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 03/12/2020

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

(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 3/11/20 to 3/12/20. The survey was prompted by complaint intake WY000003023.	F 000		
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility "Action Plan", and staff interview the facility failed to provide notification of resident treatment to the patient representative for 1 of 6 residents (#1) reviewed for notification of treatment. Corrective measures were implemented by the facility prior to the survey and compliance was determined to be met on 3/6/20. The findings were:	F 552	Past noncompliance: no plan of correction required.	7/31/20

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

Electronically Signed | 07/31/2020

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F 552	Continued From page 1	F 552		

1. Review of the quarterly minimum data set assessment dated 1/10/20 showed resident #1 was admitted with diagnoses which included dementia, coronary artery disease, and genital prolapse. Review of the nursing progress note dated 12/5/19 at 14:25 PM showed "Spoke with daughter...would like to go ahead with the surgery. Scheduling asked to set up appointment with [specialist]..." Review of the nursing progress note dated 12/11/19 at 14:44 PM showed "Resident seen by [specialist]. Pessary fitted..." Further review of the medical record failed to show evidence the daughter was notified of the resident having the procedure. Interview on 3/12/20 at 10:34 with the director of nursing services (DNS) revealed the resident's spouse knew of the procedure, but the daughter, who was the resident's power of attorney was not notified. She stated the facility discovered they were not notifying the resident representatives of upcoming appointments and developed an action plan.

2. Review of the facility "Action Plan' and interview with the DNS on 3/12/20 at 10:34 AM revealed the facility implemented corrective actions to prevent re-occurrence. The actions taken by the facility included:

a. Identified resident representatives were not notified of appointments. A certified nurse aide (CNA) was assigned to review the scheduling book for the upcoming week and made calls to notify the resident representatives.

b. The process was evaluated by the DNS who reviewed the schedule book and ensured proper notifications were made. She also met with the CNA to discuss any potential conflicts or concerns.

c. Staff education was completed on 2/10/20.

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F 552	Continued From page 2 d. The target due date was 3/6/20.	F 552		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1,	F 584		3/17/20

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F 584	Continued From page 3 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to ensure housekeeping services necessary to maintain a sanitary environment were provided for 3 of 3 units. The findings were: 1. Observation of resident bathrooms on 3/11/20 from 1:25 PM to 3:45 PM showed the following rooms had dried stool or dried urine on the toilets: #7, #20, #24, #35, #42, #43. Observation of the bathroom for room #39 showed dried stool on the floor and was malodorous. a. Interview on 3/11/20 at 2:45 PM with the family member of resident #7 revealed the room and bathroom could be cleaned more often. Interview on 3/11/20 at 3:37 PM with certified nurse aide (CNA) #1 revealed they were responsible for cleaning the toilets and commodes. Interview on 3/11/20 at 3:52 PM with the director of nursing services (DNS) revealed the CNA's were responsible for cleaning the toilets and commodes. b. Review of the "Cleaning Spills or Splashes of Blood or Body Fluids" policy, with a review date of 5/15 showed "...Spills or splashes of blood or other body fluids are cleaned and the spill or splash area decontaminated as soon as practical...." 2. Observation on 3/11/20 at 2:30 PM of the Secure Unit activity area showed 3 cloth chairs under the television were stained and one chair	F 584	This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Wind River Rehabilitation and Wellness Center 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 1. Rooms #7, #20, #24, #35, #39, #42, and #43 bathrooms cleaned on 3/12/2020. 2. Identified chairs and recliners were cleaned on 3/13/2020 and 3/17/2020. 3. Chair identified with tear was removed from service 3/13/2020. Identification of Others 1. Audit on 3/12/2020 showed bathrooms needing to be touched up or entirely recleaned. All bathrooms identified were recleaned on 3/12/2020. 2. Audit completed 3/31/2020 showed no other chairs with stains or tears. Systemic Changes 1. All managers□ ECR rounds completed weekly, with instructions to look at	

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F 584	Continued From page 4 had a small tear by the left side of arm rest. Further observation showed a recliner by the exit door had dried stains. Observation on 3/11/20 at 2:35 PM of room 20 in the secure unit showed a recliner that had dried stains. a. Interview on 3/11/20 at 3:52 PM with the DNS revealed housekeeping should have a schedule to check chairs, and if there was an immediate issue the chair should be removed from resident use.	F 584	bathroom cleanliness/quality as well as furniture condition related to tears. Housekeeping account representative to complete quality control inspections on four rooms daily. 2. Housekeeping staff to clean all chairs monthly with cleanings documented. Monitoring for Compliance 1. Housekeeping account representative reviewed each resident bathroom for completion of cleaning on 3/12/2020, 3/13/2020, 3/16/2020, and 3/17/2020. Corrective actions taken as deficiencies found. Housekeeping account representative completed quality control inspections on four rooms and bathrooms daily for eight weeks. All residents to have ECR representative review bathroom for cleanliness weekly until concerns are resolved with QAPI approval. 2. Housekeeping manager to ensure completion of deep cleaning schedule monthly times 4 months. 3. Results of all audits to be reviewed monthly at QAPI meeting for recommendations to continue audits or resolve concern.	