, and 90 percent epithelialization. Review of the August 2019 MAR showed no evidence a specific treatment was identified for the wound at that time. d. Review of a "Weekly Skin Evaluation" dated 8/13/19 showed the resident had a "non-pressure" ulcer to his/her coccyx with "two skin openings to buttock in healing stages." Further review showed there were no measurements documented and no wound bed documentation. Review of the August 2019 MAR showed no evidence a specific treatment was identified for the wound at that time. e. Review of a "Weekly Skin Evaluation" dated 8/21/19 showed the resident had a "stage II" pressure ulcer to his/her coccyx which measured 4.5 cm by 2.0 cm by 0.0 cm. Further review showed there was no wound bed documentation. Review of a "Weekly Skin Evaluation" dated 8/22/19 showed the resident had "stage II" pressure ulcer "to left of coccyx" that measured 0.5 cm by 0.5 cm by 0.0 cm. Further review showed there was no wound bed documentation. Review of the August MAR showed an order dated 8/19/19 to apply "dressing to sores on buttock daily and PRN [as needed]." The order did not identify a specific dressing to use. f. Review of a "Weekly Skin Evaluation" dated 8/29/19 showed the resident had a "stage II" pressure ulcer to his/her "right side of the coccyx" which measured 4.2 cm by 2.0 cm by 0.2 cm. Further review showed the wound had 25 percent	F 686	on Friday□s and any impairments will be addressed per the policy & procedure. Treatment orders will be reviewed to ensure they are appropriate and match the MD orders. New Admits will be reviewed in clinical meeting to ensure any skin impairments are addressed per the policy and procedure, including measurements of size, color, presence of odor, including interventions. Weekly Audit X 8 weeks, then Monthly X 1 months, of Skin Evaluations on the MAR & TAR will be completed by DNS or designee to ensure the policy and procedure is followed including measurements of size, color, presence of odor, including interventions and TX orders are not vague. Results will be brought to the monthly QAPI meeting for review, recommendations and need for ongoing monitoring. An AdHoc QAPI meeting was held on Tuesday September 24th, 2019 to discuss this POC and its adaptation.	

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F 686	Continued From page 3	F 686		

slough, 50 percent granulation, and 25 percent epithelialization. Review of the August 2019 MAR showed the treatment remained as "dressing to sores on buttock daily and PRN."

g. Review of a "Weekly Skin Evaluation" dated 9/5/19 showed the resident had a "stage II" pressure ulcer to his/her "right side of coccyx" which measured 4.5 cm by 2.8 cm by 0.2 cm. Further review showed the wound had 20 percent granulation and 80 percent epithelialization. Review of the September 2019 MAR showed the treatment was "dressings to sores on buttocks QD (every day) and PRN in the morning for wound care PRN."

h. Review of a "Weekly Skin Evaluation" dated 9/12/19 showed the resident had a "stage II" pressure ulcer to his/her coccyx which measured 4.2 cm by 2.6 cm by 0.2 cm. Further review showed the wound had 50 percent granulation and 50 percent epithelialization. Review of the September 2019 MAR showed the treatment remained as "dressings to sores on buttocks QD and PRN in the morning for wound care PRN."

i. Interview with the DON on 9/17/19 at 11 AM revealed wound treatment orders should be specific on the MAR to ensure nurses know what treatment to perform. Further she confirmed the order for the resident was not specific and revealed she thought the resident was receiving a topical cream for treatment instead of a dressing due to the resident's clostridium difficile infection. The resident discharged on 9/16/19.

j. Interview with RN #1 on 9/17/19 at 2:06 PM revealed she was unsure what dressing the resident would receive based on the order written on the MAR and she would apply "Mepilex or an island dressing."

k. Interview with LPN #1 on 9/17/19 at 2:15

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F 686	Continued From page 4 PM revealed the resident's treatment order was "too vague and would need to be clarified."	F 686		
F 790 SS=D	Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5) §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(a) Skilled Nursing Facilities A facility- §483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident; §483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services; §483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; §483.55(a)(4) Must if necessary or if requested, assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and §483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within	F 790		10/11/19

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F 790	Continued From page 5 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff and dentist interview, grievance review, and policy and procedure review, the facility failed to ensure residents received routine dental care for 1 of 2 sample residents (#2). Corrective measures were implemented by the facility prior to the survey and compliance was determined to be met on 8/16/19. The findings were: 1. Review of a "Grievance Form" dated 8/5/19 showed a family member for resident #2 reported concerns a dental appointment was not made following the quarterly meeting. The family member contacted the dentist office and was told they had not seen the resident. Further review showed the family member was with the resident over the weekend and the resident stated his/her mouth hurt. The facility made a dental appointment for 8/12/19. The following concerns were identified: a. Review of a "Report of Consultation" dated 8/6/19 showed the resident had a "large soft tissue lesion" on his/her "soft palate [and] extending onto [his/her] cheek." A biopsy was obtained to determine what the lesion was. b. Interview with dentist #1 on 9/19/19 at 2:27 PM revealed the biopsy came back as cancerous and he believed the area was slow-growing. The dentist revealed the resident had not been to the clinic since 2015 when s/he had his/her teeth extracted and received dentures. Further interview revealed the he recommended annual	F 790	Past noncompliance: no plan of correction required.	

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F 790	Continued From page 6 visits for individuals with dentures since early detection was important and screening a year or 2 prior could have resulted in earlier detection. c. Review of the medical record showed no evidence of dental consultation between 8/6/19 and 12/16/15. d. Review of the August 2019 MAR showed the resident had an order for Benzocaine oral pain relief gel 20% give 0.5 application by mouth as needed for mouth pain ordered on 3/26/19. e. Interview with the DON on 9/17/19 at 11 AM revealed residents should have an oral assessment performed during weekly skin assessments and oral pain would not necessarily result in a dental consult. Further interview revealed she was unsure why a dental consult for the resident was not completed following the April quarterly meeting. f. Review of a "QAPI [quality assessment performance improvement] Action Plan" received from the facility on 9/17/19 at 11:45 AM showed the overall goal was the facility wanted to improve the scheduling and follow up of dental appointments. The plan identified the root cause as a "breakdown from scheduling, to nursing to SSD [social services director] for follow up and upcoming appointments. An audit was performed on the entire census of the facility for recent dental appointments and residents without recent appointments were scheduled for an appointment. Staff education was completed on 8/16/19 related to a "dental book" which was a "system to track dental appointments." The facility's monitoring included daily review of appointments and follow up in the clinical meeting, weekly monitoring with the scheduler on Wednesday to review upcoming appointments, and creation and implementation of the dental book to monitor appointments.	F 790		

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F 790	Continued From page 7 g. Review of the "Dental Services" policy updated December 2016 showed "1. Staff assist residents in arranging for dental services with a dentist or denturist of the resident's choice, when care is required for pain, infection, and/or maintenance of teeth or dentures. As needed, scheduled appointment(s) and/or arrange transportation for a resident requiring dental services..."	F 790		