STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE CHEYENNE, WY 82001**

(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 from 10/29/19 to 10/30/19. The survey was prompted by complaint intakes WY000002951 and WY000002960.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and policy and procedure review, the facility failed to complete wound assessments for 1 of 9 residents (#1) reviewed for wound care. The findings were: 1. Review of the medical record showed resident #1 was admitted to the facility on 6/17/19 with diagnoses which included malignant neoplasm of skin. Review of the admission minimum data set (MDS) assessment, dated 6/24/19 showed the resident had a surgical wound that required surgical wound care. The following concerns were identified: a. Review of the Admission/Readmission Nursing Evaluation, not dated, showed a diagram of the human body with documentation that indicated "cancer lesion removed." The evaluation failed to show any documentation of	F 684	Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual. 1. Resident #1 discharged.	12/9/19

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

Electronically Signed | 11/23/2019

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F 684	Continued From page 1 the surgical site, including location, size, wound appearance, odor, and dressing. b. Review of the care plan showed an initiation date of 6/25/19, and interventions included "observe/assess surgical site every shift per MD order until healed." Review of the nursing progress notes revealed a late entry documentation dated 10/11/19, which showed "[the skin cancer] began to get larger and getting an odor...". Continued review of the nursing progress notes for October failed to show any assessments of the wound site. Further review of the medical record failed to show an assessment of the surgical wound. c. Interview with the director of nursing on 10/30/19 at 12:00 PM revealed the facility had no additional information on wound assessments for this resident. d. Review of the Skin Integrity Policy, updated May 2019, showed "...6. For skin impairment identified with admission, the LN (licensed nurse) completes the following: a.documents skin impairment that includes measurements of size, color, presence of odor, exudates, and presence of pain associated with the skin impairment in Nurse's Notes and on the Weekly Wound Evaluation...9. Wounds are evaluated weekly by Center clinicians...surgical wounds...are evaluated, measured and findings documented in the medical record...".	F 684	2. Director of Nursing or designee will complete an audit on 11/24/2019 of surgical wounds to validate location, size, wound appearance and treatment order. 3. The Staff Development Coordinator or designee will provide licensed nurse education by 12/09/2019 regarding documenting weekly surgical wounds to validate location, size, wound appearance and treatment order. The Director of Nursing or designee will complete a weekly audit for 90 days of surgical wounds to validate location, size, wound appearance and treatment order. 4. The Director of Nursing or designee will report the tracking and trending of the random review to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	