| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| THERMOPOLIS REHABILITATION AND WELLNESS | 1210 CANYON HILLS RD THERMOPOLIS, WY 82443 |

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| F 000 | INITIAL COMMENTS<br><br>A recertification survey which included a COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 4/25/21 through 4/28/21.<br><br>The following common abbreviations are used throughout this document:<br><br>ADLs: Activities of Daily Living<br>BIMS: Brief Interview for Mental Status<br>CNA: Certified Nursing Assistant<br>DON: Director of Nursing<br>LPN: Licensed Practical Nurse<br>MDS: Minimum Data Set<br>PTA: Physical Therapy Assistant<br>RN: Registered Nurse<br><br>Less commonly used abbreviations will be annotated in each deficiency. | F 000 | | |
| F 660 SS=D | Discharge Planning Process<br>CFR(s): 483.21(c)(1)(i)-(ix)<br><br>§483.21(c)(1) Discharge Planning Process<br>The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-<br>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.<br>(ii) Include regular re-evaluation of residents to | F 660 | | 6/12/21 |

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

Electronically Signed | 05/21/2021

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 660 | Continued From page 1 | F 660 | | |

identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.
(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.
(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.
(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.
(vi) Address the resident's goals of care and treatment preferences.
(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.
(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.
(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.
(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.
(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized

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| F 660 | Continued From page 2<br>patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.<br>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.<br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interview, medical record review, and policy and procedure review, the facility failed to ensure ongoing discharge planning for 1 of 2 sample residents (#1) with identified discharge goals. The findings were:<br><br>1. Review of the annual MDS assessment dated 1/20/21 showed resident #1 admitted to the facility on 2/7/19 and had a BIMS score of 15 out of 15, indicating the resident was cognitively intact. Further review showed the resident required supervision of 1 person for locomotion on and off the unit and eating, limited assistance of 1 person for bed mobility and transfers, and extensive assistance of 1 person for toileting and transfers. Review of the care plan last revised on 4/14/21 showed the resident had diagnoses which included type 2 diabetes mellitus, history of embolism, epilepsy, transient cerebral ischemic | F 660 | 1. The facility will ensure that the center Interdisciplinary Team validates that transfers and discharges occur in a manner that maintains or improves the resident’s physical, mental, and psychosocial well-being. Resident #1 was discharged and transferred to a Long Term Care facility of their choice on 5/17/21.<br>2. All residents are affected. The facility will conduct an audit on current case mix to ensure that any resident wishing to transfer or discharge is reflected in the care plan and discharge goals. IDT will validate any outliers in accordance with facility policy and procedure regarding transfers and discharges.<br>3. The facility will educate staff of the policy and procedure regarding transfers | |

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| F 660 | Continued From page 3<br>attack, mood disorder due to known psychological condition with depressive features, and hemiplegia. Review of the discharge care plan last revised on 4/14/21 showed the resident wanted to discharge to a long term care facility in the eastern part of the state to be closer to family. Interventions included "Act as liason [sic] between this facility and the other facilities [Resident name] identifies as locations where [s/he] would like to reside that are located on the eastern side of the state of WY... Educate [Resident name]/family on [resident name]'s rights r/t discharge...[Resident name]/family are aware of their rights to ask for discharge at any time and only wish to be asked about discharge when it is required." The following concerns were identified:<br>a. Interview with the resident on 4/25/21 at 4:26 PM revealed the resident was admitted to the facility for rehabilitation with a goal to return home. Further interview revealed s/he wanted to leave the facility and s/he did not feel the facility was assisting with finding alternate placement. The resident revealed s/he had to identify his/her own discharge locations and the facility said the location were not appropriate.<br>b. Review of a facsimile transmission dated 8/21/20 showed the resident was referred to a nursing home in the community where his/her family lived and the referred facility denied the resident's admission related to not being able to meet the resident's physical and psychosocial needs.<br>c. Review of the annual MDS assessment dated 1/20/21 showed section Q "Participation and Goal Setting" was not completed and did not indicate the resident's or resident's representative's expectation or discharge plan.<br>d. Review of the progress notes between | F 660 | and discharges and the IDT's role in validating that transfers and discharges occur in a manner that maintains or improves the resident's physical, mental, and psychosocial well-being. Also that transfer and discharge goals are updated and documented in the care plan. Last, that any attempt to transfer or discharge a resident is documented timely.<br>4. Facility will monitor for compliance weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI. | |

