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 11/20/2019

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 from 11/18/19 to 11/20/19. The survey was prompted by complaint intakes WY000002959, WY00002962, WY00002971, and WY000002973.	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 professional reference review, the facility failed to ensure an adequate nursing assessment was performed for 1 of 3 sample residents (#1) who required that assessment. The findings were: Review of the 10/18/19 quarterly MDS assessment showed resident #1 was admitted to the facility on 9/10/18 with diagnoses which included chronic obstructive pulmonary disease, polymyalgia rheumatica, major depressive disorder, and non-pressure chronic ulcer of the foot. Review of physician orders showed a 4/19/19 order for Baclofen (skeletal muscle relaxant) 10 milligrams (mg) by mouth three times a day for muscle spasms, a 6/20/19 order for oxycodone (opioid analgesic) 10 mg by mouth	F 684	The facility will ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident□s choices. This will be accomplished by: Resident #1 is deceased. Facility audit completed for residents on baclofen to ensure it is not given at the same time as an opioid medications. If the baclofen is specifically scheduled that way per MD, an assessment of resident's VS, respiratory, and mental status will be scheduled to be done. Licensed Nurses and Medication Aides	1/9/20

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

Electronically Signed | 12/16/2019

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 11/20/2019

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 684	Continued From page 1 every 4 hours as needed for pain, and a 4/13/19 order for Oxycontin (opioid analgesic) ER (extended release) 12 hour 10 mg by mouth two times a day for pain. The following concerns were identified: a. Review of a discharge summary from a local hospital showed the resident was admitted to the emergency department on 7/12/19 and admitted to the hospital on 7/13/19 with a diagnosis of altered mental status due to inadvertent narcotic overdose. b. Review of the July 2019 medication administration record showed the resident received medications which included the following: Oxycontin ER 12 Hour 10 mg by mouth on 7/12/19 at 10 AM, oxycodone HCL 10 mg by mouth on 7/12/19 at 11:53 AM, and Baclofen 10 mg by mouth on 7/12/19 at 2 PM. However, interview with licensed practical nurse #1 on 11/19/19 at 10:25 AM revealed she gave the Baclofen and other 2 PM scheduled medications on 7/12/19 earlier than 2 PM, prior to the resident leaving for a scheduled wound clinic appointment. She stated the resident was alert and oriented. However, she confirmed she failed to perform an assessment prior to administering Baclofen earlier than prescribed, and within in a 2.5 hour timeframe of the resident receiving 2 separate administrations of prescribed opioids. Interview with the director of nursing on 11/20/19 at 1 PM revealed her expectation was for medications to be administered in the required timeframe. She stated the resident left the facility on 7/12/19 at approximately 12:30 PM. c. Interview with the medical director on 11/20/19 at 1:25 PM confirmed he was not aware at the time of administration on 7/12/19 that the resident had received oxycodone HCL one hour and 53 minutes after receiving scheduled	F 684	will be educated that baclofen or any other medication with potential to cause respiratory depression, mental status or vital sign changes, should not be given with opioid medications and if it is specifically scheduled to be given at the same time per MD, an assessment of resident's VS, respiratory, and mental status, must be completed and documented prior to administration. The DON or Designee will audit 5 random residents that are on baclofen weekly to ensure they are not given with opioid medications or that an assessment was completed and documented with immediate corrections if needed. In addition we will audit 5 random residents on opioid medication and adverse interactions that may cause adverse effects, each week. Results of audits will be reviewed at monthly QAPI meetings to address findings and determine continuation.	

