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 01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE VALLEY REHABILITATION 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 recertification survey which included a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 1/25/21 to 1/28/21. Also reviewed in the course of the survey were complaint intakes WY00003160 and WY00003172. The following common abbreviations are used throughout this document: DON- Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph	F 645		2/22/21

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

Electronically Signed | 02/12/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 645	Continued From page 1 (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental	F 645		

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F 645	Continued From page 2 disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a pre-admission screening and resident review (PASARR) Level II was performed for 1 of 3 sample residents (#11) with a qualifying diagnosis. The findings were: Review of the medical record showed resident #11 had diagnoses that included longstanding persistent atrial fibrillation, unspecified dementia without behavioral disturbance, essential (primary) hypertension, unspecified psychosis not due to a substance or known physiological condition, and unspecified hallucinations. The following concerns were identified: a. Review of the medical record showed the PASARR level I was completed on 1/8/2020. The PASARR level I was marked 'no' for all questions related to mental illness screening and mental retardation screening, and did not trigger for a PASARR level II based on the listed diagnoses at that time. Further review showed the resident was diagnosed with unspecified psychosis not due to a substance or known physiological condition on 3/24/2020 and the PASARR level 1 had not been updated. b. Interview with the admissions coordinator on 1/28/21 at 10:52 AM revealed she was aware the resident had triggering diagnoses which were not included on the PASARR level I and had not been updated. In addition, the admissions	F 645	1) Immediate correction for Resident #11 was to discontinue diagnosis- Unspecified Psychosis not due to a substance or known physiological condition, as diagnosis is no longer appropriate for Resident #11 due to overall health decline. 2) Residents with a mental disorder or intellectual disability are at risk. The Admissions Coordinator and Assistant ED have completed a facility wide audit on residents with new psych diagnosis to ensure any needed PASRR/PASRR II evaluations were completed in a timely manner. 3) Education provided to Admissions Coordinator, Ed, Asst. ED, and DNS that residents with new diagnosis or new psychotropic medication orders will be reviewed throughout the week to ensure PASRRs are requested when appropriate. 4) The Administrator or designee will audit residents each week to ensure a PASRR II is completed if needed or required. Audits will be weekly for four weeks and then monthly for two months. Results of audits will be discussed at the monthly QAPI meeting to determine correction compliance and discussion of continuation or discontinuation of audit based on results.	

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F 645	Continued From page 3 coordinator confirmed the new qualifying diagnosis would have triggered the request for the PASARR level II if the PASARR level I had been updated.	F 645		
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, review of facility incident reports, and policy and procedure review, the facility failed to ensure neurological evaluation was performed for 1 of 7 sample residents (#62) reviewed for falls. The findings were: Review of an incident report dated 11/12/20 showed resident #62 had a fall on 11/7/20 and was sent to the emergency room for evaluation and treatment. Review of an "IDT [interdisciplinary team] Fall review" dated 11/9/20 showed the resident was found "laying on the floor" in his/her room and had a "large hematoma" to the forehead, a "small hematoma" above the left eye, an "abrasion" to the left knee and hip, and a "large bruise" to his/her bilateral hands. The resident stated s/he was stretching and fell forward out of the chair onto the floor. Review of the resident's care plan last revised on	F 684	1) Resident #62 is receiving care and services as directed by PCP and care directive. No correction action can be taken to correct Resident #62 from not having received neurological evaluation upon return from hospital on 11/7/20. 2) Audit performed by AED and Nurse Management starting on 1/28/21, of falls within the facility for the past 6 months. Audit was to check for required neurological evaluation having been completed. Any needed corrections were done at that time. 3) Staff educated on the policy on neurological evaluations and the need for one at any time there is an unwitnessed fall and/or a resident falls and bumps/hits his/her head, for 72 hours. Also educated that neurological evaluation log must continue upon return from the hospital	2/22/21

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F 684	Continued From page 4 9/16/19 showed "transfers Mobility/Fall prevention: I fell at home recently and sustained a laceration to my head and zygoma fracture. I have left sided weakness and my balance is unsteady. DX [diagnosis]: Multiple sclerosis. I need extensive assistance with my transfers, bed mobility and using walker. Staff needs to propel myself when using w/c. [wheelchair]" the following concerns were identified: a. Review of a progress note dated 11/9/20 and timed 11:40 AM showed "NOC [night] nurse reported to this nurse that this resident had fallen on Saturday and had no significant injuries. This nurse assessed the resident and found that [his/her] nose is visibly broken to the left side. The resident reported that [s/he] is able to breathe through [his/her] nose and that "it doesn't hurt, it's only a little sore"...NOC nurse also reported that resident is not on fall charting because the resident had gone to the hospital and had been evaluated there via CT. No fall charting has been done thus far. Will continue to monitor..." b. Interview with the assistant administrator and DON on 1/28/21 at 8:45 AM revealed if a fall occurred, the fall is reviewed the next business day in an attempt to determine what occurred and the care plan should be updated with interventions if any are implemented. Further interview revealed a neurological assessment may not have been completed due to the CT scan performed at the hospital. c. Review of the policy titled "Neurological Evaluation" last updated September 2014 showed "...Procedure: 1 In the event that a resident has an unwitnessed fall and/or it is suspected or known that the resident has bumped/hit his/her head, initiate neurological evaluations and continue for 72 hours. 2. Place	F 684	should the resident be discharged after the bump/hit to head. 4) DNS/Designee will audit falls from the previous day to ensure neurological evaluation was started if needed. Results of initial as well as ongoing audits will be reviewed via the monthly QAPI process with recommendations made as necessary.	

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F 684	Continued From page 5 the resident on alert charting for 72 hours..." d. Review of the policy titled "Fall Evaluation (Morse Scale) and Management" last updated March 2018 showed "...c. The LN [licensed nurse] evaluates neuro checks for 72 hours for all falls unwitnessed by staff or falls that involve the resident's head striking a surface...i. resident is monitored for 72 hours post fall...k. Continues to follow the resident every shift for the next 72 hours, documents findings and resident's condition in the Nurse's Notes." e. Review of the medical record showed no evidence of neurological evaluation or alert charting following the resident's fall. f. Interview with the DON on 1/28/21 at 11:28 AM revealed the normal practice would be for neuro checks to be implemented when the resident returned from the hospital.	F 684		