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| F 660 | Continued From page 4<br>10/27/20 and 4/27/21 showed no evidence of ongoing discharge planning or alternate facility referral.<br>e. Interview with the social services director on 4/27/21 at 9:21 AM revealed the resident reported s/he wanted to move to another location to be closer to family. Further interview revealed the facility previously attempted to find alternate placement; however, all other facilities denied the resident and family decided they did not want to take on the responsibility of care the resident needed. The social services director did not know if there was documentation which showed the number of attempts to find alternate placement for the resident.<br>f. Interview with PTA #1 on 4/27/21 at 3:21 PM revealed the resident was previously working with therapy on ADLs which included dressing, transfers, and continence. Further interview revealed the resident wanted to discharge from the facility and after the plan for discharge fell through, the resident decreased in therapy participation and was placed on a functional maintenance program with restorative.<br>g. Interview with OT #1 on 4/27/21 at 3:28 PM revealed the resident was more motivated to participate in therapy when s/he had a discharge location identified.<br>h. Review of the policy titled "Transfer and discharge" updated March 2017 showed "...1. The Center interdisciplinary Team validates transfers and discharges occur in a manner that maintains or improves the resident's physical, mental, and psychosocial well-being...11. Social Services/Designee coordinates transfers or discharges to assist in the resident's adjustment." | F 660 | | |
| F 676 SS=E | Activities Daily Living (ADLs)/Mntn Abilities<br>CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) | F 676 | | 6/12/21 |

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| F 676 | Continued From page 5<br><br>§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:<br><br>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...<br><br>§483.24(b) Activities of daily living.<br>The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:<br><br>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,<br><br>§483.24(b)(2) Mobility-transfer and ambulation, including walking,<br><br>§483.24(b)(3) Elimination-toileting,<br><br>§483.24(b)(4) Dining-eating, including meals and snacks,<br><br>§483.24(b)(5) Communication, including<br>(i) Speech,<br>(ii) Language,<br>(iii) Other functional communication systems.<br>This REQUIREMENT is not met as evidenced by: | F 676 | | |

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| F 676 | Continued From page 6<br>Based on observation, medical record review, resident and staff interview, and policy review the facility failed to provide services to maintain or improve resident ability to carry out activities of daily living for 3 of 12 sample residents (#1, #7, #38) reviewed. The findings were:<br><br>1. Review of the annual MDS assessment dated 1/20/21 showed resident #1 admitted to the facility on 2/7/19 and had a BIMS score of 15 out 15, indicating the resident was cognitively intact. Review of the care plan last revised on 4/14/21 showed the resident had diagnoses which included type 2 diabetes mellitus, history of embolism, epilepsy, transient cerebral ischemic attack, mood disorder due to known psychological condition with depressive features, and hemiplegia. The following concerns were identified:<br>a. Interview with the resident on 4/25/21 at 4:26 PM revealed the resident was admitted to the facility for rehabilitation with a goal to return home. Further interview revealed the resident was unable to utilize his/her left arm and leg and was not receiving rehabilitation or restorative treatment. Observation at that time showed the resident utilized an electric wheelchair, had a transfer bar at bedside, and had limited use of his/her left arm and left leg.<br>b. Interview with PTA #1 on 4/27/21 at 3:21 PM revealed the resident was previously working with therapy on ADLs which included dressing, transfers, and continence. Further interview revealed the resident wanted to discharge from the facility, and after the plan for discharge fell through the resident decreased therapy participation and was placed on a functional maintenance program with restorative.<br>c. Review of the care plan showed no | F 676 | 1. The facility will ensure that it's restorative program focuses on achieving and maintaining optimal physical, mental and psychosocial functioning of the resident. Also to attain/maintain each resident's highest practicable level of functioning as well as promote the resident's ability to adapt and adjust to living as independently and safely as possible. Resident #1 transferred to another LTC facility of their choosing on 5/17/21. The facility provides exercises for resident #7 to maintain his/her function and to improve range of motion in left arm in order to utilize for wheelchair mobility. Resident #38 is currently receiving therapy services and will be transitioned into a personalized restorative program upon discharge from therapy.<br>2. All residents in need of restorative are affected. The facility will audit current case mix for any resident who has declined in level of function from baseline, any resident discharged from therapy that requires ongoing restorative to maintain their functional gains or any resident at risk for declining in function to ensure restorative program is in place including restorative goals.<br>3. The facility will educate staff on facility policy and procedure regarding restorative program including purpose, appropriateness, and documentation.<br>4. The facility will monitor for compliance weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI. | |

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restorative program or restorative goals identified.

d. Interview with the DON on 4/27/21 at 5:20 PM revealed the resident often refused participation in the maintenance program and the activity manager usually asked the resident if s/he would like to perform program.

e. Review of the activities participation record for April 2021 showed the resident participated in "exercise" 8 times between 4/1/21 and 4/27/21; however, there was no indication what exercises were performed.