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 11/20/2019

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 684	Continued From page 2 Oxycontin ER, and 37 minutes prior to receiving scheduled Baclofen, which was administered before the scheduled time to receive it. It was his expectation that nurses assess residents who received opioids and other sedating medications prior to administration in order to ensure safety. He confirmed he revisited the resident's physician orders when the resident was readmitted to the facility on 7/14/19 to include blood pressures to be taken with opioid administration, and to refrain from administering opioids and Baclofen together. d. According to the Nursing 2019 Drug Handbook by Walter Kluver, which was available at the East Nursing Desk for staff who cared for the resident, a Black Box Warning for Baclofen stated, "Opioid class warning: May cause slow or difficult breathing, sedation, and death. Avoid use together. If use together is necessary, limit dosage and duration of each drug to minimum necessary for desired effect."	F 684		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and professional reference review, the facility failed to ensure a significant medication error was avoided for 1 of 4 sample residents (#1) reviewed for medication administration. The findings were: Review of the 10/18/19 quarterly MDS assessment showed resident #1 was admitted to the facility on 9/10/18 with diagnoses which included chronic obstructive pulmonary disease,	F 760	The facility will ensure that residents are free from any significant medication errors. Resident #1 is deceased. Current Residents are at risk of medication errors. An audit for those residents with baclofen orders was completed by the DON with corrections	12/20/19

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 11/20/2019

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 760	Continued From page 3 polymyalgia rheumatica, major depressive disorder, and non-pressure chronic ulcer of the foot. Review of physician orders showed a 4/19/19 order for Baclofen (skeletal muscle relaxant) 10 milligrams (mg) by mouth three times a day for muscle spasms, a 6/20/19 order for oxycodone (opioid analgesic) 10 mg by mouth every 4 hours as needed for pain, and a 4/13/19 order for Oxycontin (opioid analgesic) ER (extended release) 12 hour 10 mg by mouth two times a day for pain. The following concerns were identified: a. Review of a discharge summary from a local hospital showed the resident was admitted to the emergency department on 7/12/19 and admitted to the hospital on 7/13/19 with a diagnosis of altered mental status due to inadvertent narcotic overdose. b. Review of the July 2019 medication administration record showed the resident received medications which included the following: Oxycontin ER 12 Hour 10 mg by mouth on 7/12/19 at 10 AM, oxycodone HCL 10 mg by mouth on 7/12/19 at 11:53 AM, and Baclofen 10 mg by mouth on 7/12/19 at 2 PM. However, interview with licensed practical nurse #1 on 11/19/19 at 10:25 AM revealed she gave the Baclofen and other 2 PM scheduled medications on 7/12/19 earlier than 2 PM, prior to the resident leaving for a scheduled wound clinic appointment. Interview with the director of nursing on 11/20/19 at 1 PM revealed the resident left the facility for a scheduled wound clinic appointment on 7/12/19 at approximately 12:30 PM. Medical record review showed the specific time the resident left the facility on 7/12/19 was not documented in the record. Review of the entire medical record showed no physician order to give medications earlier than the time prescribed when the resident	F 760	made as necessary. Licensed Nurses and Medication Aides will be educated on the 5 rights of medication administration and if giving medication outside of scheduled medication time, the MD needs to be notified and a licensed nurse needs to obtain an order to give a medication earlier than is ordered/scheduled. The DON or Designee will audit 5 random residents weekly to ensure medications are given within the time frame and if given early there is a MD order. Results of audits will be reviewed at monthly QAPI meetings to address findings and determine continuation.	

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 11/20/2019

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 760	Continued From page 4	F 760		

had appointments. The review and interview showed the resident received Oxycontin ER 10 mg, oxycodone HCL 10 mg, and Baclofen 10 mg by mouth in a 2.5 hour timeframe, and the facility failed to obtain a physician order to make an exception to the prescribed timeframe for the Baclofen.

c. Interview with the medical director on 11/20/19 at 1:25 PM confirmed he had not given an order to give the prescribed Baclofen earlier than prescribed, and he was not aware at that time the resident had also received oxycodone HCL one hour and 53 minutes after receiving scheduled Oxycontin ER, and 37 minutes prior to receiving scheduled Baclofen, which was administered before the scheduled time to receive it.

d. According to the Nursing 2019 Drug Handbook by Walter Kluver, which was available at the East Nursing Desk for staff who cared for the resident, a Black Box Warning for Baclofen stated, "Opioid class warning: May cause slow or difficult breathing, sedation, and death. Avoid use together. If use together is necessary, limit dosage and duration of each drug to minimum necessary for desired effect."