STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING _____ B. WING _____	R-C 02/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEGACY LIVING AND REHABILITATION CENTER	1000 S DOUGLAS HWY GILLETTE, WY 82716

(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 revisit survey was conducted on 2/8/21 through 2/12/21 for all previous deficiencies cited on 12/16/20.	{F 000}		
{F 684} SS=E	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, facility staff interview, and review of facility communications, the facility failed to follow physician orders for 4 of 4 sample residents (#16, #39, #50, #51) with a diagnosis of macular degeneration. The findings were: 1. Review of the medical record showed resident #50 had a physician order dated 6/17/20 to "Complete Amsler grid testing of both eyes with patient every 2 weeks. Please document patient statement In regard to visual changes, distortion, blurry vision, etc. one time a day every 14 day(s) for wet macular degeneration Please chart changes in progress notes." The following concerns were identified: a. Review of the resident Treatment Administration Record (TAR) showed there were Amsler grid tests scheduled for 12/31/20 and 1/14/21, but there was no documentation of test	{F 684}	Immediate Actions upon citation: Education on 2/9/21 to House Supervisors (in-person and email) to emphasize importance of following plan of corrections to ensure quality of care. Education included specifics of Amsler grid order compliance, expectations for audits to ensure orders were flowing correctly within EHR, and communicating results to providers. Education on 2/9/21 to nursing staff on the specific process to maintain integrity of physician order within the EHR. On 2/9/21, the Administrator requested medical provider review of Amser grid orders on resident #16, #39, #50, #51. Medical provider feedback was the orders were no longer needed. These residents had resumed out-of-facility eye appointments and were now back under	3/11/21

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

Electronically Signed | 03/11/2021

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{F 684}	Continued From page 1 completion for either date. b. Review of the resident's medical record showed no evidence of communication with the physician regarding the tests. 2. Review of the medical record showed resident #51 had a physician order dated 7/15/20 to "Complete Amsler grid testing of both eyes with patient every 2 weeks. Please document patient statement In regard to visual changes, distortion, blurry vision, etc. one time a day every 14 day(s) for dry macular degeneration Please chart changes in progress notes." The following concerns were identified: a. Review of the resident's medical record showed no evidence of communication with the physician regarding the tests. 3. Review of physician orders for resident #16 showed an order dated 12/22/21 to "Complete Amsler grid testing of both eyes with patient every two weeks. Please document patient statement in regard to visual changes, distortion, blurry vision, etc. one time a day every 14 day(s) for macular degeneration." The following concerns were identified: a. Review of the TAR showed the test was documented as being completed on 12/16/20, 12/30/20, 1/13/21, and 1/27/21. Further review of the medical record showed only two completed Amsler grids, however the grids were undated. Additionally, there was no evidence of physician communication related to the Amsler grid tests. 4. Review of physician orders for resident #39 showed an order dated 12/22/20 to "Complete Amsler grid testing of both eyes with patient every two weeks. Please document patient statement in regard to visual changes, distortion, blurry vision,	{F 684}	the care of their eye doctor. Amsler grid orders were discontinued on 2/11/21 for resident #16, #39, #50, and #51. Actions for Systematic Change in Monitoring: 1. Monthly audits of 10% of resident charts per 40-bed unit to continue per original plan of corrections. Audits will end 1/1/22 once resolution is met. These audits are completed by House Supervisors, who will ensure that 100% of any errors identified are resolved by ensuring order flows appropriately in EHR, and/or obtaining new order from providers. 2. Audit data will be collected by the Administrator/designee to verify resolution of this deficiency and fidelity to the ordering process.	

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{F 684}	Continued From page 2	{F 684}		

etc. one time a day every 14 day(s) for macular degeneration." The following concerns were identified:

a. Review of the TAR showed the test was documented as being completed on 1/19/21, however further review of the medical record showed no evidence of test results, or communication with the physician.

5. Review of a facility email sent by the Director of Nursing on 2/9/21 at 12:43 PM showed "[State Survey Agency] has requested documentation to determine if we are compliant with the plan of correction we sent in for the State Survey that occurred on 12/16/20. Based on the documentation we have gathered for this request, we are not compliant." Further review showed the facility identified the cause of the continued deficiency, and began the process of correction at the time of the revisit.

6. Interview with the Director of Nursing on 2/11/21 at 8:50 AM revealed she was unable to provide any further evidence of completed Amsler grid tests or physician communication, and revealed the facility determined they were unsuccessful in their attempts to ensure the completion of Amsler grid testing and communication of test results to the physician. Further interview revealed the facility had not provided education to eight staff members regarding the facility's expectations for completion of Amsler grid testing and communication of results to the physician following the previous survey.