2. Review of the quarterly MDS assessment dated 2/16/21 showed resident #7 had diagnoses which included rheumatoid arthritis in multiple sites, cerebrovascular accident (CVA), hemiplegia, history of left hip surgery, recent fracture of left humerus, and pain in the right leg. Further review showed the resident had a BIMS score of 15 out of 15, indicating the resident was cognitively intact. Review of the care plan last revised on 2/20/21 showed the resident had "impaired mobility related to (R/T): decreased range of motion (ROM), decreased transfer skills, and decreased ambulation skills." Further review showed interventions included "Nursing Rehab/Restorative: walking program/use of Nustep 3-6 times a week revised on 11/23/20." The following concerns were identified:

a. Interview with the resident on 4/26/21 at 10:41 AM revealed s/he had arthritis and the facility did not provide therapy services or exercise to maintain his/her function. Observation at that time showed the resident had limited range of motion in the left arm and utilized a wheelchair for mobility.

3. Review of the admission MDS assessment dated 1/21/21 showed resident #38 was admitted

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| F 676 | Continued From page 8 | F 676 | | |

to the facility on 1/14/21 and had diagnoses which included pneumonia and muscle weakness (generalized). Further review showed the resident had a BIMS score of 7 out of 15, indicating the resident was severely cognitively impaired, required extensive assistance of 1 person for all ADLs, and the resident expressed a desire to return to the community. The following concerns were identified:

a. Interview with the resident on 4/26/21 at 9:19 AM revealed s/he was admitted for rehabilitation related to strengthening. Further interview revealed "They [the facility] did do therapy when I first got here and now they are not. I want to get strong enough so I can go home." Observation at that time showed the resident was sitting in a wheelchair in his/her room.

b. Review of the quarterly MDS assessment dated 4/9/21 showed a therapy services start date of 1/20/21 and an end date of 2/15/21, with restorative coded as 0 (did not occur).

c. Review of the resident care plan last revised on 4/13/21 showed the resident required assistance with ADLs related to decreased mobility. Further reviewed showed no restorative program or restorative goals identified.

4. Interview with the DON on 4/28/21 at 9:29 AM revealed the facility currently did not have a restorative program in place, and had no staff assigned to administer restorative services. She stated the residents performed tasks for the maintenance program with activities; however, the facility did not have a good location to document the participation.

5. Review of the policy "Restorative Program" updated March 2019 showed "Policy Statement:

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| F 676 | Continued From page 9<br>The Restorative Program focuses on achieving and maintaining optimal physical, mental, and psychological functioning of the resident to attain/maintain each resident's highest practicable functioning. The Center provides Restorative Programs to promote the resident's ability to adapt and adjust to living as independently and safely as possible. "<br>Guidelines: The following resident may be appropriate for a restorative program: ...Any resident who has declined in level of function from baseline. Any resident discontinued from active therapy that requires ongoing restorative to maintain their functional gains. Any resident at risk for declining in function. | F 676 | | |
| F 727 SS=F | RN 8 Hrs/7 days/Wk, Full Time DON<br>CFR(s): 483.35(b)(1)-(3)<br><br>§483.35(b) Registered nurse<br>§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.<br><br>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.<br><br>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of the facility's staffing schedule, and staff interview the facility failed to ensure the services of an RN were used for at least 8 consecutive hours per day, 7 days | F 727 | 1. The facility will provide RN coverage 8 consecutive hours a day 7 days a week.<br>2. All residents are affected.<br>3. The facility will educate staff on the | 6/12/21 |

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| F 727 | Continued From page 10<br>per week. The census was 42. The findings were:<br><br>1. Observation on 4/25/21 at 2:20 PM showed the facility had 2 nurses on duty who were both LPNs. Further observation showed no RN on duty at that time.<br><br>2. Review of the February 2021 "Thermopolis Rehabilitation and Wellness LN Schedule" showed on 2/6, 2/7, 2/13, 2/14, 2/21, 2/27, and 2/28 there was no RN on duty at anytime during the 24 hour period.<br><br>3. Review of the March 2021 "Thermopolis Rehabilitation and Wellness LN Schedule" showed on 3/6, 3/7, 3/13, 3/14, 3/20, 3/21, 3/27, and 3/28 there was no RN on duty at anytime during the 24 hour period.<br><br>4. Review of the April 2021 "Thermopolis Rehabilitation and Wellness LN Schedule" showed on 4/3, 4/4, 4/10, 4/11, 4/17, 4/25 there was no RN on duty at anytime during the 24 hour period.<br><br>5. Interview with the DON on 4/26/21 at 8:57 AM revealed the facility did not staff a RN 7 days a week for the minimum of 8 hours per day. | F 727 | regulation requiring LTC facilities to have RN coverage 8 consecutive hours a day 7 days a week.<br>4. The facility will monitor for compliance weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI. | |
| F 758 SS=D | Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)<br><br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br>(i) Anti-psychotic; | F 758 | | 6/12/21 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535051 | A. BUILDING _____ B. WING _____ | 04/28/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THERMOPOLIS REHABILITATION AND WELLNESS | 1210 CANYON HILLS RD THERMOPOLIS, WY 82443 |

| (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 |
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| F 758 | Continued From page 11<br>(ii) Anti-depressant;<br>(iii) Anti-anxiety; and<br>(iv) Hypnotic<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that---<br><br>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;<br><br>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;<br><br>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and<br><br>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.<br><br>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for | F 758 | | |

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| F 758 | Continued From page 12<br>the appropriateness of that medication.<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, staff interview, and policy and procedure review the facility failed to ensure unnecessary psychotropic medications were not used for 1 of 5 sample residents ( #25). The findings were:<br><br>1. Review of the quarterly MDS assessment dated 3/16/21 showed resident #25 admitted to the facility on 3/12/19 and had a BIMS score of 15 out of 15, indicating the resident was cognitively intact. Review of the care plan, last revised on 4/21/21 showed the resident had diagnoses which included Parkinson's disease and bipolar disorder. Review of the physician orders for April 2021 showed the resident received buspirone hydrochloride (antianxiety) 15 mg (milligrams) by mouth 3 times per day and fluoxetine hydrochloride (antidepressant) 50 mg by mouth one time per day. The following concerns were identified:<br>a. Review of the behavior care plan last revised on 11/18/20 showed the resident had a "...problem sliding out of W/C [wheelchair] seeking sympathy and attention. r/t [related to] Mood/Bipolar disorder." Interventions included "Administer medications as ordered. Monitor/document for side effects and effectiveness... Anticipate and meet [resident name]'s needs... Assist [resident name] to develop more appropriate methods of coping and interacting. Encourage the resident to express feelings appropriately... Caregivers to provide opportunity for positive interaction, attention. Stop and talk with [him/her] as passing by...If reasonable, discuss [resident name]'s behavior. Explain/reinforce why behavior is inappropriate | F 758 | 1. The facility will ensure a monitoring system is in place for target symptoms and behaviors specific to individual psychotropic medications residents are receiving as well as for resident specific non-pharmacological interventions. Resident #25 is being monitored for target symptoms related to use of each psychotropic medication he/she is receiving.<br>2. All residents receiving psychotropic medications are affected. Facility will audit current case mix receiving psychotropic medications to ensure they are being monitored for target symptoms related to each specific medication and/or any resident specific non-pharmacological intervention.<br>3. The facility will educate staff on policy and procedure related to psychotropic medications specific to investigating the causal factors triggering the behavior symptoms for residents exhibiting behaviors, monitoring for target symptoms or behaviors specific to individual psychotropic medications and/or non-pharmacological interventions as well as proper documentation.<br>4. Facility will monitor for compliance weekly x 4 weeks and monthly x 2 months. Results to monthly QAPI. | |

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| F 758 | Continued From page 13 | F 758 | | |

and/or unacceptable to [resident name]...Resident is using pommel cushion to aid in positioning and to avoid sliding in chair..." Further review showed no specific target symptoms related to the use of each psychotropic medication, or resident-specific non-pharmacological interventions for specific target symptoms.

b. Review of the medication administration records for February, March and April 2021 showed the resident was monitored twice per day for side effects of the antianxiety medication and antidepressant medications. Further review showed no monitoring for target symptoms or behaviors specific to individual psychotropic medications the resident received.

2. Interview with the DON on 4/27/21 at 5:10 PM revealed the facility did not identify specific target behaviors to be treated by individual psychotropic medications. The facility monitored behavior occurrence on the MAR. The facility did not have a way to review the effectiveness of psychotropic medications based on occurrence of specific target symptoms.

3. Review of the policy titled "Psychotropic Drugs" last updated January 2019 showed "...2. Psychotropic drugs can be therapeutic and enhancing quality of life for resident's suffering from mental illness (schizophrenia, depression, etc.). The interdisciplinary Team (IDT) validates there are appropriate diagnoses of behavioral symptoms, so the underlying cause of symptoms is recognized, and the condition is treated appropriately... 5. Prior to initiating any psychotropic drug, the IDT: a. Reviews the medical record, PHQ9 and Brief Interview for Mental Status (BIMS) on Minimum Data Set

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| F 758 | Continued From page 14<br>(MDS), Behavior Monitoring Flowsheet, progress notes, and evaluations related to behavior. b. Reviews the MDS sections for mood, function, and behavior changes. C. Investigates the causal factors triggering the behavior symptoms for residents exhibiting behaviors..." | F 758 | | |